



**CHILD AND FAMILY
SERVICES PLAN
Fiscal Years 2015 - 2019**

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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STATE OF ARIZONA
DEPARTMENT OF CHILD SAFETY
CHILD AND FAMILY SERVICES PLAN – FISCAL YEARS 2015 - 2019

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Section I

Department of Child Safety Structure and Mission

Department of Child Safety Structure and Vision

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

Central Office Operations

The Department’s central administrative structure includes six bureaus or operational tracks:

- Office of Child Welfare Investigations (OCWI)
- Inspections (quality assurance and continuous quality improvement)
- Prevention
- Intake (Hotline)
- Investigations
- Case Management and Permanency (in-home, out-of-home, and transition to adulthood)

The OCWI and Inspections Bureau Chiefs report to the Department’s Director. All other Bureau Chiefs report to the Department’s Deputy Director of Programs.

Central Office functions for the Department include:

- field support;
- Interstate Compact on Placement of Children;
- statewide parent and relative locate services;
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs;
- adoption and resource home development and support programs;
- the Protective Services Review Team for review of proposed substantiated findings of abuse or neglect;
- policy and program development;
- practice improvement case reviews;
- statistical analysis;
- contracting and procurement;
- finance, budget, and payment operations; and
- management information system/automation.

Regional Operations

Arizona’s fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state’s urban areas. The Northern and Southeast Regions are rural. The counties within each region are:

Central	Southwest	Pima	Northern	Southeast
Eastern Maricopa Pinal	Western Maricopa Yuma La Paz	Pima	Apache Coconino Mohave Navajo Yavapai	Cochise Gila Graham Greenlee Santa Cruz

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Section I: Department of Child Safety Structure and Vision

Each region provides:

- investigation of child welfare reports,
- case management,
- in-home services,
- out-of-home services,
- permanency planning,
- foster home recruitment and training, and
- adoptive home recruitment and certification.

The Department of Child Safety's Purpose

The Department of Child Safety's primary purpose is to protect children. To achieve this purpose, the Department shall do the following in equal priority:

1. Investigate reports of child abuse or neglect.
2. Assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve permanency on behalf of the child, strengthen the family, and provide prevention, intervention, and treatment for abuse and neglected children.

The Department of Child Safety's Vision and Mission

Vision: Keeping Arizona's children safe through timely and appropriate intervention, strong families, and engaged communities.

Mission: To ensure the safety of children, first and foremost, to engage in prevention and early intervention services, to preserve and unify families when the safety of the child is not at risk, to remove and achieve permanency for children who have been harmed and cannot be safely returned to their family.

Section II

Collaboration with Stakeholders

Collaboration with Stakeholders

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

On December 2, 2013, Governor Janice K. Brewer empanelled the independent Child Advocate Response Examination (CARE) Team to oversee the investigations of 6,595 reports of child abuse or neglect that had previously been designated as “Not Investigated,” and to assess the policies, processes, and personnel of the agency then known as the Division of Children, Youth and Families. The CARE Team was chaired by Charles Flanagan, current Director of the Department of Child Safety and then Director of the Arizona Department of Juvenile Corrections. The eight member CARE Team included a Special Projects Manager from the former Division of Children, Youth and Families, the Children’s Justice Coordinator for Maricopa County at ChildHelp Children’s Center of Arizona, an Arizona State Representative, an Arizona State Senator, a child advocate, a Division Chief from the Maricopa County Attorney’s Office, a retired Chief of Police with the Arizona Association of Chiefs of Police, and the Chief of the Office of Child Welfare Investigations. The CARE Team’s examination of the state’s child welfare agency, and consultation with stakeholders by Director Charles Flanagan that continued after the CARE Team completed its work, resulted in the goals and objectives for improvement included in the Child and Family Services Plan 2015-2019.

According to the CARE Team’s report, *Eyes on Children*, “the CARE Team focused its efforts to examine personnel, processes and policies, and identify areas of concern related to child safety. The CARE Team examined agency process from arrival of a call to the Hotline, through completion of an investigation, in order to identify areas where the current process does not adequately respond to safety concerns for children at risk.” The CARE Team also “conducted a review of the need for effective prevention programs or ongoing processes for managing children and families in the Agency system.” Assisted by the Government Transformation Office and using the Failure Modes Effects Analysis method, the CARE Team conducted a detailed process review from Hotline call through investigation completion. A team of supervisors and front-line employees from the Hotline, quality assurance, and investigations “examined the process step-by-step to define the highest risk failures” and “the root causes for the failures.” The root cause analysis was further informed by interviews and survey data gathered by the CARE Team. Surveys of agency employees and foster and/or adoptive parents were conducted and comments were solicited from agency employees, the public, and community stakeholders. More than twenty-five CARE team meetings with the community, stakeholders, and child welfare experts were held in December 2013 and January 2014. The CARE Team concluded its assessment with the publication of its study, *Eyes on Children*, on January 31, 2014. For more information about the extensive information gathered and reviewed by the CARE Team and a copy of *Eyes on Children*, go to www.azcareteam.az.gov.

In January 2014, Charles Flanagan was appointed Director of Arizona’s child welfare agency, now the Department of Child Safety. Substantial, ongoing, and meaningful collaboration with employees and stakeholders has continued under Director Flanagan’s leadership. A few of the many consultation activities include:

- Director Flanagan’s participation in a workgroup that drafted the legislation that resulted in the creation of the Department of Child Safety and describes the purpose, structure, and responsibilities of the new agency;
- Director Flanagan’s open communication policy that encourages employees to contact him directly with their comments or concerns, and includes zero tolerance for any activity that would discourage employees from doing so;
- four Director-employee forums held to update employees and solicit input from staff on agency operations;

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- focus groups to engage staff in the redesign of employee training;
- meetings with State Universities regarding their ability to partner with the agency on various platforms;
- ongoing consultation with Casey Family Programs, which has provided invaluable expertise from former Child Welfare Directors now working for Casey Family Programs and peer learning opportunities to support the Department's title IV-E demonstration project application;
- meetings between Director Flanagan and foster and adoptive parent organizations, as well as foster and adoptive parents, which included attendance at several training sessions to engage potential foster parents;
- ongoing meetings with community providers; and
- meetings between Director Flanagan and the Courts to improve collaboration.

Stakeholder input is also gathered throughout the year during program specific committee meetings, inter-agency executive committee meetings, and other advisory workgroups at the state and local levels. These include, but are not limited to, the Youth Advisory Board, the Arizona Foster Care and Adoption Coalition, the Court Improvement Advisory workgroup, the Committee of Juvenile Court Judges, the Arizona Children's Action Alliance Child Welfare Committee, the Arizona Council of Human Service Providers Child Welfare Committee, and meetings facilitated by Inter-Tribal Council of Arizona (ITCA) and the Navajo Nation with tribal social service representatives. In addition, staff and external stakeholders frequently serve on the workgroups and committees that are formed to implement or oversee the Department's program improvement strategies, thereby having further input into the design of Department policies and programs. These committees and other inter-agency consultation activities are described below.

The Department's outcome and goal-related data is shared with staff and stakeholders so they have information about the Department's strengths, areas needing improvement, and progress when providing input to the Department. The Department publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year. These reports and the Department's Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site at [Reports](#). The Department also presents outcome and goal related data to staff and external stakeholders during committee, workgroup, and other meetings. In SFY 2015, the Department will increase agency transparency by greatly expanding the amount of data that is publically available on the agency's internet site.

Inter-agency Organizations, Committees, and Consultation Activities

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the Central Office and regional levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. The following are some of the many committees and activities through which stakeholder input was received to inform Department planning and activities in SFY 2014:

- *The Citizen Review Panels* – Three Regional Citizen Review Panels (CRP) are responsible for determining whether state and local agencies are effectively discharging their child protection responsibilities in accordance with the state's CAPTA Plan and child protection standards and

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reviewing other issues the members consider important to ensuring the safety, permanency, and well-being of children in Arizona. In 2013, the CRPs met quarterly in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions to participate in case record reviews centered around four themes chosen by the panel members: 1) Investigating criminal conduct allegations, 2) aging out of foster care, 3) unexpected disruptions and multiple placements, and 4) chronic neglect. The CRPs also review pertinent data, policies, practice, and procedures, and submit an annual report detailing their findings and recommendations, which focus on strategies to improve the child welfare system. The panels are comprised of local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professions, legal advocates, medical providers, former abuse and neglect victims, faith-based representatives, and representatives from the Department. The Department's Practice Improvement Specialists and other Department representatives attend the meetings and use the information gained to improve practice in their areas.

- *The Child Fatality Review Team* – The Arizona Child Fatality Review Program has been operating since 1994. The Child Fatality Review State Team studies the adequacy of existing statutes, ordinances, rules, training, and services to determine what changes are needed to decrease the number of preventable child fatalities, educates the public about the number and causes of child fatalities, and produces an annual report to the Governor of Arizona, the President of the Arizona State Senate, and the Speaker of the Arizona State House of Representatives. Reviews of child deaths are conducted by twelve local Child Fatality Review Teams that meet as frequently as necessary to complete reviews of all child deaths in Arizona. Teams are located throughout the state and 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. Membership also includes representation from a county medical examiner's office, a county health department, law enforcement, a county prosecuting attorney's office, a pediatrician or family physician, a psychiatrist or psychologist, a domestic violence specialist, and a parent. When a local Child Fatality Review Team determines that abuse or neglect contributed to a child death, the team notifies DCS of the team's conclusion to ensure that a safety assessment of other children in the home was conducted, when applicable. Notification about all such fatalities allows the Department to identify child fatality trends and methods to prevent similar child deaths. DCS representatives also attend an annual meeting to review child deaths that were determined by local teams to have been the result of maltreatment. These reviews provide another opportunity to identify child fatality trends and prevention strategies.
- *The Children's Action Alliance Child Welfare Committee* – This committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the Arizona State University (ASU) School of Social Work, foster and adoptive parents, citizen advocates, attorneys, and the Department. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers and the public about the Arizona child welfare system's laws, policies, resources, and practices. Members of this committee advised the Governor and legislature in developing the framework for the new Department of Child Safety created in May 2014.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence since 1964, is a 501c-3 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child

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welfare, and justice services. 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, counselling, and other child welfare and behavioral health services. There are seven primary committees that provide representation to the Council's members, including the child welfare committee. The Department provides information to the child welfare committee upon request. Department staff attend membership meetings to update Council members on ongoing issues and initiatives.

- *Interagency Meetings with County Attorneys and Children's Justice Coordinators* – The Department's Advocacy Center Liaison communicates quarterly with each County Attorney, periodically attends multidisciplinary team (MDT) meetings and meetings with the Children's Justice Coordinator in each jurisdiction, works to strengthen and contribute to the review of interagency protocols for child abuse and neglect investigations, works closely with the Arizona Child and Family Advocacy network to assist with MDT training and to establish MDTs in underserved or unserved counties, and works collaboratively with community providers and law enforcement to improve communication, cooperation, and collaboration. These activities serve to identify, discuss, and resolve issues and systemic barriers within child maltreatment investigations, and support the Joint Investigation Protocols and advocacy center model as best practices.
- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Department's consultation activities with the state's Native American Tribes, see Consultation with Tribes, below.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for systems change to improve outcomes for maltreated infants and toddlers through greater judicial oversight of cases, more timely services, and providers who understand the unique needs of vulnerable young children. Locally in each county, a team of infant and toddler specialists, child welfare specialists, mental health representatives, attorneys, DCS representatives, and CASAs meet monthly to address systems issues and share community resources. The court teams model was developed by Zero to Three in 2004, and nationally it is known as Safe Babies/Court Teams. As of April 2014, all of Arizona's fifteen counties are implementing the model.
- *Resource Family Recruitment Liaisons and Councils* – All five regions have recruitment liaisons who develop Community Recruitment Councils and work with the contracted home recruitment agencies to actively engage their communities in recruitment efforts. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in Section V, 7. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium is comprised of a group of foster care and adoption

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agencies in Maricopa County who work together to educate the community about the growing need for quality, caring, foster and adoptive parents.

- *Collaboration with University Partners* – The Department has worked closely with ASU, School of Social Work since 1978. The longevity and growth of this relationship is attributed to high-level leadership commitment of both institutions, shared commitment to child welfare training and social work best practices, and the sustained funding through federal title IV-E participation for those endeavors that are recognized as eligible by federal statute. Effective September 2013, a two year agreement was established for work performed during SFYs 2013 and 2014, forming an integrated system of comprehensive child welfare training, social work education, and research for the continuous improvement of services to children and families involved in Arizona’s public child welfare system. ASU supports an integrative model of knowledge creation, transfer, and utilization that incorporates the unique local context in which child welfare practices are implemented and situates the university-agency partnership as the key mechanism through which evaluation and knowledge transfer can occur. This model is founded on the idea that evaluation topics that are relevant to the agency, and findings that are specific to the local context, can be readily applied to the range of practice and policy decisions within the real-world environment of child welfare agencies. As such, ASU’s long history of commitment to child welfare in the areas outside of the agreement such as child welfare prevention, intervention programming, child welfare advocacy, education, and policy influence establish ASU as a trusted ally. For complete information on the Department’s collaboration with Arizona State University, see Section V, 4. Staff and Provider Training.
- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the steering committee is to seek expansion, diversification, and stability in the program’s funding. Participants include community partners, service providers, and government agency representatives.
- *Positive Parenting Program Initiative* – The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Department has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona.
- *The Crossover Youth Practice Model* – The Administrative Office of the Courts and Maricopa County have launched the Georgetown University Crossover Youth Practice Model. This model improves coordination between the child welfare and juvenile justice systems to better meet the needs of youth involved in both systems. The Department is an active partner in this project, which began the planning stage in May 2013.
- *FosterEd* - The FosterEd Initiative is a pilot program in Pima County, with leadership from the Pima County Juvenile Court and active involvement by the Pima Region Deputy Program Manager. The FosterEd initiative will address issues of educational stability through the assignment of “Education Champions” to school age youth as they enter care.
- *The Arizona Substance Abuse Partnership (ASAP)* – ASAP was established by Executive Order 2007-12 in June 2007. Staffed by the Governor’s Office for Children, Youth and Families, the ASAP is composed of representatives from state governmental bodies, federal entities, and community organizations. The ASAP serves as the single statewide council on substance abuse

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prevention, enforcement, treatment, and recovery efforts. The ASAP's mission is to ensure community-driven, agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco, and other drugs by building and sustaining partnerships between prevention, treatment, recovery, and enforcement professionals.

- *PASSAGE Transition Coalition of Maricopa County* – The Department has continuously participated in the PASSAGE community collaborative, sponsored by Casey Family Programs, since it was first formed in 2006. The PASSAGE Transition Coalition is dedicated to bringing foster care youth, alumni, and the community together to support Arizona's foster youth as they transition out of care. PASSAGE has created an atmosphere where youth, alumni, and community partners can work together on difficult issues, such as housing, mental health, independent living subsidy, and education.

Collaboration with the Courts

The Department is fortunate to have a history of substantial, ongoing, and meaningful collaboration with Arizona's juvenile courts. Outcome focused collaboration with the courts has been continual and productive, occurring at the state and county levels. Collaboration with the courts and court improvement activities are important avenues to identify and resolve points of delay along the path to permanency and barriers to child well-being. At the state level, the Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities.

Department personnel, including the Statewide Juvenile Court Liaison and the Practice Improvement Manager, continue to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored. The Advisory Workgroup also 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, the child and family services state planning process, and CI reassessments. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases. The Arizona Court Improvement FFY 2014 Strategic Plan includes the following outcomes and activities:

Outcome #1: Enhance collaboration to facilitate working processes between the court and stakeholders in the dependency process.

- Through a multi-system integration effort, CI works with a cross agency team to facilitate collaborative planning and delivery of a one-day symposium, conduct financial mapping, and complete gap analysis regarding needs and services for Arizona's crossover youth.
- Continue to support the efforts of the Jim Casey Youth Opportunities Initiative, as they begin their work in Arizona.
- Ensure that, through the use of a checklist of essential services, the court is provided available and appropriate information regarding behavioral health services for children and parents involved in juvenile dependency matters. The focus of this effort will be on the youngest children in care.

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- Coordinate educational opportunities for dependency stakeholders with a focus on early childhood issues.
- Evaluate existing “baby court” programs to determine case outcomes and best practices in participating counties.
- Work with stakeholders to improve communication/collaboration between courts and outside agencies when parents are detained by Immigration and Customs Enforcement (ICE).
- Collaborate with educational stakeholders to improve court processes for asking education-related questions, timeliness of school records availability, educational surrogacy policy and procedures, school transportation, and educational advocacy.
- Support the efforts of the FosterEd, as they begin their work in Arizona.
- Work with courts and stakeholders, including Arizona Tribes, to improve awareness of the cultural diversity of the children and families in foster care.

Outcome #2: Evaluate and improve dependency court processes to create efficient court hearings, effective representation of all parties, and a service-oriented court environment. The changes made will support timely and appropriate permanency for children.

- Work with county dependency courts to evaluate calendaring systems and provide technical assistance to county courts as appropriate.
- Implement dependency attorney practice improvement initiatives.
- Evaluate dependency court environments to determine best practices regarding “family-friendliness” of the juvenile court environments.
- Implement Court Process Consistency Training for judicial officers (CPCT-J).
- Implement Court Process Consistency Training for child welfare attorneys (CPCT-A).
- Evaluate existing “Baby Court” programs to determine best practices.

Much of the focus in SFY 2014 has been on the birth to three year old population, visitation of children in care with their parents and siblings, youth involved in both the dependency and juvenile justice systems, and involvement of stakeholders from the educational system. Examples of activities from SFY 2014 include the following:

- Most counties have developed Court Teams for Infants and Toddlers, which bring together the Court, the Department, and service providers to better address the needs of very young children in foster care.
- Department employees participated on a Court Improvement committee that successfully developed a tool entitled *Practical Guidance for the Juvenile Dependency Process Related to Parents Detained by ICE*. Since its development, this tool has been shared with court staff and attorneys in an effort to better engage immigrant parents in the juvenile dependency process.

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- The Courts and the Department are partners in the FosterEd effort currently underway in Arizona. Pima County is the pilot site for this effort, which focuses on improving educational outcomes for foster children. The program is working to develop measures related to several areas, including school change, attendance, enrollment, and academic performance.
- The Department's Indian Child Welfare Specialist is a member of the ICWA Committee, which was created in 2012 by the State, Tribal, and Federal Court Forum. This collaborative committee is co-chaired by a state juvenile court judge and a tribal judge and, in the last year, has helped to organize and deliver a statewide ICWA summit, a judicial roundtable, and a state ICWA guide for judges and attorneys.
- Court Improvement, the Department, and the CASA program continue to work together to address the issue of racial disparity in the juvenile dependency process. Several individuals have been certified to provide the *Knowing Who You Are* (KWYA) training. These instructors have delivered two trainings, and additional training activities will be scheduled for the upcoming year.
- A representative from the AG's Office continues to assist with training attorneys pursuant to the recently developed statewide standards for child representatives in the legal system.
- Department representatives assist with the training of judges new to juvenile dependency cases. The Medical Director for the Department's Comprehensive Medical and Dental Program (CMDP) provides education to these judges on accidental versus non-accidental trauma. A Department representative also provides an overview of DCS services and addresses questions or concerns that the judges might have during the training.
- Representatives from the AG's office continue to be active partners in the development and implementation of dependency-related education for attorneys statewide. AG representatives have been involved in the training for children's counsel (pursuant to new standards) and are valued partners in the development of standards/best practices for parent's counsel.
- In Maricopa County, the following collaboration occurs:
 - The court team, known as Cradle to Crayons, represents a specialized effort that includes accelerated court reviews (every 60 days), specialized courtrooms (six divisions devoted to these cases), and a new drug treatment court. Department representatives continue to be an integral partner in the implementation of the Cradle to Crayons effort. A Glendale Ongoing Unit has been co-located at the Cradles to Crayons Durango location. The Visitation Center continues to be operational at Cradles to Crayons, and provides visits at the Center for families in the South Mountain and Glendale Offices. A video was made to highlight what occurs at the Center, to recruit volunteers.
 - The Maricopa County Juvenile Court, in collaboration with the Crossover Youth Committee and Georgetown University's Center for Juvenile Justice Reform, developed and introduced the Crossover Youth Practice Model (CYPM) to key Maricopa County stakeholders. The juvenile court continues to involve Department representatives in efforts to develop the needed CYPM infrastructure. It is hoped that adopting this process will lead to several positive outcomes, including improved efficiency of service delivery to this at-risk population. The protocol has been developed, staff were trained in April 2014, and the protocol was implemented in ten Glendale/Avondale zip codes effective May 1, 2014.

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- The Maricopa County Juvenile Court received a federal grant to support visitation, and partners in this project with the Department and the Maricopa County Head Start program. Children in Cradles to Crayons who are served through the Glendale Office are eligible for therapeutic visitation provided by the court.
 - The Maricopa County Juvenile Court continues a Drug Dependency Court for parents of children in Cradles to Crayons. The treatment court calendar is overseen by the presiding judge.
 - A monthly teleconference is held between the Assistant AG Unit Chiefs, the Maricopa County Presiding Juvenile Court Judge, the Juvenile Court Administrator, and the Central and Southwest Region Program Managers to discuss various Maricopa County Juvenile Court issues.
 - Maricopa County DCS Court Liaisons are located at the Maricopa County Juvenile Court buildings. An additional liaison is being hired to work exclusively with the Crossover Project.
- In Pima county, the following collaborations continue:
 - The Pima County Model Court Working Committee has evolved into the "One Court" workgroup. Pima Region management and staff remain actively involved, attending the quarterly meetings and participating in the workgroup's committees, subcommittees, and workgroups. The Pima Region Program Manager attends the monthly stakeholder meetings. These meetings are opportunities to share information about Department trends, changes, and areas for strategic improvement. This year's goals include: the Juvenile Detention Alternative Initiative/Disproportionate Minority Contact, trauma responsive court, domestic violence, mental health for juvenile justice children, and over-representation of African American children. The Back to Basics subcommittee continues to focus on gathering basic court and agency data on safety, permanency, and well-being for children in out-of-home care, including data on placement stability, disrupted adoptions, and reactivated dependency cases.
 - The Pima County Juvenile Court is focusing on becoming a trauma-informed court and has provided related training for court staff and system partners.
 - In the Southeast Region, Cochise, Santa Cruz, and Graham counties have had active Best for Babies teams for the past five years. This initiative has been the primary collaborative vehicle between the courts and the Department. Cochise County has regular monthly meetings with participation from a wide variety of stakeholders. Additionally, the following activities are ongoing in Santa Cruz county:
 - Santa Cruz County's Best for Babies initiative is called "Baby Steps" and include a very engaged group who meets every other month to discuss and review issues, services, supports, and desired outcomes.
 - Santa Cruz County case flow management team meetings are held every other month with a diverse group, including officials from the Mexican Consulate and the Desarrollo Integral para Las Familias (DIF) who actively participate and provide valuable information on accessing services and providing assistance in Mexico. Training on the

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subject of substantiation was requested by this group and provided by DCS staff in November 2013.

- In Mohave county, the following activities occur:
 - The Assistant Program Manager (APM) in Mohave County is highly involved with the Mohave County Child Advocacy Team (MCCAT), in conjunction with the Mohave County Superior Court. The MCCAT provides local trainings and symposiums dealing with issues affecting child well-being. The MCCAT sponsors a variety of trainings throughout the year, allowing many Department staff members to attend. In addition, the Courts have provided the opportunity for Department staff members to attend national conferences and hear cutting-edge practice presentations.
 - The MCCAT steering committee includes a DCS APM, the Presiding Juvenile Court Judge, the Court Infant/Toddler Mental Health Coordinator, an Office of Juvenile Representation attorney, the Children's Mental Health Director, the CASA Coordinator, a CASA volunteer, and court administration personnel. The steering committee continues work on the development and implementation of Mohave County's Baby Court.
- Navajo County Superior Court continues to hold quarterly Dependency Court Team meetings. These meetings are attended by representatives from the Department, the CASA program, the Office of the Attorney General, the clerk of the court, court personnel, and several attorneys appointed as parents' counsel, children's counsel, or guardians ad litem on dependency cases. Discussions focus on how to improve the case flow process, achieve more timely permanency, and ensure that dependent children's needs are being met. Navajo County continues its Best for Babies efforts and presentations have been provided by Prevent Child Abuse Arizona and Healthy Steps, a program funded by First Things First. Healthy Steps provides education and support to families of newborns, regardless of risk factors, and reaches out to all families of newborns delivered at Summit Regional Medical Center in Show Low.
- Apache County continues its implementation of Best for Babies and is now focusing on cases involving children ages birth to three.
- In Yavapai County, the following activities occur:
 - DCS Supervisors and APMs completed training for members of CASA regarding the dependency process, safety and risk, in-home services, and drug testing. The Court, the CASA Program, and Department staff have expanded programs to help teens and teen parents.
 - The Yavapai Family Advocacy Center hosts weekly case reviews with DCS, law enforcement, and the County Attorney's Office to advocate for families and victims, assuring that they are offered services to support them during times of trauma.
 - A DCS Supervisor from Yavapai County is a member of the CASA Foundation Board of Directors. This year has seen an expansion of the fund raising program, allowing for more resources to be given to children. The DCS Administrative Assistant in Yavapai County works with the CASA Foundation to distribute gift cards to children in need.
 - DCS Supervisors in Yavapai County present to volunteers in the local Trauma

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Intervention Program (TIP) regarding the requirements of DCS. TIP volunteers coordinate with first responders to respond to traumatic incidents in the community.

- Two DCS staff members in Yavapai County participate as part of the Community Coordinated Response Team, with a focus on domestic violence. The Team initiated a local emergency response system for children whose whereabouts are not known (missing or abducted).
- DCS Supervisors in Yavapai County are also members of MatForce, which is the local drug task force.
- In Coconino County, the Assistant Program Manager conducted a Dependency presentation as part of the Court Improvement Project, and presented at a Judges Roundtable conference that included judges from across the State.
- The Northern Arizona Region Program Manager, the Coconino County Assistant Program Manager, and a Coconino County field unit supervisor attend meetings as part of the Safety Net for Colorado City to address stakeholder concerns stemming from issues raised by the media following the incarceration of the leader of a local splinter group of the Fundamentalist Church of Jesus Christ of Latter-Day Saints.

Casey Family Foundation's Judicial Engagement Team provides ongoing collaboration and support for the Department's judicial engagement efforts.

The Department employs a Statewide Court Liaison to increase communication and collaboration with the juvenile courts in each county. The Liaison:

- travels statewide to meet regularly with each Presiding Juvenile Court Judge and Dependency Coordinator and observe dependency hearings and trials to identify and resolve issues regarding the Department's appearances in, and interactions with, the court;
- regularly seeks input from the courts on Department practices and policy, sharing new initiatives, and serving as a resource for court concerns;
- trouble-shoots concerns identified by court and Department personnel;
- researches and responds to judicial requests for information about Department initiatives, services, contracts, policy, and training;
- facilitates judicial participation on Department workgroups pertaining to the Department's title IV-E waiver initiative, which includes discussions surrounding the Department's service array, differential response, and practice model;
- meets with county CASA supervisors, Foster Care Review Board leadership and representatives from the Administrative Office of the Courts;
- keeps Department management informed about judicial initiatives and concerns in each county;
- regularly attends and provides Department updates at meetings of the Committee on Juvenile Courts and the Court Improvement Advisory Committee;

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- attends and makes presentations at county CASA trainings, dependency case flow meetings and trainings, Continuing Legal Education for juvenile dependency attorneys, and the State Bar Juvenile Dependency section; and
- provides the Department's Dependency 101 training to new judges, and coordinates panels for judges.

Consultation with Stakeholders to Improve Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention

The Department meets regularly with stakeholders to obtain input on the Department's strengths, needs, and strategies to improve licensing, recruitment, and retention of resource families. The Department meets quarterly with the Arizona Foster Care and Adoption Coalition (AFCAC) to receive input on policy and program development. AFCAC's purpose is to find homes for children waiting for adoption and provide professional development and networking to Arizona's adoption and foster care recruitment community. AFCAC is comprised of professionals with expertise in adoption and foster care (including recruiters from the Foster Care Home Recruitment and Retention Services [HRSS] contracted agencies, Department recruitment staff, representatives from the foster and adoptive parent association, the KIDS Consortium, and the Foster and Adoptive Council of Tucson), and is co-chaired by the Department's Recruitment Specialist and a community partner from Catholic Social Services – St. Nicholas Adoptions. The Department also hosts a quarterly partnership meeting with the HRSS contract agencies to provide policy and program updates related to foster care and adoption and solicit feedback on how to improve the service delivery to children in foster care and the families who care for them.

The Department also seeks input directly from resource parents on its foster and adoptive home licensing, recruitment, and retention policies, practices, improvement strategies, and actions steps. The Department partners with the Arizona Association for Foster Care and Adoption (AZAFAP) and frequently meets with the AZAFAP membership. Through the AZAFAP, foster and adoptive parents have provided the Department with valuable recommendations for system improvements.

The Foster Parent Warm Line remains in operation to meet needs identified by foster parents. The warm line, staffed by Department employees, is a toll-free number for resource parents who are experiencing crisis situations and cannot reach their Child Safety Specialist in a timeframe that meets the resource parent's needs. The goal is to respond to those messages within the next business day so resource parents feel supported and their needs are met to serve the children in their care. The intent of the warm line is not to replace direct and regular communication between the Child Safety Specialist and the resource parent, but to provide resource parents with another source for information, assistance with authorizations for services, timely communication, and support. The warm line received 745 calls and 128 emails during 2013. The Foster Parent Support and Retention Survey also led to several projects that will study the access of foster families to various types of support services and support groups.

In July 2013, the Department distributed foster parent exit surveys to over 700 former foster parents who voluntarily closed their license within a twelve month period. The response rate was 15.8% and the average length of service for respondents was just over three years. A high percentage of respondents (85%) reported their goals for foster parenting were met. The study analyzed the reasons why foster homes leave the foster care system. For information about the survey results, see Section V, 7. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention.

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Consultation with Tribes

The Department consults and collaborates with American Indian Tribes for program and policy development, and on cases involving children who are or may be subject to the ICWA. The Department hired a new Indian Child Welfare Specialist in 2013. The Indian Child Welfare Specialist meets regularly with tribal affiliates and designated tribal ICWA liaisons to consult and review the progress toward ICWA compliance and Indian child welfare related issues.

The Department continues to contract with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policy.

With active participation from Department staff, ITCA also sponsors the annual Indian Child and Family Conference and DCS training on ICWA. The DCS training and the annual conference have proven to be effective ways to keep tribal programs informed of new child welfare practice and policy. Both events have created opportunities for relationship building, and for Tribal and State staff to gain a shared understanding of perspectives, processes, and procedures in Indian child welfare.

Department compliance with ICWA is continually evaluated through a tribal dialogue process that began in 1996. Each year, the Department and Arizona Indian tribes hold face-to-face meetings, jointly develop action steps to improve compliance with the ICWA, and collaborate to complete the activities. Although only a few tribes are currently pursuing Intergovernmental Agreements, tribes are being served through diverse training and technical assistance opportunities offered by DCS and one-on-one meetings with the Indian Child Welfare Policy Specialist and the Department's Director.

The following events and activities took place with American Indian tribal nations and councils in SFY 2014 to obtain input into the Department's restructuring and ICWA related strategies and activities, build relationships between state and tribal social service staff, and resolve barriers to ICWA compliance:

- In 2014, the Department's Director met with the ITCA members and provided an update on the Department's issues regarding the over 6,500 previously not investigated reports as related to American Indian children.
- The Navajo Nation receives separate consultation and is not a member of ITCA. The Department's Director held a phone conference with the Navajo Nation to provide a full update on the Department's progress investigating the previously not investigated reports and to receive information on Navajo case coordination issues with the State of Arizona. The Department's staff and the Navajo Nation have had multiple meetings since that time to resolve ongoing case coordination, Intergovernmental Agreement (IGA) revision, and title IV-E issues.
- Since August 2012, the Department has been partnering with the Administrative Office of the Courts, the ITCA, and the Navajo Nation to develop a statewide forum called The Arizona State, Tribal, and Federal Court Forum. The Arizona State, Tribal, and Federal Court Forum has met regularly since its inception. In SFY 2013 members of the Forum created the *Arizona ICWA Guide 2013*, using a similar document from Michigan as a model. The draft *Arizona ICWA Guide 2013* has been distributed to all members of the Forum and other tribal social service representatives. The Forum is continuing to review the ICWA Guide and will move forward with publication following a comment period, which is scheduled to end in June 2014.

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- The Department helped to develop and participated in the ITCA's Indian Child and Family Conference in December 2013. The conference covered an array of topics, such as ICWA qualified expert witnesses, tribal contracts, title IV-E, and tribal social and family services. The key note speaker was Dennis Swain, Indian Child Welfare Director from Casey Family Programs. Department staff facilitated three workshops.
- From September 2013 through March 2014, one-on-one discussions took place between the Indian Child Welfare Specialist and ICWA designated contacts for the Gila River Indian Community, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Pueblo of Zuni, Yavapai Apache Nation, Tonto Apache Tribe, Pascua Yaqui Tribe, White Mountain Apache Tribe, and Fort McDowell Yavapai Nation. These meetings were to build relationships and address the unique needs of each tribe while addressing barriers to ICWA compliance.
- The ICWA Specialist re-established a Tribal-State ICWA work group in September 2013. This new group has an average of twenty Tribal and Department Representatives. The workgroup met in September, February, and April, and exchanged information regarding policy, programs, and practice while developing a new purpose for the workgroup. The outcome of these meetings has been productive with a new mission, vision, and purpose for 2014-2015.
- The Department participates in monthly Department of Economic Security (DES) Tribal Liaison meetings. These meetings are led by DES's Tribal Liaison and include the other human service programs that work with tribal entities to improve partnerships with tribes.
- Other meetings were held throughout the year to obtain input into the Department's ICWA related objectives and activities, build relationships between states and tribal staff, exchange title IV-B plans, exchange title IV-E waiver information, and resolve barriers to IGA revisions and ICWA compliance. Consultation with Indian Tribes also occurs in the Department's regions. For example, in December 2013, Northern Region staff met with child welfare representatives from the Navajo Nation to work on improving partnership and case management practice issues.

Consultation with Youth

Consultation with youth primarily occurs through state and local advisory boards. The State Youth Advisory Board (SYAB) is comprised of current and former foster youth, Child Safety Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2014 to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the state plan on independent living. The state and local boards also provide a forum for youth to review and have input into legislation implementation, child welfare policy development or revision, foster and adoptive family recruitment, training for caregivers and Child Safety Specialists, and other areas. In SFY 2014, a major activity of the SYAB was to plan the July 2014 statewide youth conference for approximately ninety foster youth age sixteen and older. The conference agenda includes workshops on sex trafficking, leadership, responsible fatherhood, bullying, and health topics.

Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. In many areas, youth board members have attended leadership training to better prepare them for participation on the local or state YAB. Youth from the Maricopa County board have actively participated in the county-wide group home provider meeting, where they are able to state their concerns, establish contacts, and discuss ideas. This local board has been focusing on areas they would like to see change, including procedures for the distribution of hygiene supplies, allowances, discipline, and managing bed bugs, which has been an ongoing problem in some areas of the state.

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For more information on the Youth Advisory Board and other consultation activities with youth, see Section VII, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

Collaboration with the Behavioral Health System

Collaboration between the Department and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) is one of the most important factors supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. In addition to meetings between DCS regional staff and local mental health agencies, DCS and DBHS employees meet regularly at the state level. An important avenue for strategic collaboration has been DCS's continued participation as an active member of the Arizona Children's Executive Committee (ACEC) to create and support an integrated system of care among all of Arizona's child-serving systems. DCS leaders participate in ACEC meetings every other month to improve coordination and collaborative efforts, discuss and resolve any system barriers to care, and address any related efforts in the delivery of behavioral health services to children and families. The ACEC includes representation from the Department of Health Services, the Department of Economic Security, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, the Administrative Office of the Courts, and includes participation of local Regional Behavioral Health Authorities (RBHA) and other organizations. The ACEC and its subcommittees have produced or initiated several improvements to Arizona's behavioral health system of care, including a system of case reviews, improved educational system participation in child and family team meetings (CFTs), promotion of an adolescent substance abuse screening tool (CRAFFT), and development of the ACEC strategic plan.

The Department participates in the following ACEC subcommittees:

- *The Clinical/Adolescent Substance Abuse Subcommittee* – In SFY 2013, this subcommittee developed Transition Training for system partners, youth, and parents. This training was developed with participation from representatives of child welfare, behavioral health, the Administrative Office of the Courts (AOC), and the RBHAs. The training content and medium was developed in collaboration with DCS, local RBHAs, the DES/Division of Developmental Disabilities (DDD), AOC, the Department of Education, and behavioral health providers. The subcommittee also completed a pilot webinar presentation, made necessary changes identified through the pilot, and conducted the broader roll-out to system partners. The training's purpose is to build among all partners an understanding of DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority. The ACEC has not yet assigned new tasks for the upcoming year, but two tasks are being considered. The first is to review the System of Care Practice Review (SOPCR) data to identify any deficiencies in Arizona's current CFT practice and propose remedies for those deficiencies. The second is to review the current implementation of the Child and Adolescent Service Intensity Index (CASII) to monitor fidelity. New tasks have not been assigned to the committee as DBHS is evaluating the various committees across the system to determine which committees can be disbanded or consolidated.
- *The Training Subcommittee* – This subcommittee has been designing a curriculum to educate the school system about the CFT process and the role of educators in CFTs; educate families of children with behavioral health needs about the educational system and its role in their children's lives; and educate the behavioral health system about the school system, legal requirements, special education, educational interventions, and collaboration with school systems. The curriculum will contain sections such as: Navigating the School System, Facilitating School Involvement in CFT Practice, and Joint Planning between Schools and Behavioral Health. As

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each training module is developed and tested, the guide is being adapted to make the information easier to understand and teach. The final draft of the training is being completed with an estimated date of completion set for June 30, 2014.

- *The Family Involvement Subcommittee* – In SFY 2013, this committee worked closely with the Salt River Pima Tribe to assist them to increase family involvement with tribal behavioral health services. Committee members were invited to speak to the Tribal Council and received council support for their efforts. The committee researched the effects of bullying on children and reached out to several school districts to discuss the effectiveness of current Arizona policy regarding bullying in the schools. This is no longer an active committee for the ACEC.

The Department is also represented on Arizona's Behavioral Health Planning Council, which is responsible for advising, reviewing, monitoring, and evaluating all aspects of state mental health plan development, as required in PL 99-660, 100-639 and 102-321. Starting this year, the Council advises, reviews, monitors, and evaluates the Substance Abuse Prevention and Treatment grant. The Council is increasing the board membership with community members and professionals who have experience with substance abuse assessment and treatment. The Department's Statewide Behavioral Health and Appeals Coordinator was appointed to the Council and serves on the Council's Planning and Evaluation Committee, Community Advisory Committee, Advocacy and Legislation, and Executive Committees. The Executive Committee is responsible for overseeing the review of the state plan for the Council. The Statewide Behavioral Health and Appeals Coordinator began serving as the chair of the board on January 1, 2014.

Guidance for support and rehabilitation services is provided by local community-based family-led committees throughout the state, to best meet the needs of children and families in the community. The committees' goals are to:

- Increase awareness and utilization of the Support and Rehabilitation Services listed in the DBHS Covered Services Guide.
- Create a flexible, community-based workforce that is able to be molded by CFTs to help accomplish the work designed by CFTs without programmatic limitations.
- Support youth and families with the most complex needs in order to help them live together in the community successfully and avoid out-of-home placements. This assumes the ability of providers to work with youth with extremely complex behavioral needs, including handling dangerous behavior when it occurs.
- Help integrate youth and families within the communities in which they live. This requires providers to conduct activities in the community; provide transportation to, during, and from support activities; and assist youth with the self-administration of medication when needed in order to participate in community activities.

The Department's Office of Prevention and Family Support Program Manager and Statewide Behavioral Health and Appeals Coordinator also meet regularly with DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing, and data reports. There is an Arizona Psychotropic Medication Oversight Team made up from members of AHCCCS, DCS, and ADBHS. This group has made the commitment to strengthen the following American Academy of Child and Adolescent Psychiatry (AACAP) Best Practice Principles:

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1. Develop Integrated Data Sharing Systems to Ensure Care Coordination and Effective Monitoring and Oversight.
2. Enhance Systems for Informed and Shared Decision-Making (Development of a Youth Assent process).
3. Increase Youth Engagement and Empowerment.

Arizona has made great progress in the first two of these goals and anticipates statewide implementation of both during 2014. The work products regarding oversight of psychotropic prescribing for children in care have been consolidated at: <http://www.azdhs.gov/bhs/children/CPS.htm>.

DBHS has implemented its Outcomes Framework and Dashboard. This system reports on several elements, which are listed below. The following is SFY 2013 data:

1. Quality of life is defined by whether the child:
 - with a history of substance use is now abstaining from drugs (57.1%),
 - is now employed (14.8%),
 - attends school (86.0%),
 - is not homeless (99.8%),
 - has no recent involvement in the criminal justice system (97.3%), and
 - participates in self-help groups (4.8%).
2. Access to recovery and resiliency oriented services is defined by whether the child:
 - is satisfied with access to services (83.7%),
 - receives timely services (90.1%), and
 - lives within 15 miles of an outpatient clinic (95.8%).
3. Services delivery is defined based on the individual needs of the child by determining:
 - if they participate in treatment planning (90.0%),
 - if they have current and complete service plans (70.0%), and
 - if they receive services identified on their service plans (85.2%).
4. Coordination of care is defined by individuals receiving seamless behavioral and medical care coordination as determined by whether the child:
 - has their care coordinated with their medical doctor (90.0%),
 - returns to a psychiatric hospital (7.0%), and
 - average length of stay in a psychiatric hospital (10.1 days)

In SFY 2013, the Department's Adoption Subsidy program hired a mental health specialist who is available to adopted parents to assist them in navigating the behavioral health system. The Specialist has begun to meet with RBHA staff across the state to discuss the unique needs of adopted children. The work between DBHS and the Adoption Subsidy Mental Health Specialist has opened the door to issue resolution and has provided an avenue for clarifying practice protocol. The Adoption Subsidy Mental Health Specialist has established a collaboration protocol between the RBHA in Maricopa County, Adoption Subsidy, and adoptive families. Community education and development of adoption specific support are ongoing.

Several navigational tools have been updated and are available to empower families to support their adoptive children in the mental health and educational systems. The mental health specialist is also available to assist with formulating plans to meet the unique and combined complex needs of children and families providing permanency through adoption. The establishment of protocol for accessing, utilizing,

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and exhausting community resources in order to provide the maximum benefit of available resources to children and families is being introduced. The total number of children served by adoption subsidy is 20,614 in 15,895 families. This is an increase of 1,405 children in 954 families since July 1, 2013. A database has been established to provide a comprehensive picture of the children that do not establish permanency through adoption and have ongoing involvement with the child welfare system. Tracking will gather information to identify gaps in service availability, access, or adequacy to support and improve child welfare outcomes. The need for early and ongoing adoptive parent support and education has been identified as an issue that needs further discussion and exploration within the behavioral health and adoptive communities.

In SFY 2013, the Department provided its comments on several DBHS policies including, but not limited to, Duty to Report Abuse, Neglect and Exploitation, Psychotropic Medications, Out-of-State Placements, and Securing Services and Prior Authorization.

DBHS maintains several practice protocols that provide clinical guidance with no required elements and five practice protocols with required elements. DBHS monitors the RBHAs' compliance with the required elements in the practice protocols on:

1. The Child and Family Team Practice
2. Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents (with attachments)
3. Children's Out of Home Services (with Home Care Training to Home Care Client (HCTC) attachment)
4. Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age (with attachment)

The *Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS* practice protocol is without required elements, but remains a clinical guidance document. Additionally, the "Unique Needs" training remains a required training for all behavioral health providers who provide direct service to children and/or families in the child welfare system. Department staff continue to co-facilitate these trainings with each RBHA. Training evaluations indicate that these have been beneficial as behavioral health providers become more aware of the legal and administrative constraints within which Child Safety Specialists must work. Additionally, behavioral health providers report improvements in their understanding of the impact of removal and foster care on a child's emotional and behavioral development. The training is being updated to address recent changes in Arizona laws and policies, and to add a component on adoption.

The Department also provides services to treat behavioral health issues that contribute to safety threats or risks to children. The Department's in-home services program provides therapeutic support for families, and the Comprehensive Medical and Dental Program (CMDP) provides psychiatric services to address the mental health needs of children who are not title XIX eligible. The Arizona Families F.I.R.S.T. program provides substance abuse assessment and treatment services. The Department also provides specialized psychological evaluations or other services on a case by case basis. Efforts continue to improve efficiency and ensure families receive necessary services. A cross-walk of behavioral health and DCS services was developed to help staff better utilize clinically necessary title XIX funded services.

During the last fiscal year, children who are enrolled in the Children's Rehabilitative Services (CRS) health plan were transitioned to a new health plan, which provides all of the mental health services to the CRS eligible population. As part of the change, CMDP has taken the lead for the care coordination of these members, as they are typically a medically fragile population. The CMDP Behavioral Health Unit will provide assistance to the field for any behavioral health issues for CRS enrolled children. The Department, including CMDP, meets weekly with the new health plan in developing and implementing a

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transition plan for all of the CRS enrolled children into the new partially integrated health system. CMDP will continue to provide medical coverage for any non-CRS condition.

The CMDP Behavioral Health Unit has increased its clinical expertise by hiring an Arizona-licensed behavioral health professional, an Arizona Registered Nurse, and a Behavioral Health Technician. Behavioral Health Unit employees regularly participate in collaborative and problem-solving meetings with the local RBHAs. Along with CMDP's Medical Director, the Behavioral Health Unit has developed relationships with each RBHA's clinical and operational management in order to streamline care coordination and issue resolution.

Section III

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

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

1. Child Abuse and Neglect Prevention Services

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

Since 1991, the Department (and former Division of Children, Youth and Families) has provided funding to Regional Child Abuse Prevention Councils that are located throughout Arizona to increase public awareness of the problem through educational campaigns and advocate for effective programs and policies to prevent child abuse and neglect. Each Regional Council is comprised of community representatives from the professional, business, and civic sectors who volunteer their time to address the need for child abuse prevention in their community. Each Regional Council has elected officers and meets on a regular basis. 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 about events at www.azdes.gov/PreventionAndFamilySupport.

The Councils are involved in activities to support Child Abuse Prevention Month each April. Activities include distribution of thousands of blue ribbons throughout Arizona, official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month, coordination of media campaigns highlighting Child Abuse Prevention, and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsor one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences, and training. The multi-media campaigns include the use of radio public service announcements, banners, billboards, and movie theatre advertisements. Several communities hold fun family-day outings and other events. Throughout child abuse prevention month, staff and stakeholders are encouraged to participate and actively support child abuse prevention. The Regional Child Abuse Prevention Councils are also instrumental in the annual statewide campaign to provide approximately thirty-two workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors.

The Department and numerous community partners held several child abuse prevention kick-off events in Maricopa County in 2014. One such event was the Child Abuse Prevention EXPO/Family Day, arranged by the Child Abuse Prevention and Awareness Coalition, which includes several community agencies and the Department. This celebration included a proclamation by Governor Brewer, commentary from DCS Director Charles Flanagan, a Color Guard Presentation, inspirational songs by the Chandler Children's Choir, and enjoyable activities for children and families. A host of supporters attended, including Rebecca Thomas from CBS 5. Speakers at the event included: City of Mesa Vice Mayor, Alex Finter; Mesa Police Assistant Chief White; and a Prevention Advocate, Jessica Nicely, who experienced child abuse in her past. The EXPO featured booths and information for kids and families including displays of a fire truck, an ambulance, a mobile command unit, a healing garden, chairs of hope, and K-9 dog demonstrations. For the children, there were the World's Most Entertaining and Inspirational Yo-Yo Show; a balloon twister; a face painter; mascots "McGruff," the "Easter Bunny," and the "Chick-fil-A Cow;" bounce houses; static displays; children's art; and expo table vendors with arts, crafts, and games for kids.

The Department, in partnership with the Child Abuse Prevention Planning Committee, also sponsored an event at the Phoenix Center for the Arts, themed "Child Abuse Prevention - It's Everyone's Responsibility." This was a large gathering of key leaders, stakeholders, child advocates, and members of the community who united for a common purpose of Preventing Child Abuse. The event included Master of Ceremonies, Katie Baker from CBS5; DCS Director, Charles Flanagan; Maricopa County Presiding

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Juvenile Court Judge, Colleen McNally; Rising Youth Theatre Presentation; Dr. Cindy Lietz from the ASU School of Social Work; Administration on Children, Youth and Families Commissioner's Award; and Becky Ruffner, Executive Director of Prevent Child Abuse Arizona.

A third example of a Child Abuse Prevention Month activity is the email blast sent to the entire agency and community stakeholders. The whole community was encouraged to get involved in child abuse prevention by taking action in one or more concrete ways. The community was encouraged to read Governor Brewer's Proclamation for Arizona, plant pinwheel gardens in public places, make and color pinwheels with children, display pinwheels at home and work, attend local events, and spread the word about child abuse prevention. The message was that everyone has a role to play in preventing child abuse and supporting families, and that anyone can get involved by contacting a local Child Abuse Prevention Council. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment.

The Six Protective Factors were promoted via informational pamphlets at various events by embedding them within service arrays and during parent activities. The Six Protective Factors are: 1) knowledge of parenting and child development; 2) social emotional competence of children; 3) nurturance and attachment; 4) social connections; 5) parental resilience; and 6) concrete supports. The Department is promoting the Protective Factors by educating DCS staff and integrating the concept across a service array for families. Last year, the Protective Factor Survey was introduced into the In-Home Services Program to facilitate family assessment and the development of service plans to strengthen the Six Protective Factors. In-Home Service and DCS staff received Protective Factor training via two webinars and personal presentations were delivered in each region. This year, the Protective Factors were integrated into the new Regional Child Abuse Prevention Council Scope of Work and Parent Cafés were promoted. Additionally, hundreds of "Who Makes Families Strong? – Parents" booklets will continue to be distributed to DCS staff, community members, and families. The booklets, designed by the National Alliance of Children's Trust & Prevention Funds (and many other experts and parent leaders), explain the Six Protective Factors in a family-centered way that allows the concepts to be quickly understood and implemented. The Department is excited about promoting the Six Protective Factors and is looking forward to finding new ways to continue this integration process.

Adverse Childhood Experiences (ACE) Consortium

The Department further promotes child abuse prevention through active participation in the ACE Consortium. Arizona's ACE Consortium is working to enhance public awareness about the issue of childhood trauma and evidence-based prevention policies and programs. The Consortium is comprised of professionals from Phoenix Children's Hospital, child advocacy organizations, community service providers, Eight—Arizona PBS, the Department, and other public agencies. The Consortium's vision is that Arizona has safe, stable, and nurturing families and communities that contribute to a prosperous society. The ACE Consortium is committed to getting the word out to doctors, psychologists, patients, parents, teachers, and other adults who work with children so that our community can become well-versed in how to heal the effects of abuse, prevent it from happening, and create stronger communities in which everyone understands the implications of abuse on the emotional and physical lives of all, especially children.

To accomplish this, the Department has taken a leading role in the development of a multi-media campaign that includes the following activities: a day long ACE Train-the-Trainer workshop (conducted twice a year); a one to four hour ACE community and family presentation/workshop (conducted forty times a year); a new PBS Television Special, called "Keeping Children Safe: Ask an Expert," during which experts in all areas of childhood trauma will be in the studio taking viewer phone calls; and ACE brochures and posters. This campaign promotes the findings of the landmark ACE study (completed by

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the Centers for Disease Control and Prevention and Kaiser Permanente) and provides resources for the community and parents. Since this campaign began five years ago, thousands of Arizona residents have received this valuable information. The Department's Regional Child Abuse Prevention Councils have been instrumental in this campaign. Each year, they alone provide approximately thirty-two workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors.

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

On April 2, 2012, the Department was pleased to launch the "Who Do You Trust With Your Child?" campaign, in cooperation with the Arizona Coordinated Prevention Campaign. This child abuse prevention and awareness campaign continues to help parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. Prevention is the key to keeping Arizona's children secure. The "Who do You Trust With Your Child?" posters and brochures were prepared by the Arizona Coordinated Prevention Campaign, a group of professionals dedicated to the prevention of child abuse and neglect. Members included: Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, the Department of Child Safety, the Department of Health Services, Eight – Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. The campaign included a dedicated website containing posters and brochures that provide Arizonans with valuable and precise information about choosing a safe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. If the parents and other primary caregivers suspect child abuse or neglect, they are urged to report it now by calling the Arizona Child Abuse Hotline, which is also available 24 hours a day. DCS sites throughout the state display hundreds of posters and provide parents with thousands of brochures. Community members and organizations also received thousands of brochures and posters and are urged to place a link to the website on their homepages and display the posters and brochures in locations where parents and caregivers will see them.

Healthy Families Arizona

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new 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 assists the family to obtain services. Healthy Families Arizona services include the following:

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

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

In SFY 2013, funding for the HFAz statewide system included just over \$6,570,540 from the Department, \$5,597,047 from First Things First (FTF) and \$2,009,985 from the Department of Health Services' Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant through the Arizona Department of Health Services. The combined funding of \$14,177,572 allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 231 zip code areas around Arizona. For SFY 2013, there were 12 sites and 40 teams. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant. The Department remains the central administration to the HFAz multi-site system, including sites funded through FTF and DHS. The Department, DHS, and FTF have maintained the Interagency Service Agreements to ensure a collaborative relationship and to share the costs and resources for the administration of the HFAz program. Healthy Families sites all passed their peer site visits through the national re-accreditation in 2011 from Prevent Child Abuse America with no additional action required, and HFAz is optimistic that the next re-accreditation, scheduled for 2016, will be equally successful, based on achievements recorded during statewide site visits in 2013.

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the Healthy Families program is committed to continuous improvement. Site evaluations and quality assurance activities ensure efficiency in practice, and more than two decades of annual program evaluations have consistently demonstrated that Healthy Families Arizona is a highly effective program.

According to the *Healthy Families Arizona Annual Evaluation Report FY2013*, 4,046 families were reached by Healthy Families programs. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was 346 days. The evaluation highlights both prenatal and postnatal services. Outcomes in 2013, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 97.1% of participating families had no substantiated DCS reports.
- Substance Abuse: 43.6% of families had an initial positive screening at 2 months, and that percentage decreased to 11.6% at 6 months, and 9.1% at 12 months.
- Child Health: There was an 86.5% immunization rate for babies by 12 months.
- Child Safety: 97.6% of parents lock up household poisons, 98.9% use car seats, and 89.4% use smoke alarms at 24 months.
- Maternal Life Course: 25.9% of mothers were employed at 24 months, 6.3% were enrolled in school full-time, and 6.5% were enrolled part-time.
- Maternal Stress: Significant improvement was observed in several areas, including problem solving, personal care, mobilizing resources, parent/child behavior, home environment, and parenting efficacy.

Positive Parenting Program Initiative

The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Department has been participating in a broad-based consortium of community stakeholders who are interested in implementing the Triple P model in Arizona. The consortium is comprised of professionals from Phoenix Children's Hospital, Prevent Child Abuse Arizona, Parenting Arizona, the Child Crisis Center, Southwest Human Development, Eight – Arizona PBS, Arizona Partnership for Children, and many other organizations. The community partners are deeply committed to the process and many are financially invested.

The Department participates as a neutral member, interested in this community-based approach to elevating the quality of parenting programs for families served by DCS and other families who have risk factors for abuse or neglect. Arizona's families can benefit from the use of a strong parenting program that is implemented consistently with a high degree of fidelity and monitored at the state level.

Over the last two years, the consortium conducted trials in several locations throughout the state and found that Triple P is a viable program that meets the needs of Arizona families. Several practitioners have been certified in various levels of Triple P. The consortium members are continuing to deliver Triple P services, coordinate efforts, cross-refer families across Maricopa County, seek funding for a larger scale roll out, and experiment with a new online Triple P program. Triple P International reports that early evaluation data is showing the online curriculum is achieving results equivalent to in-person Triple P. Parental progress and results continue to be closely monitored and assessed.

The consortium is moving forward with its efforts to educate key stakeholders and attempt to secure multiple streams of private funding for a larger roll-out of this ambitious program. To these ends, the consortium hired a part-time grant writer to help mobilize partnerships and identify new potential resources to address adverse childhood experiences. An Arizona Triple P webpage is being developed to help educate the community. The consortium is seeking an "institutional home" for the website, possibly with Prevent Child Abuse Arizona. Additionally, working with Triple P America, Inc., the consortium has updated an extensive implementation proposal for the State of Arizona and Maricopa County. Based on years of solid research, the proposal anticipates that the introduction of this parenting support strategy will result in the following benefits.

For children:

- Higher levels of school readiness (e.g., social, emotional and language competence)
- Fewer behavioral and emotional problems
- Less likely to be victims of child abuse and neglect
- Fewer will follow a developmental trajectory to poor adolescent outcomes, such as substance abuse, juvenile offending, and risky sexual behavior

For parents:

- More confidence, skill, and knowledge about raising children
- More positive interactions with their children
- Less depression, stress, or anxiety
- Less couple conflict over parenting issues in two parent families
- Lower levels of stress and conflict in managing work and family responsibilities

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) is the single statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The ASAP is chaired by the Director of Governor Janice K. Brewer's Office for Children, Youth and Families (GOCTF) and staff support is provided by the GOCYF. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group (Epi workgroup) facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

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

- 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.

The ASAP is currently involved in two projects that address its duties and responsibilities. The first is an inventory of the prevention, intervention, treatment, and recovery-related substance abuse programming administered by ASAP member agencies. A small workgroup of ASAP members and other key stakeholders have been meeting to conduct this work. The specific goals of the ASAP program inventory are to:

- Identify evidence-based and promising practices in the substance abuse programming administered by Arizona Substance Abuse Partnership member agencies.
- Identify gaps in programming and services.

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- Develop a mechanism for ASAP members and other stakeholders to use in presenting information on agency-specific and overall programming needs to policymakers and potential funders (e.g., in grant applications).
- Provide recommendations for current and future programming.

The second key ASAP project is the *Prescription Drug Misuse and Abuse Initiative* (<http://azcjc.gov/acjc.web/rx/default.aspx>), which is a multi-system strategic collaborative endeavor that aims to reduce the misuse and abuse of prescription medications through adult and youth education and awareness; opioid prescribing guidelines for community practitioners and emergency department personnel; guidelines for dispensing opioids; increased use of the Prescription Drug Monitoring Program by prescribers, dispensers, and law enforcement; improvements to data collection around prescription drug-related crime; feedback to prescribers on their prescribing habits; proper medication storage and disposal; and increased access to treatment services.

Substance Abuse Epidemiology Work Group

The Substance Abuse Epidemiology Work Group (Epi Work Group) operates under the authority of the Arizona Governor's Office for Children, Youth and Families (GOCYF) and the direction of the Arizona Substance Abuse Partnership (ASAP) in conformance with Executive Order 2007-12, signed by the Governor of Arizona on June 13, 2007, and continued by Executive Order 2013-05 on May 28, 2013.

Arizona's Epi Work Group was formed in 2004 as a requirement of the Strategic Prevention Framework State Incentive Grant (SPF SIG) received by Arizona from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), and became an official standing work group of the Arizona Substance Abuse Partnership via Executive Order 2007-12 and Executive Order 2013-05. The ASAP utilizes the data and analysis provided by the Epi Work Group to devise strategies and solutions and to guide decisions about the allocation of resources, including the funding of prevention, treatment, recovery, and enforcement efforts, and to inform the public about the prevalence of substance use and associated consequences, such as mortality and morbidity. Staffed by the GOCYF, the Epi Work Group is composed of statisticians, data analysts, academics, and holders of key datasets from various state agencies and universities who collaborate and advise on epidemiological reports and respond to data gaps and pressing substance use-related inquiries.

The Epi Work Group's mission is to provide communities, policymakers, and local, state, and tribal officials with data on the use, consequences, and context of alcohol and illicit, over-the-counter, and prescription drugs to inform their substance abuse prevention and intervention strategies.

The Epi Work Group's principles are to:

- establish a clear purpose and set of goals and objectives consistent with a public health model;
- establish work plans that identify specific workgroup products, schedules, and milestones;
- establish and maintain regular contacts with appropriate State advisory group(s) and key State decision-makers;
- ensure an ongoing and meaningful exchange of data and information between the Epi Work Group, State leaders, and SAMHSA;
- emphasize outcomes;
- support data-driven decision-making at the State-level and local-level;
- provide community-oriented data for use in community planning, and for monitoring and evaluation purposes;
- promote continual improvements in data gathering for assessments; and

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- use data sources that will provide multiple measures over time and meet data quality technical standards.

The Epi Work Group has three major goals, which are to:

1. Maintain and update the Community Data Project, the interactive website for substance misuse and abuse and associated consequence and correlate data, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process.
2. Identify data gaps and address them in order to provide Arizona with a comprehensive picture of substance misuse and abuse in the state.
3. Serve as a resource to the Arizona Substance Abuse Partnership and member agencies to support data-driven decision-making that makes the best use of the resources available to address substance misuse, abuse, and related issues in Arizona.

In the past, the Epi Work Group was responsible for releasing a biennial, comprehensive, informative, and functional profile of substance use indicators for use by practitioners, policymakers, coalitions, agencies, individuals in relevant fields, and other key stakeholders. In order to publish the first *Arizona Substance Abuse Epidemiology Profile* in 2005, the Epi Work Group identified indicators of substance use and consequence patterns and thoroughly analyzed available data. In 2007, the second edition expanded upon the first report in that it contained a broader array of epidemiological data, including measures of tobacco-related mortality and morbidity, outlined differential consequences and/or consumption patterns by gender and race and ethnicity, and provided a more complete assessment of methamphetamine use and its effects on Arizona's adults and youth. The 2007 report also uncovered gaps in Arizona's data systems, including the need for data on the relationship between child welfare and substance use, sub-county data, substance-specific data, measures of the severity of substance use, and tribal data. The Epi Work Group and the GOCYF have dedicated themselves to addressing these data gaps in order to lay a solid foundation for reducing the state's substance use problem and to provide an accurate depiction of the impact of substance use on Arizona and its populace.

Recently, the *Arizona Substance Abuse Epidemiology Profile* has been replaced by the Community Data Project (CDP). While not yet as comprehensive in scope as the *Arizona Substance Abuse Epidemiology Profile*, the CDP is an interactive, user-friendly, data-sharing website that provides data online as a customizable, cost-effective, and user-driven alternative to the hard-bound profiles. The CDP website currently houses over 300 indicators of substance use/prevalence and associated consequences. Data are provided over time in graph, table, and map formats, at the county and community level, and by race and ethnicity, gender, and age (where applicable and available).

2. Child Abuse and Neglect Investigation, Child Safety and Risk Assessment, and Child Abuse and Neglect Intervention and Treatment Services

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline is the Department's first point of contact for all concerns of abuse, neglect, abandonment, or exploitation of a child within Arizona. The Hotline receives communications through telephone, fax, mail, and the new Online Reporting service. Communications to the Hotline are received from mandated and non-mandated sources, including parents, relatives, private citizens, social service professionals, law enforcement, judicial entities, and anonymous sources. Trained Specialists use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information meets the legal criteria for a DCS report for investigation, and whether there is

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indication of present or impending danger to a child. Hotline Specialists use the Department's Child Safety and Risk Assessment tool to guide the collection of information about safety threats and risks; including: 1) the extent of the current maltreatment, 2) the circumstances surrounding the maltreatment, 3) child characteristics and functioning, 4) adult parent/caregiver characteristics and functioning, 5) parenting practices, and 6) disciplinary practices. Hotline Specialists assign a response time based on whether the allegations suggest the child is in present danger, impending danger, or at risk of abuse or neglect.

DCS reports are assigned to Investigations Supervisors. Hotline Supervisors notify the Investigations Supervisor or standby staff of situations that require an immediate response. New Arizona law enacted in May 2014, A.R.S. § 8-455(D), requires that a report be prepared for investigation if all of the following are alleged: 1) the suspected conduct would constitute abuse or neglect; 2) the suspected victim of the conduct is under eighteen years of age; 3) the suspected victim of the conduct is a resident of or present in this state or any act involved in the suspected abuse or neglect occurred in this state; and 4) the person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household.

Concerns that do not meet the criteria for a DCS report but allege criminal activity or contain information that a child may be at risk of harm by someone other than their parent, guardian, custodian, or an adult member of the victim's household are reported to law enforcement. All communications regarding abuse or neglect of a child that are determined to *not* meet the statutory criteria for a DCS report for investigation are reviewed within 48 hours, excluding weekends and holidays, by a Hotline Supervisor or Quality Assurance Specialist. Previously, a communication did not meet the report criteria if there was insufficient information to locate the child. Newly enacted A.R.S. § 8-455 (F)(2) requires that "a report for investigation must be investigated even if the identity or location of the person suspected of abuse or neglect or the victim of the abuse or neglect is not known." In some cases this may be a change of practice as previously some referrals that did not contain enough information to identify/locate the perpetrator or victim were not assigned for investigation. OCWI or law enforcement may have additional tools that can assist DCS to locate victims/perpetrators.

In addition to 85 Specialists and 12 Unit Supervisors, the Hotline employs four Case Aides who handle resource calls that do not require a safety assessment; one Program & Project Specialist who manages the workforce management functions of scheduling, leave approval, and forecasting call volume; one Program & Project Specialist who manages telephone reports and analysis; one DCS Program Specialist; one Regional Automation Liaison; three support staff; three assistant managers; and one Program Manager.

Program improvement activities continue at the Hotline. In January 2014, the Department began receiving electronic communications of child abuse and neglect through the new Online Reporting Service. The Online Reporting Service is designed for use by professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent. Arizona's Child Abuse Hotline utilizes six Specialists and one Supervisor to process the online submissions. The Online Reporting Service is currently available Monday through Friday, from 6:00 a.m. to 9:00 p.m.

In March 2014 the Child Abuse Hotline began a process improvement effort to address the problem of long processing times by Hotline staff, which was leading to long hold times for callers. The core process improvement team is comprised of Department staff from the Hotline, Field Investigations, the Office of Child Welfare Investigations, Practice Improvement, Policy, and CHILDS. The core group meets weekly and is led by a six-sigma trained facilitator from the Arizona Government Transformation Office.

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The three goals of the process improvement team are: 1) reduce the average time callers are on hold, 2) reduce the amount of time that any single caller is on hold, and 3) reduce the time it takes for Hotline Specialists to process their work in CHILDS. In addition to the three goals, the workgroup must ensure that quality of work is retained in whichever resolutions the group submits forward to be piloted and ultimately implemented. It was decided that quality of work is determined by investigations staff, as they receive and use the product generated by the Hotline. In order to gain an understanding of what *quality* means to investigations staff, focus groups were held with all five regions, the Office of Child Welfare Investigations, and after hour's staff from Maricopa, Pinal, and Pima regions.

By conducting focus groups with various Hotline customers, the process improvement team learned what information gathered and documented by the Hotline is deemed essential for investigators to effectively perform their duties. The group was also able to identify processes that Hotline staff were performing manually, yet could be completed through system automation. Lastly, the group identified a need for a standardized work process as it relates to the gathering, researching, and documenting of assessment information obtained during phone calls.

In addition to participating in focus groups with investigations staff, a subgroup comprised of CHILDS and Hotline staff was tasked with designing and piloting a front-end computer application that would allow Hotline staff to enter data directly into the system of record while performing safety assessments, rather than onto paper or into a word processing program to subsequently be transferred into CHILDS. The front-end computer application was identified as a necessary step towards a standardized work process. There is currently a group of six Hotline Specialists pilot testing an application designed by the Department's Data and Technology staff. This subgroup is also tasked with defining a call control process that complements the use of the front-end application. If the application and standardization of call control is successful, there will be a reduction in overall processing time for the pilot testers. If the reduction in processing time holds true for the pilot testers, then the use of the application and call control process will be implemented Hotline-wide.

Comprehensive Child Safety and Risk Assessment (CSRA)

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

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

The Department's integrated CSRA and clinical supervision process provides Child Safety Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The process includes the concept of

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safety threshold analysis, which aids critical decision making for accurate safety assessment. Use of the CSRA process has a direct impact on achievement of CFSR safety goals, including prevention of repeat maltreatment, protection of children in-home to prevent removal and re-entry, quality of risk assessment, and safety management. The CSRA assists Child Safety Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future maltreatment. The initial CSRA is completed within 45 days of case opening. Reassessment occurs at least every six months and when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities, and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the safety and risk assessment, the Department determines the level of intervention required, including whether to close the case, offer voluntary child protective 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 identified child safety threats; the protective capacities of the family unit to mitigate identified risks; and/or the ability of services and supports to mitigate the identified risks. The Child Safety Specialist considers the family's recognition of the problem and motivation to participate in services without DCS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families with high risk of future maltreatment, whose needs cannot be sufficiently met through referral to community resources. If there are safety threats to the child in the home, a safety plan must be implemented, which may include out-of-home care. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

Office of Child Welfare Investigations

The Office of Child Welfare Investigations (OCWI) was established in 2012 to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety during child abuse investigations involving criminal conduct, as defined in Arizona Revised Statutes 8-201. The OCWI has criminal justice agency status but does not replace law enforcement's primary role and duty to investigate crimes against children. The OCWI may employ sworn peace officers; however, civilian non-sworn investigators comprise the majority of personnel. Currently, OCWI provides the majority of services in Maricopa and Pima counties, and will be expanding its services with the recent SFY 2015 appropriation.

The OCWI primarily receives referrals from the DCS Hotline, but referrals can also be submitted by DCS field investigations staff if, during the course of a DCS field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed. OCWI responds immediately to all level one reports and other reports deemed emergent, and responds to all other reports within twenty-four hours. The OCWI investigator contacts DCS and law enforcement to develop an investigative strategy pursuant to joint investigative protocol, and to coordinate investigative assignments such as report participant interviews. The OCWI has the authority to protect children by taking temporary custody when safety cannot be guaranteed. The DCS Child Safety Specialist is responsible for all child welfare functions following removal, including placement, filing a dependency petition, services provision, and case planning. Decisions regarding the child's placement and parent-child visitation are made in consultation

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between the OCWI investigator, DCS Child Safety Specialist, and law enforcement. The OCWI also assists in locating and recovering missing or abducted children known to the child welfare system.

Protective Services Review Team (PSRT)

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2013, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 14,958 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

The PSRT has experienced substantial increases in workload during the last several years. The number of alleged perpetrators whose findings were processed increased 324% from CY 2009 to CY 2013. In response to this increased demand, the PSRT continues to implement strategies that will increase capacity, maintain a high degree of integrity and enhance communication between the field and PSRT. For example, in SFY 2014, the Department engaged in the following activities:

- In coordination with the Department's Information and Reporting section, developed a robust automated tool that identifies and gauges the key critical performance measures for the PSRT. This tool calculates adherence to statutory and policy timeframes, providing data that can be sorted by unit, staff member, type of action, and date range. This type of reporting allows for prompt attention/remedial action for areas in which deficiencies may occur.
- The Department initiated an annual outreach/training curriculum to improve the accuracy of findings and build relationships between PSRT and field staff. This unit-based training is conducted by PSRT staff members and includes discussion of policy changes, common errors, and trends observed by PSRT and a discussion of cases overturned by PSRT. During calendar year 2013, all DCS units with investigative responsibilities were invited and encouraged to take part in this training, with 62 of the 68 participating in the sessions.
- PSRT developed an internal *On Boarding* protocol that aligns institutional expectations and performance standards, and provides the tools for an employee to be successfully assimilated into the PSRT position with a quicker ramp-up to productivity.
- PSRT and CWTI continue to address this practice area within core training and by training new and existing staff on the substantiation guidelines and related documentation requirements.

Multi-Disciplinary Approach Capacity Building

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between Child Safety Specialists, Child Safety Specialist Supervisors, law enforcement detectives, and county attorneys are critical to

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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.

The quality of these joint investigations can affect response timeliness, safety assessment, and provision of services to prevent removal or reentry. Response is occasionally delayed due to various reasons with the law enforcement agency. State and county partners continue to improve implementation of state required Joint Investigation Protocols and work closely with the Department to review and improve each county's established Joint Investigation Protocols. The Department continues to employ a statewide Advocacy Center Liaison to work with county attorneys, law enforcement, and DCS staff to ensure that the joint investigation protocols in each county are being effectively applied to achieve safety outcomes for children, and to ensure that the integrity of the investigation is not compromised and prosecution is successful. 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 an effective means to coordinate safety assessment and services. Investigative Child Safety Specialists, OCWI staff in Maricopa and Pima Counties, law enforcement, medical professionals, advocates, mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial response, and allows for collaborative expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. Multidisciplinary teams (MDT) also play a crucial role in this process by establishing a mechanism to bring the identified professionals together to share ideas, review efforts to coordinate investigations, establish relationships, and provide inter-disciplinary education. Establishment of multidisciplinary teams, especially in counties that do not have advocacy centers, promotes best practice and coordination.

There are five advocacy centers in Maricopa County, two in Mohave County, and one each in Pima, Pinal, Coconino, Yavapai, and Yuma Counties. Four of the centers have a full Investigative Child Safety Unit co-located at the facility. One or two Child Safety Specialists are co-located at the other two centers. Some local police departments in Maricopa County also have DCS staff co-located at the various stations or precincts.

The Department's Advocacy Center Liaison continues the work to establish advocacy centers and multidisciplinary teams throughout the state. Smaller counties are working to establish multidisciplinary teams to ensure that the joint investigations are occurring and collaborative relationships are supported. At minimum, the teams include law enforcement, a deputy county attorney, a victim advocate, medical personnel, counselors, DCS, and other organizations as appropriate for the local community.

The Advocacy Center Liaison's SFY 2014 accomplishments include:

- regular monthly attendance at MDTs/case reviews in Coconino, Gila, Maricopa, Mohave, Apache, Navajo, Pima, Pinal, Santa Cruz, La Paz, Yavapai, and Yuma counties;
- establishment or re-initiation of MDT/case review processes in several centers or counties;
- membership in the West Valley Domestic Violence Fatality Review team;
- membership in the Drug Endangered Children (DEC) core group, which serves to ensure that law

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enforcement and the community is educated in the DEC protocols and the protocols are woven into each County's Joint Investigation Protocols;

- assistance and suggestions for counties that are reviewing and revising their Joint Investigation Protocols;
- attendance at meetings with various law enforcement agencies, statewide, including multiagency briefings in Coconino, Cochise, Maricopa, Mohave, and Pima to enhance relationships;
- continuation of problem-solving with law enforcement to support the joint investigations of child abuse and neglect;
- participation with the Secure Law Enforcement workgroup that has developed an electronic process to transmit DCS reports to law enforcement, to be piloted in Yuma County and expanded statewide;
- close work and coordination efforts with the Arizona Child and Family Advocacy Network to provide technical assistance, support and leadership with the establishment and sustainability of multi-disciplinary teams statewide; and
- continuation as a facilitator/certifier to ensure that DCS staff receive the "Knowing Who You Are" training, developed by Casey Family Programs, on healthy racial and ethnic identity and how to incorporate this work in day to day activities when serving youth and families.

In-Home Children Services

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

Services provided through the Department's Family Support, Preservation, and Reunification Services contract, known as the In-Home Service Program, are available statewide. This integrated services model includes intensive reunification and placement stabilization, moderate family support, and clinical assessment services provided in accordance with the needs of the child and family. The model is provided through collaborative partnerships between DCS, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible, and culturally responsive.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive clinical family assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the Child Safety Specialist; individual, family, and marital therapy (utilizing all types of therapeutic interventions based on the family's

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needs); communication and negotiation skills; structured parenting education and child development; problem solving skills and stress management; home management and nutrition; domestic violence treatment and/or education; behavioral management and modification; conflict resolution; anger management; job readiness education and training; peer mentoring; sexual abuse intervention (utilizing all types of therapeutic interventions based on need); coordination with Title XIX providers; systems of support; and development of linkages with community resources to serve a variety of social needs. The In-Home Service Program also assists families to access services such as substance abuse treatment, housing, and child care. Services may be provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The following elements are fundamental to the In-Home Service Program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Some services are crisis-oriented, thus initial client contact is made within twelve hours of receipt of the referral for an intensive case and within two consecutive days for a moderate case.
- Initial client contact is made within five working days for potential or low risk cases.
- In-home services are available to clients twenty-four hours per day, seven days per week, based on the needs of the family.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be provided for items or resources not otherwise available and deemed essential to family functioning through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place before the case is closed.

Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, representatives from the behavioral health network, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. programs.

The Department has several methods to monitor in-home service quality and outcomes including annual site visits, additional site visits as needed, technical assistance, random review of documentation, quarterly outcome data reports, customer satisfaction surveys, and Child Safety Specialist satisfaction surveys. Providers are responsible for achieving the following outcomes:

- 90% of families referred to in-home services for the intensive, reunification, and placement stabilization or moderate levels have signed the initial interim plan and agreed to services.
- 90% of families referred who have agreed to intensive, moderate, family support, or reunification/stabilization levels of service have shown overall improvement in areas identified in the Department-prescribed pre- and post-tests.

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- 82% of children referred for family reunification services who are in out-of-home placement shall return to their home within thirty (30) days of the Order for Change of Physical Custody or if in voluntary placement, from the time of referral.
- 85% of children referred for placement stabilization services shall be safe and stabilized in the identified placement at the end of one-hundred twenty (120) calendar days from time of the referral.
- 90% of families successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports, excluding reports made by the Contractor, during service delivery.
- 90% of families' successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports within six (6) months of case closure.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody during service delivery.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody within six (6) months of case closure.
- 95% of family satisfaction surveys returned shall express satisfaction with the contractor's service delivery based on a survey issued at closure.
- 95% of Child Safety Specialists involved with cases provided by the contractor during the time period shall express satisfaction with the contractor's service delivery based on an annual survey.

In-home service outcomes are compiled by the contracted providers and DCS staff on a quarterly basis. The Department has worked in SFY 2013 and SFY 2014 to upgrade a database in order to produce statewide data on outcomes that are measured through a variety of data sources. This data will be shared with all the contracted providers as well as Department leadership.

Family client and Child Safety Specialist satisfaction surveys give the providers feedback about service quality. Every family that receives in-home services is given a satisfaction survey at the time of program closure. The survey measures the family's level of agreement with questions such as "My ideas were included when deciding what my family needed," "This program helped my situation improve," and "Overall, my family is satisfied with the services we received from the In-Home Service Program." The survey also provides an opportunity for families to comment on what they liked or disliked about the program, and what the family felt was most helpful. Each provider reports family client survey results quarterly to the Department. The Child Safety Specialist satisfaction survey is administered annually to measure satisfaction with the responsiveness of the provider to DCS and the family, the provider's ability to meet the needs of the family while addressing the safety and risk factors identified by DCS, and overall service delivery. This survey also provides an opportunity for DCS to give qualitative feedback to the providers.

Recognizing the importance of prevention as a key factor in keeping children safe, the new Department has created a Prevention Bureau that will focus on prevention, community outreach, and partnerships.

Parent Aide Services

Parent aide services are available statewide. In SFY 2013, approximately 6,000 families were provided parent aide services. These services are available to parents and caregivers whose children have been placed in DCS physical/legal custody and are referred by the Child Safety Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Parent aides work with parents and caregivers by addressing safety threats, risks, and behavioral changes identified by the Child Safety Specialist through the safety and risk assessment process. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of visitation between children and their parents, guardians, significant others and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training.

Service Decision-Making Process for Family Support Services

Services are provided directly by Department staff or through provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice agencies, and Arizona's title XIX behavioral health managed care system. Contracts are awarded through a competitive solicitation process that includes input from community stakeholders. Solicitations are developed with community-based needs in mind, to ensure services are provided in a manner that is culturally relevant manner and takes into consideration unique geographic and community considerations. Solicitations are also developed with the knowledge that while programs might operate statewide or regionally, community-based considerations must be included in the solicitation responses. Solicitation responses must also 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.

2. Time Limited Reunification Services

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 promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. This is accomplished through the provision of family-centered substance abuse and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family.

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. Interventions are provided through contracted community providers using modalities that include substance abuse awareness, outpatient, intensive outpatient, residential treatment, and recovery maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and a recovery maintenance phase to manage relapse occurrences. More than 59,000 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program

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evaluation indicates that 5,541 individuals were referred in SFY 2013 for substance abuse screenings or assessments, and an estimated 4,531 clients received treatment and supportive services, which is fewer screenings and clients served than in SFY 2012. AFF contractors made initial contact with families within an average of less than a day in SFY 2013, with actual services initiated, on average, 15 days after receiving the referral. The decrease in referrals and time to service initiation in SFY 2013 is attributed to the implementation of a new AFF contract. Service disruption occurred because the new contract required entire DCS regions to be served rather than counties, and the AFF providers decreased from eight to three contractors covering the entire state. There was a three month transition period, which corresponds to the time period of greatest impact to service delivery. Following the transition period, referrals again increased and service delivery continues to progress. It is presumed that the figures for SFY 2014 will return to or surpass the SFY 2012 statistics.

During 2013, the Department has worked closely with ASU to update the web portal so data collection more closely aligns with the new contract language and program changes. ASU continues to work with providers and the Department to implement the changes in time for the annual evaluation, with a new database currently in development.

The new contract awards for AFF services were announced in January 2013 and became effective on February 1, 2013. Prior to the new contract awards, Pinal, Santa Cruz, and Gila Counties were not receiving services. All areas of the state are now covered for AFF services. AFF providers continue to improve and enhance substance abuse services as reflected in the following:

- Terros, Inc. has been awarded the AFF contracts for Southwest, Central, and Pima Regions serving Yuma, Maricopa, Pima, and Pinal Counties. In Pima County, Terros has opened a site in Tucson and the Department has contracted with J2 Labs for more comprehensive drug testing. In Southwest Region, the Department initiated a drug testing call system to provide additional testing options and co-located a Terros case manager at the Yuma DCS site. In Central Region, the AFF program is now available in Pinal County, a Terros case manager has been co-located at the Casa Grande DCS site, and the Department initiated a drug testing call-in system to provide additional testing options.
- AzPAC has been awarded the AFF contract for the entire Northern Region, adding Mohave, Navajo, and Apache Counties to their previously served Coconino and Yavapai Counties. AzPac is providing Financial Foundations Curriculum across all five counties for families who are in need of budgeting assistance and education. Staff are trained in Active Parenting NOW in Coconino, Yavapai, Navajo, and Apache Counties. In Yavapai County, AFF continues to support clients while they participate in Family Drug Court. In addition, AzPac is developing a group for clients currently incarcerated in Apache County jail.
- All SEABHS provider sites use integrated child and adult services based upon the CFT and Adult Recovery Team processes. Peer support providers, known as Recovery Support Specialists and Family Support Partners, provide services at each provider location. Services include outreach to newly referred AFF clients, re-engagement for those who drop out of services, S.M.A.R.T. Recovery groups, wellness recovery action planning, and assistance in navigating the behavioral health system to assure necessary services are provided. SEABHS has ten employment specialists to provide supported employment, supported education, pre-vocational training, job-seeking, and extended employment supports to individuals re-entering the job force. AFF participants are encouraged to use these services as a part of their recovery and aftercare planning. Additionally, as the new provider for all of the Southeast region, SEABHS has added

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Gila and Santa Cruz Counties to its service area. These had been without AFF services for the prior eighteen months.

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 is 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 individual families through this program is \$1,800. In SFY 2013:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 922 children within 355 families throughout Arizona. This is very similar to the SFY 2012 data of 941 children and 346 families.
- The total amount expended statewide was \$492,608, which was about \$14,000 more than in SFY 2012.
- An estimated \$4,397,470 would have been expended by the Department for foster care maintenance if the 922 children who benefitted from Housing Assistance during SYF 2013 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SYF 2013 Housing Assistance Program expenditures of \$492,608, there was a cost avoidance of \$3,904,862.

3. Out-of-Home Children Services

Permanency Planning

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

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Department's clear policies on the selection of permanency goals, including timeframes for consideration

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of goals other than reunification. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by ASFA.

Timely permanency hearings within twelve months of the child's removal support achievement of the Department's permanency goals. At the time of the child's initial removal pursuant to court order, the parent(s) are informed 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 *Family-Centered Interview and Documentation Guide* provides questions for Child Safety Specialists to ask families when gathering information to assess strengths and functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. Information gathered during the interviews is used 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 *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. Child Safety Specialists arrange and monitor services to address risks within the home, maintain family relationships, support timely achievement of the permanency plan, 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 parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Department involvement. This plan may be developed in a Team Decision Making (TDM) meeting. Follow-up and support services are put in place to ensure a safe and successful reunification.

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

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places

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

All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living as an other planning permanent living arrangement (OPPLA). The Department has clearly communicated statewide that long-term foster care is a goal of last resort. Department policy requires management approval of the long-term foster care goal, which is the state's version of OPPLA for children younger than sixteen. Many regions also require management approval for a goal of independent living, which is the Department's OPPLA goal for youth age sixteen or older. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

Permanency Roundtables

Permanency Roundtables are professional case consultations that are structured, in-depth, non-blaming, and relentless. Roundtables are permanency focused brain-storming sessions that are designed to improve the legal and emotional permanency connections for youth, designed to be supportive of caseworkers and supervisors, and focused on the future, bringing in a new set of eyes without critiquing past work. Permanency Roundtables are intended to develop an innovative and realistic plan that improves the permanency status of a youth in short time frames; stimulate thinking and learning about pathways to permanency for these and other children; and identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

Casey Family Programs provides training for staff who participate in the Permanency Roundtables. Four days of *Achieving Permanency through Roundtables* training prepares staff to facilitate Roundtables, and Assistant Program Managers are trained to serve as Master Practitioners at the Roundtables. Community partners such as Court Appointed Special Advocates and Assistant Attorneys General have also been included in some trainings to foster their understanding and support of the process and the child-specific plans that are created through the process.

With support from Casey Family Programs, Permanency Roundtables continue in the Northern and Southwest regions. Between June 2013 and December 2013, 139 Permanency Roundtables were held. Current work includes data analysis from these six months of roundtables to determine permanency outcomes and exit rates for children who have had roundtables.

Placement and Placement Support

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

- place children in the least restrictive placement available, consistent with the needs of the child;
- seek adult relatives or adults with whom the child has a significant relationship to meet the placement needs of the child in out-of-home care;

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- place siblings together unless there is documented evidence that placement together is detrimental to one of the children;
- place children in close proximity to the parents' home and within the child's own school district; and
- place children with caregivers who can communicate in the child's language.

Placement types include licensed or court-approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. By court order a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest. Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation. Within thirty days of a child's placement in out-of-home care, the Department must try to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the Child Safety 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 Child Safety Specialist can use the state's Family Locate program for a professional search by a contracted agency.

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

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

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

State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the

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child's placement needs and whether additional services to the foster family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation, and the planning of supportive services. The foster parent bill of rights includes the following:

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;
- to be informed of all information regarding the child that will impact the foster home;
- to contribute to the permanency plan for the child in the foster home;
- to have placement information kept confidential when necessary for protection of the foster parent and the foster parent's family;
- for assistance in dealing with family loss and separation when a child leaves the foster home;
- to be informed of agency policies regarding the foster parent's role;
- to receive training to enhance the foster parent's skills;
- to be able to receive services and reach agency personnel at all times;
- to be provided reasonable respite;
- to confidentiality regarding issues that arise in the foster home;
- to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age, or physical handicap; and
- to receive an evaluation of performance.

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

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. For more information on behavioral health services, see Section III, 8. Services to Address Children's Educational, Physical Health and Mental Health Needs.

Kinship Caregiver Identification, Assessment and Support

When out-of-home placement of children is necessary, preference is given to placement with relatives and persons who have a significant relationship with the child. The Department promulgates procedures recognizing that kinship relationships are not limited to blood relationships and require staff to identify all of the child's important emotional connections. Kinship placements provide the best possible means for maintaining connections to neighborhood, community, faith, family, tribe, school, and friends. Kinship placements typically provide homes for entire sibling groups, thereby reducing the number of sibling groups needing non-related foster homes and increasing the Department's flexibility to manage its foster family resources so that homes are available for sibling groups when needed. The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. For the past several years, around 33% of the children in out-of-home care were placed with kin, but in March 2013 the percentage increased to 40%.

Department policy requires that adult relatives and persons who have a significant relationship with the child be identified and assessed for the placement of the child in out-of-home care. The assessment of a relative or significant person who asks to be a placement option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the

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potential caregiver's ability to meet the child's placement 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.

The Department's policies and procedures include several opportunities and supports to ensure each child's relatives are identified and contacted. For example:

- Policy requires that the Child Safety Specialist identify relatives and persons who have a significant relationship with the child and have interest in providing care for the child. The Department's *Relative Search Best Practice Guide* is available through the on-line policy manual and provides information about the importance of finding and involving relatives in child welfare cases, as well as practice standards for conducting diligent and comprehensive relative searches.
- 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 related to the child or who 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.
- The case planning process guides staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. A case note type of relative contact is available in CHILDS, so that staff can easily locate information about kin and assessments of kin as placement resources.
- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Department to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin.
- If a relative cannot be located, the Child Safety Specialist can make a referral to the Department's Family Locate Unit.
- TDM meetings are a helpful resource for locating kin. The Department expanded the use of TDMs in SFY 2014 by increasing the availability of TDM facilitators and hired a statewide TDM coordinator.

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 Child Safety 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 foster caregivers. SFY 2014 activity included the following:

- Relatives report that they are committed to caring for the children regardless of financial compensation, but placement of children can put significant financial strain on kinship families. In SFY 2014, the Department continued to actively encourage kinship caregivers to become licensed so they could receive financial benefits, the support of a licensing worker, opportunities to meet with others in their situation, respite care, and the greater perception of legitimacy afforded by completion of the home study and training processes. Staff are required to discuss licensure and encourage kinship caregivers to become licensed in situations where it appears that the placement will not be of short duration. Policy and procedures require staff to review with the

kinship caregiver information about all the benefits available to kinship caregivers, including TANF benefits, licensing, and non-financial services.

- For those kinship families where licensing is not appropriate or possible, it is recommended that the kinship caregivers apply for TANF cash assistance benefits for the child(ren). During this reporting period, the Kinship Specialist, in collaboration with staff from the Department of Economic Security Family Assistance Administration, developed TANF Cash Assistance guidance sheets – one for Child Safety Specialists listing their responsibilities in the process and one for the kinship foster caregivers informing them about the process, requirements, and benefits. This was handed out in new employee orientation, unit training, and one-by-one as situations came up with specific Child Safety Specialists and kinship foster caregivers. The Guide was also sent out twice via email to all Regional Program Managers for distribution to their staff and was posted on an intranet resource site. If the children are benefit-capped or the caregiver encounters problems associated with obtaining TANF benefits for the child, the Department's Kinship Specialist is available to resolve case-specific barriers. The Department has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers and to trouble-shoot at the Central Office level kinship cases in any area of the state when a need is identified.

State legislation passed in 2013 made a special "Grandparent Stipend" available to grandparents with whom DCS placed grandchildren. Implementation of this program began in January of 2014, when approximately 1,800 grandparents with whom DCS had placed children were sent information about the program and an application. Eligible grandparents must not be licensed as a foster home and must not have household income of more than 200% of the federal poverty level by family size, including the grandchild in their care. Eligible grandchildren in the care of eligible grandparents must not receive cash assistance and must be in the custody of DCS. The Grandparent Stipend is paid monthly and is prorated on a daily rate. Payment is made for the number of days the child was in the grandparent's care. Payments began in February 2014 and are retroactive to July 1, 2013. Eligible grandparents will receive \$75 for each eligible grandchild DCS has placed in the home. As of June 2014, the Department was assisting an average of 461 grandparents each month.

- Kinship foster caregivers are not required to become licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. The waivers most often relate to some aspect of the sleeping arrangements. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. Many sibling groups are placed in these homes. From April 2013 through September 2013, 146 waivers of non-safety related standards were issued to enable licensing of kinship foster families, compared to 187 for the same time period in 2012. Some families are granted multiple waivers and in 2012 there was not a known way to get an unduplicated count. This has been resolved, and 146 is an unduplicated family count. By far, grandparents or great-grandparents requested and were granted the largest number of waivers, followed by aunts and uncles. More than 224 children have been able to maintain placements with kin due to the granting of waivers.

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- Contracted providers assist the Department to train and license relatives as resource families. Two providers headquartered in the greater Phoenix area have developed specialized units dedicated to licensing kinship foster caregivers. Staff from these units provide specialized supports in consideration of the unique needs of kinship foster caregivers. Child care is offered during class times and specially trained licensing workers assist the kinship foster caregivers to complete necessary paperwork. Services are offered in both English and Spanish and licensing workers accommodate each family's preferred meeting time and place for most appointments. In SFY 2014, two agencies had staff dedicated solely to working through the licensing process with kinship foster caregivers. Their outreach and support continue to contribute to a substantial annual increase in the number of licensed kin.
- One licensing agency has two units solely dedicated to licensing and supporting kinship foster caregivers in Maricopa County and parts of Pinal County. These units are located in Central and West Phoenix and currently have 23 staff, nine of whom are Spanish-speaking. From May 2013 through February 2014, 242 families attended a licensing orientation provided by this agency. Fifty-one of the 242 families received a new license during that time period, and on February 28, 2014, this agency had 169 licensed kinship families. On that day there also were 55 families in the training process and 50 families who had completed the training but needed to complete another part of the licensure process. On February 28, 2014, there were 295 children being served through this agency, either in foster care or in an adoption study conversion process. As part of this program, kinship families are invited to events organized by the agency, including a spring picnic, a December holiday party, and free monthly training.
- The second agency with staff dedicated to kinship caregivers has five units of dedicated staff, serving all fifteen Arizona counties. The Maricopa County unit has eight staff members, one of whom is Spanish-speaking. From May 2013 through February 2014, this unit had 142 families complete the licensure intake and orientation, including seven Spanish-speaking families. Of the 142 families, 27 completed the training to become licensed, including five Spanish-speaking families. During this period, 57 families completed licensure, and those families have 101 children in placement. Seventy kinship families attended a foster parent appreciation event sponsored by this agency at Big Surf. With the support of community donations, the agency sponsored a holiday party in 2013, attended by approximately 68 kinship foster caregivers who received presents for all the children in the home, in addition to professional family photos.
- The Department continues to distribute its *Kinship Foster Care for Relatives Caring for Children in DCS Custody* booklet. This booklet is available in English and Spanish, and provides more extensive information for kinship caregivers, including information about:
 - the benefits provided to children in care;
 - financial and non-financial benefits available to kinship caregivers;
 - the benefits of becoming licensed;
 - the licensing process and licensing requirements, including standards related to criminal history;
 - licensing waivers;
 - the Department's expectations for the care and supervision of children, provision of transportation, and communication about the child's medical, dental, educational, and behavioral health status and needs;
 - medications or therapies for children;
 - approved discipline techniques;
 - visitation with parents and siblings;
 - caregiver participation in meetings and court hearings; and

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- case plans and permanency plans.
- Three of the state's regions have staff designated to provide additional support to kinship caregivers. These supports often include in-person contacts to identify and resolve unmet needs and provide information about local services and supports.
- The Department continues to partner with the Department of Economic Security's Family Assistance Administration and Division of Aging and Adult Services to join the Arizona's Children Association in implementing grant activities for a Fostering Connections grant. This three year grant was funded in October 2012, with the primary focus to provide kinship navigator services to kin (both formal and informal) in Maricopa, Pinal, Pima, and Cochise counties. From July 2013 through February 2014, the grant served 596 kinship foster caregivers who provide placements for 1,111 children. The primary goal of the grant pertaining to kinship foster care involves making "Arizona Kinship Support Services" and their toll-free number known to kinship caregivers as a resource they can call for help with a wide variety of topics. There are seven Kinship Navigators to respond to telephone calls and put kinship caregivers in touch with the resources they need, such as legal services, support groups, parenting education, foster licensing and adopting support, assistance with government agencies, and connections to food, housing, and clothing resources.
- Fostering Connections grant staff mailed 1,010 letters and flyers to kinship foster caregivers in Maricopa County who had a child placed by DCS between August 2013 and February 2014, to inform the kinship foster caregivers about the available services. Navigators made personal telephone calls to those kinship foster caregivers with three or more children placed with them. Of the 172 families called, information and/or services were provided to 127 families. During this same time period, 355 letters and flyers were mailed in Pima county, 49 families were contacted via telephone by a navigator, and 12 families were provided information and/or services. In Pinal County, 145 letters and flyers were mailed out and 126 families were called by a navigator. In Cochise County, 21 letters and flyers were mailed out and 16 families were called by a navigator.
- The Fostering Connections grant has also extended Pima County's Kinship Information Sessions to Maricopa County. To date, three Kinship Information Sessions have been held in Phoenix, with approximately forty attendees. These sessions give kinship foster caregivers important information about DCS policies and practices that affect them; financial and other resources available to support the placement, including licensing and medical care; and general information about court, the child welfare system, and kinship navigation services. Additionally, the grant collaborated with the Department of Aging and Adult Services' Caregiver Hotline to provide telephone assistance and referral to kinship caregivers, and establish and maintain a web site to direct kinship caregivers to resources and supports. The grant will also continue to fund the ninety minute training modules in kinship for new Child Safety Specialists.
- The Department is a member of the Central Arizona Kinship Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events, and education teams that address issues of importance to kinship families. A Department staff person chaired the Coalition from December 2011 through January 2013 and now serves on the Coalition's training, education, and outreach team. The Coalition publishes an informational pamphlet for kinship caregivers, including those who are caring for children who are not involved with DCS. This pamphlet provides essential information to help kinship caregivers access services and supports. The

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Coalition consistently prioritizes getting input and direction from kinship caregivers to help guide Coalition activities.

- Kinship resource and family support centers that offer services to strengthen kinship families currently exist in the urban areas. These centers are dedicated to the creation and preservation of adoptive, foster, kinship, and guardianship families. The centers provide a place for families to gain access to information and community professionals who can help them build happy healthy families. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. Arizona's Children Association continues to provide two strong and multi-dimensional programs for kinship caregivers in Phoenix and Tucson. The AzCA kinship programs offer information, education, and resource referrals for kinship foster caregivers and adoptive families. On-site services include assistance completing guardianship packets for probate court, a legal clinic with access to an attorney, support groups for caregivers (emotional support), case management, advocacy for caregivers dealing with system issues, senior support services for caregivers over fifty-five, adoption or guardianship training, youth activities, social activities for caregivers, skill building classes, and parenting class referrals. Many of these services are offered in both English and Spanish and free or low cost child care is often available. Duet and Family Resource Center are two other programs in the Phoenix metro area that offer kinship services.
- The *Arizona Statewide* newsletter for foster parents and adoptive parents continues to include kinship foster caregivers in their mailings and in some of their articles. In 2013, issues were mailed out to 10,000 foster, adoptive, and kinship homes in July, October, and December.

On June 30, 2013, there were 5,788 children placed in 3,378 kinship foster homes. Of the 5,788 children, 629 were placed in licensed kinship homes and 5,165 were placed in unlicensed kinship homes. Of the 3,378 kinship homes, 299 were licensed and 3,079 were not licensed.

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

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

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,378 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2013; 174 more than the 1,204 requests in FFY 2012. In FFY 2013, Arizona made 1,340 requests to other states for home studies, which was 178 more than in FFY 2012.

4. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include the placement of the child on the Central Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the safety, social, emotional, physical, and mental health needs of the child. Meeting the child's needs is the primary consideration in the selection of a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Department and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The Department has also requested that the agencies recruit homes in specific geographical areas.

Arizona uses an array of interstate resources in order to expeditiously locate permanent homes for children across jurisdictional lines. These include the Adoption Exchange Association's AdoptUsKids, internet resources such as Adoption.com, features on nationally syndicated programs, publications such as the *Arizona Adoption Exchange Book*, quarterly newsletters to Arizona's licensed foster parents and parents receiving adoption subsidy benefits, and listing on the CHILDS 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. No changes are expected to this program and the Department will continue to encourage staff to use this resource.

The federal adoption incentive awarded to Arizona in FFY 2012 and paid in FFY 2013 was \$5,732,000. This money was used to support adoptive home recruitment resources and efforts. The funding has also been used to support current adoptive parents who are having challenges navigating the behavioral health system and are caring for children who are at risk of re-entering the foster care system. There are no planned changes for the use of incentive funding next year. With the continued growth in children in out of home care in need of an adoptive placement, the Department anticipates to fully spend Adoption Incentive funds in a timely manner.

Adoption Subsidy

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

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The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 17,716 on September 30, 2012, to 19,441 on September 30, 2013. In FFY 2013, 1,725 new special needs adoptions were subsidized, and the Department reimbursed \$2,178,197 of nonrecurring adoption expenses.

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:

- Adoption subsidy policy continues to be included in the Children's Services Policy Manual, which is available on the Department's internet and intranet sites.
- The Adoption Subsidy handbook has been revised and additional information added to address questions from adoptive parents. In addition a new booklet about adoption subsidy services, specifically respite services, was developed and is now available.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children.
- The Mental Health Specialist provides adoptive parents with support to obtain behavioral health services for the children with special needs they adopted. The Mental Health Specialist is working with the RBHAs to develop protocols and procedures for working with adoptive children, and is providing further education related to behavioral health to the Department's Adoption Subsidy staff.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Lodestar Family Connections Center in Phoenix and the KARE Family Centers in Tucson, Phoenix, and Yuma continue to be valuable post-adoption resources used by families. The Department continues to identify new community resources for all children eligible for adoption subsidy.

More information on the Department's programs and activities to promote and support adoption is located in Section V, 7. Foster and Adoption Home Licensing, Approval, Recruitment, and Retention.

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 dissolutions and adoption disruptions. For example, private agencies such as Lodestar and KARE provide support services, including information and referral services and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

The Department of Child Safety makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect and the assessment

determines there are risk factors that necessitate such services. In addition, when children adopted from other countries come into the custody of the Department of Child Safety, they and their families are provided protective and treatment services. Services are offered to resolve the problems that led to the child and family being involved with DCS and return the child to the adoptive family when safe and possible.

5. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody, and control of the Department. These are children for whom reunification and adoption has been determined as unachievable or contrary to the child's best interest. Medical services are provided to title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of services. Many of the permanent homes supported by the Subsidized Guardianship program are kinship placements.

This program is available statewide to children in the custody of the Department exiting out-of-home care to permanent guardianship. The number of children served in the guardianship subsidy program at the end of September 2013 was 2,510. Due to the nature of guardianship, the number of children entering and exiting guardianship subsidy each month remains steady, with no significant increase or decrease.

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 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 an individualized independent living case plan for every youth age sixteen or older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2013, 9% had a permanency goal of independent living. The number of youth served by Arizona's Young Adult Program decreased slightly, from 1,867 in CY 2012 to 1,795 in CY 2013.

State policy allows youth to continue to receive Department services and supports to twenty-one 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, eighteen through twenty years of age, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial

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and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2013, 214 former foster youth received assistance from this program – an increase from the 221 former foster youth served in CY 2012.

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 regional managers, supervisors, and program specialists.

The Department of Child Safety and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) 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 who will be moving from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the CFT determines that more time is needed for the youth to acquire the necessary skills. Upon request, a representative from the adult behavioral health system is required to attend the youth's CFT, starting when the CFT determines that the youth may have a serious mental illness (SMI) and the youth is age of seventeen, and no later than by seventeen years and six months. This representative provides information on available services and facilitate transition into the adult system.
- In SFY 2013, the Arizona Children's Executive Committee's Clinical Subcommittee developed a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol and provided it to the RBHAs and behavioral health providers for utilization. The training's purpose is to ensure everyone involved understands DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority, and is a collaborative effort between local RBHAs, the Department, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. The training continues to be used regionally to support recommended behavioral health practice for children nearing the age of majority.
- Some child services continue to twenty-one years of age, when appropriate. This is supported by a special capitation rate for youth eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services.
- 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.
- The Child and Adolescent Service Intensity Instrument (CASII), is used for all children ages six through seventeen to identify the need level and recommended service intensity. 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 Comprehensive Medical and Dental Plan (CMDP), DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for its foster

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children. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. Arizona is moving towards creating a youth assent process for psychotropic medication prescribing. Focus groups have been held with foster youth across Arizona and their suggestions and comments are being used to create the assent process. AHCCCS and DBHS have encouraged the RBHA medical directors to begin utilizing a youth assent process for all youth as developmentally appropriate. The assent process will be required by contract in 2015.

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 VII, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of eighteen 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 eighteen years of age. This program provides continuous health coverage until the age of twenty-one, regardless of income. Over 600 additional youth who reached the age of eighteen while in foster care during the last year will benefit from this program.

Education and Training Vouchers

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to eligible youth up to age twenty-three years. In accordance with the current state Chafee Foster Care Independence Program (CFCIP), a youth may apply for assistance through the state ETV program if the youth:

- was in out of home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is eighteen to twenty-one years of age and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at sixteen years of age or older; or
- was participating in the state ETV program at twenty-one years of age.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section VII, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

6. Case Planning and Case Manager Visits with Children and Parents

Family-Centered Child Protective Services Case Management

Department of Child Safety case management services are available statewide to address child safety, permanency, and well-being. A family-centered behavioral case plan is to be developed with the family for every child who is the subject of an in-home or out-of-home case. The case plan is based on a comprehensive assessment of the parents', children's and out-of-home care providers' needs. Child Safety Specialists are instructed to use the *Family-Centered Interview and Documentation Guide* to formulate interview questions that engage and motivate family members while gathering information on

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safety threats, risks, protective capacities, and strengths. A new Continuous Child Safety and Risk Assessment and Case Plan was migrated into CHILDS on June 8, 2013. Mandatory orientations were provided to all staff in June and July 2013, and the material was integrated into case manager core training.

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

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

- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the Child Safety 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 twelve or older are to be included at critical decision points in the life of their case to ensure each child is: 1) informed of his or her role and rights in participating in the case plan and court proceedings; 2) informed about the Department's goal of achieving permanency for the child in a safe home; 3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; 4) made aware that individualized services addressing the reasons for child protective involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.

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- State statute and Department policy require an exhaustive search for all adult relatives 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.
- 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 Foster Care Review Board hearings to provide ongoing input into the case plan.
- Content on family engagement is currently included in Child Safety Specialist core training, as well as parent aide/case aide core training. Child Safety Specialist core training has an emphasis on engaging fathers. The Department's Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques. These activities were required for all newly hired Child Safety Specialists in SFY 2014.
- The Department's current supervisor core training includes a two day course on clinical supervision. The session includes coursework on best practices in group and individual clinical supervision, modeling strengths-based family-centered practice, and use of the parallel process during supervision.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training for resource parents.

Team Decision Making

Team Decision Making (TDM) is a strength-based decision making process to address the safety and placement of children. TDM meetings are a collaborative process involving DCS, family (custodial and non-custodial parents and the child if 12 years of age or older), family support, community members, and partnering agencies, including tribal representatives when applicable. By engaging family members, friends, and natural supports in decision making and the identification of safe placement options, TDM meetings assist in achieving permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, contact with fathers, identification of relatives for placement or support of the child, and identification of services to improve parental capacity to care for the child safely.

TDM meetings continue to be held in all regions and counties. During SFY 2013, the Department re-invigorated the use and types of TDM meetings. TDM meetings are held when emergency removal of a child has occurred, the removal of a child is being considered, there is potential for disruption or an unplanned placement change occurs for a child in out-of-home care, the permanency goal may need to change or a child may begin the reunification transition to their family, or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority). Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry or preserve a placement, discuss permanency options, and plan for adulthood. In some cases the family and team are able to identify a sufficient in-home safety plan. TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the Child Safety Specialist and DCS Unit Supervisor. TDM procedures help TDM

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Facilitators and Child Safety Specialists work hand-in-hand toward shared goals of child safety and selection of the best placement for the child.

The Department filled the statewide TDM coordinator position in 2014 and has reinstated the collection of TDM data using the TDM database. In 2014, the Department revised the team-decision making training and implemented a four-day training in May 2014 for new and current regional TDM facilitators. Ongoing trainings will occur quarterly, as needed, for new facilitators. Regions are addressing issues of TDM facilitator availability and scheduling across large geographical areas with the intent to increase the number of TDMs held for considered removals and prior to filing a dependency petition when a removal has occurred.

Case Manager Contacts with Children

The Child Safety Specialist 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 Child Safety Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

Department policy requires that face-to-face visits between the Child Safety 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 each visit. Child Safety 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 practice guide provide guidance on the content of contacts with children and out-of-home caregivers. In addition, Child Safety Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the Child Safety 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, and other areas. Instructions and a detailed guide accompany the outline. The guide can be used in the field to prompt discussion about key areas and take notes.

At the state and regional levels, the Department monitors the frequency and quality of contacts with children and parents using the Business Intelligence Dashboard and the Practice Improvement Case Review (PICR). Supervisors can track summary statistics by unit and Child Safety Specialist on the Business Intelligence Dashboard, and can view case specific lists of child, parent, and caregiver contacts that still need to occur before the end of the month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents. The (PICR) instrument includes items to evaluate the frequency and quality of Child Safety Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to Child Safety Specialists and DCS Unit Supervisors, based on the case review findings. The PICR provides ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of each visit.

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The Department is working to ensure that the total number of monthly caseworker visits to children in foster care is not less than 90% of the total visits that would be made if each child were visited once per month. The increase of children in foster care has created overwhelming caseloads, and the completion of monthly caseworker visits with children is directly related to the availability of staff with manageable caseloads. To address this need, the Department is actively strengthening case worker recruitment, retention, and training. In 2014, Arizona's legislature recently allocated funding, which increased the number of Child Safety Specialist positions by 212. The Department plans to complete the hiring process for all of these positions by October 2014. The additional funding also increased the number of supervisors by 36, which will assist in reducing caseworker to supervisor ratios and improve supervision. The Department is also seeking to improve retention by improving resources and supports for Child Safety Specialists. For example, the Department will be providing caseworkers with laptops that have wireless capability, and incentive bonuses to remain employed with the Department for 18 months and 36 months. In addition, the Department applied the FFY 2013 federal funds for caseworker visitation to transportation and supervision of parent-child visits. The Department has observed that due to high demand for parent-child visitation services, Child Safety Specialists would often facilitate and supervise the visits, a task which can fill several hours. Funding additional contracted services for parent-child visitation allows caseworkers to focus on other core job functions, including case manager contacts with children and parents.

The Department's regions are also pursuing strategies to improve the frequency and quality of Child Safety Specialist contact with children and parents. For example:

- Some Child Safety Specialists use Dragon Speak and support staff to assist with timely entry of parent and child contact case notes, so that all contacts are recorded and captured in the Department's dashboard data.
- Some Child Safety Specialists arrange CFT meetings in the foster homes and group homes, when appropriate, so they can increase in-person, in-placement, child and parent contacts.
- In some regions, child contact data is distributed at supervisor meetings, including data for each unit and the names of the highest and lowest performing staff in each section. Supervisors who have improved their performance share their successful approaches with other supervisors. Management publically acknowledges units that consistently demonstrate high performance.
- Some units have designated days for documentation.

Case Manager Contacts with Parents

If the child's permanency goal is remain with family or family reunification, the Child Safety 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 towards the behavior changes outlined in the case plan, and for the Child Safety Specialist to gather information to inform the continuous safety and risk assessment. If the child's permanency goal is *not* family reunification or remain with family, the Child Safety Specialist consults with the DCS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. At minimum, the Child Safety Specialist is to have telephone contact or written correspondence with these parents once every three months. 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. Ongoing exceptions are to be

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reviewed with the parents, team members, and the supervisor at the time the case plan is developed and revised.

Family Locator Services

The Department has expanded its resources to search for parents and relatives, and continues to remind staff about the necessity and importance of these searches. Use of family locator services is especially important for locating missing parents, who are most often fathers. State policy requires extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources 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. In support of this objective, Family Locate Services was designated a centralized statewide program on July 1, 2010. During SFY 2013, there were eight Family Locate Specialists located throughout the state.

The Department's Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, relatives, and children. The unit utilizes the Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Hospital Based Paternity data (HPP), Juvenile Court Records (ICIS) and internet search sites including correctional facilities, the Social Security death index, and social media, including, but not limited to, Facebook, Google, and Switchboard. The Department also utilizes a robust investigative tool, *Accurint*, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources.

Additionally, the Department's Family Locate unit collaborates with Interpol, Foreign Consulates, and the U.S. Immigration and Customs Enforcement in an effort to strengthen search efforts and results. For the location of parents and relatives, the unit also uses the services of the Arizona Parent Locator Service (APLS) through the Department of Economic Security's Division of Child Support Services.

The Department's Family Locate unit participated in a pilot project coordinated by the Office of Child Support Enforcement (OCSE) during the period of October 1, 2013 through November 30, 2013. The project's purpose was to evaluate the effectiveness of direct access to child support locate information in the Federal Parent Locator Service (FPLS) state services portal by child welfare agency staff. Deemed a success, the OCSE will host a teleconference to discuss implementation of FPLS portal access to child welfare agencies on a broader scale.

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

Each child's Child Safety Specialist coordinates with the child's parents, out-of-home care providers, school, health care 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 safety assessment, risk assessment, and case planning process and tools guide the Child Safety Specialist to gather information about the children's strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health, and mental health needs; and services to address those needs.

Educational Services

Child Safety Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Education case plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, informal meetings between the Child Safety Specialist and parent, and special education meetings initiated by the child's school. The case plan for every child in out-of-home care specifies the child's educational status and needs, and services provided to the child or out-of-home caregiver to address the child's educational needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. Child Safety Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. Child Safety Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

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

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

Arizona's strong performance in meeting the educational needs of children has been achieved through continued communication about the necessity of positive educational outcomes for youth in the child welfare system, and resolution of systemic issues to improve timely and continual access to educational services. Activities to support educational outcomes for foster youth continued across Arizona in SFY 2014, including the following examples:

- The Department continues to strengthen and maintain its relationship with the local Educational Homeless Liaisons to support continuous enrollment of youth in the child's home school. The Department additionally continues efforts internally to develop a standardized process for

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securing reimbursement under the Fostering Connections Act, to support transportation to the home school.

- The FosterEd Initiative pilot program in Pima County was launched in January 2014. This pilot program is guided by a local advisory council, which includes representatives from the Court system, the six main school districts, the Department's southern Arizona Education Specialist, and the Pima Region Deputy Program Manager. The FosterEd initiative addresses issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care. The initiative also provides for improved information sharing between the collaborating partners. One of the strategies is a web-based tool called "Goalbox," which provides a method for students, school staff, caregivers, case managers, and others to share current information on student progress, including needs and accomplishments.
- Changes in federal legislation (FERPA) removed barriers to child welfare staff obtaining school records for children in their care, improving their ability to assess and address children's educational needs.
- The Department's Education Specialists participated in the following activities:
 - ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system;
 - continuing to update and distribute a State Reference Guide to Arizona scholarships grants and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners; and
 - facilitating, in June 2013, an interactive education workshop for youth across Arizona participating in the Annual State Youth Conference held in Flagstaff, Arizona.
- The two day "College Goal Sunday" was held by the Arizona Commission for Postsecondary Education. Over three hundred financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2014-2015 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted thirty sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Department's Education Case Management Unit also provided assistance at this event.
- In April 2014, OCJ Kids (Off Campus Jams) held the Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Department's Education Specialists participated by offering information on financial aid opportunities specific to current and former foster youth. Foster youth participated in the fair and were able to talk with various trade school and college representatives.
- The Department's Northern Arizona Education Specialist participated in the following activities:
 - assisting and collaborating with staff at Northern Arizona University (NAU) who initiated the "Fostering Success" program, which is designed to 1) provide current foster

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care students and students who are aging out of foster care a transitional pathway from high school to NAU, and 2) offer personalized assistance to foster care students while attending NAU, to increase the number of graduates among youth who have aged out of foster care;

- membership in the Northern Arizona Youth in Transition Group, which is co-facilitated by the Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Department – with a goal to improve educational outcomes for transition age youth that are in foster care or have behavioral and mental health disabilities, through information and resource sharing, problem solving, and youth input;
 - attendance in November 2013 at the Annual Arizona ACT State Organization Conference at Arizona State University, which joined colleagues and various educators from across the state to focus on how to succeed in today's educational climate, including examination of tools and strategies to overcome obstacles to effectively supporting students pursuing higher education; and
 - membership on the Arizona State University Nina Advisory Council, which is a scholarship program dedicated to providing educational opportunities for individuals who would not normally receive traditional academic scholarships and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support.
- The Department's Southern Arizona Education Specialist is a member of the Pima County McKinney-Vento Group. The goal of this group is to share updates and resources, and collaborate on projects that will benefit the children, youth, and families that we serve.
 - In 2013, the Department collaborated with Children's Action Alliance and Financial Aid Representatives for Post-Secondary Education to discuss and implement a new process for the Tuition Waiver Pilot Program for Foster Youth in Arizona.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. Education remains an important issue under review with the State Youth Advisory Board.

See Section VII, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan* for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

Comprehensive Medical and Dental Program and Consultation with Physicians or Other Medical Professionals

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state. CMDP, in partnership with legal guardians and foster

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care providers, ensures the provision of appropriate and quality health care services for the well being of Arizona's children in foster care. Statewide, CMDP utilizes over 13,700 physicians and other appropriate medical and dental professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

CMDP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. Services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) framework, and include inpatient and outpatient hospital care, laboratory services, vision care, dental care, drug prescription services, and necessary services of physicians or other specialty providers. For most children, behavioral health services are covered through a statewide Medicaid carve-out.

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

Department policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The Child Safety Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. Furthermore, since the latter part of 2012, the data interface now maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

No changes are anticipated in the geographic areas served by CMDP. CMDP has observed membership growth due to increases in the out-of-home care population. In CY 2013, average enrollment increased from 13,954 to 14,834, an almost 10% increase from CY 2012. Despite the continuing increase in children in out-of-home care, CMDP maintained very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintained its system of outreach and reminder notifications throughout SFY 2013. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the Child Safety Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective. The Department will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities to increase Child Safety Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental, and mental healthcare needs of children in out-of-home care.

Child Behavioral Health Services

Meeting the behavioral health needs of children served by the Department is the shared responsibility of DCS, the Department of Health Services' Division of Behavioral Health Services (DBHS), and the Arizona Healthcare Cost Containment System (AHCCCS). DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for title XIX eligible clients. In addition, five Tribal Regional Behavioral Health Authorities have Inter-

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Governmental Agreements (IGAs) with the Department of Health Services: 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. The Colorado River Indian Tribe also has an IGA for State Subvention Services. AHCCCS, Arizona's Medicaid agency, contracts with a statewide Children's Rehabilitative Services (CRS) health plan that delivers integrated services for children with a qualifying CRS condition, including behavioral health. For children in foster care who are not title XIX eligible, or for those children who are title XIX eligible but are denied a behavioral health service by the RBHA, the Department's Comprehensive Medical and Dental Program provides coverage for psychiatric and medication services. Other behavioral health services may be covered through regional office funds.

Behavioral health services for foster children include behavioral health assessments, individual, group, and family counseling, support and rehabilitation services, case management, psychiatric evaluation, psychotropic medication and medication monitoring, day supports, crisis intervention, and placement in appropriate therapeutic levels of care. Service coordination is provided through participation in CFT meetings for children who are title XIX eligible and receiving behavioral health services. As of October 1, 2010, all title XIX children are automatically enrolled in a RBHA based on their place of residence. For children in DCS custody, they are enrolled in a RBHA based on their court of jurisdiction. Children with a CRS condition are enrolled in the single statewide plan regardless of their court of jurisdiction.

Child Safety Specialists refer children who have been removed from their homes to the statewide Urgent Response system to receive a comprehensive assessment of strengths and needs. The urgent response includes enrollment in behavioral health services and face-to-face evaluation. The evaluation results and recommendations are provided to the Child Safety Specialist to present to the court at the Preliminary Protective Hearing, where the initial case plan and services are determined. The Child Safety Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment.

For younger children, the Urgent Response assessment is followed by a more in-depth Birth-to-Five Assessment that is first completed within forty-five days and can continue as an ongoing assessment process. If the initial screening or assessment for a child age birth to three indicates a developmental concern, the behavioral health provider makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's Child Safety Specialist and primary care physician of the screening results and referral to AzEIP, and includes AzEIP in the child's CFT meetings. If no developmental concern is noted, the behavioral health provider notifies the child's Child Safety Specialist and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are to be referred by DCS to AzEIP for a developmental screening.

Statewide, all RBHA service providers have been trained to use the Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood: Revised Edition (DC: 0-3R), which draws from empirical research and clinical practice. The DC: 0-3R is designed to help mental health and other professionals recognize mental health and developmental challenges in young children, understand how relationships and environmental factors contribute to mental health and developmental disorders, use diagnostic criteria effectively for classification and intervention, and work more effectively with parents and other professionals to develop effective service plans. The updated version provides clear and specific criteria for all diagnostic categories; explains criteria for identifying autism spectrum disorders in children as young as two; introduces new criteria for disorders of sleep, eating, relating, and communicating; clarifies the Parent-Infant Relationship Global Assessment Scale (PIRGAS); and

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includes checklists for identifying relationship problems, psychosocial problems, and environmental stressors.

The Urgent Response begins the development of the child's CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. The following twelve principals serve as a foundation for the model and the ISPs, which seek to involve the entire family in the child's treatment, as well as neighbors, community organizations, and community members identified by the family (such as members of faith-based communities, educational agencies, or youth organizations):

- **Collaboration with the Child and Family** – Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment, planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
- **Functional Outcomes** – Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- **Collaboration with Others** – When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health service plan is collaboratively implemented.
- **Accessible Services** – Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- **Best Practices** – Behavioral health services are provided by competent individuals who are adequately trained and supervised. Services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.
- **Most Appropriate Setting** – Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs.
- **Timeliness** – Children identified as needing behavioral health services are assessed and served promptly.
- **Services Tailored to the Child and Family** – The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
- **Stability** – Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.
- **Respect for the Child and Family's Unique Cultural Heritage** – Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.

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- Independence – Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- Connection to Natural Supports – The behavioral health system identifies and appropriately utilizes natural supports available from the child's and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

CFTs provide a family-centered, individualized, and strength-based “wraparound” process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a behavioral health service provider who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include “informal supports,” such as friends, relatives, and community supports, as well as professionals and other practitioners from involved agencies. The behavioral health service provider facilitates development of an ISP by the team, which by nature is family-focused. The team reviews the plan, approves/authorizes most services, makes recommendations, and gives feedback to the behavioral health service provider.

The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. When funds are available, DBHS flexible funding of up to \$1,525 per child per year is available to achieve one or more of the following outcomes: 1) success in school or work; 2) living at the person's own home or with family; 3) development and maintenance of personally satisfying relationships; 4) prevention or reduction in adverse outcomes, including arrests, delinquency, victimization, and exploitation; and/or 5) becoming or remaining a stable and productive member of the community. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and help facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts, and logistics. The CFT explores all opportunities to maintain the child in the most appropriate setting, including a variety of wraparound services. The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families.

DBHS has built the initial foundation for trauma informed care in Arizona. In conjunction with peer and family-run organizations and the RBHAs, DBHS sponsored Trauma Informed Care Dialogues throughout the state. These dialogues included system partners, including the Department of Child Safety, the Arizona Department of Juvenile Corrections, Juvenile Probation, the Department of Education, provider organizations, and community organizations. The purpose was to solicit ideas and suggestions for the design of trauma informed care in Arizona, and identify community needs in regards to trauma. The TIC Dialogues provided the behavioral health system with valuable information that will help to formulate an implementation plan for the coming years. From this input, DBHS developed practice guidelines on trauma informed care, which were distributed to the RBHAs. DBHS has also been working toward making trauma informed care the driving factor for the service planning that occurs in CFT meetings.

Department staff have been participating in conferences and webinars to learn about trauma informed care, as well as the developmental approach to child welfare services for young children. The Department has been learning about resources, such as the National Child Traumatic Stress Network, and the “CAPPD” strategy for trauma informed practice that was developed by Philadelphia-based Multiplying Connections. The Best for Babies initiative has provided training and technical assistance to counties developing Court Teams, including training by experts in services with a developmental approach and the impact of trauma on infant and toddler development. The Department will continue to collaborate

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with DBHS, Best for Babies, the courts, service providers, and others to develop trauma informed assessments, services, and training.

The Arizona Psychotropic Medication Oversight Team made up from members of AHCCCS, DCS, and DBHS has made the commitment to strengthen the following AACAP Best Practice Principles:

- 1) Develop Integrated Data Sharing Systems to Ensure Care Coordination and Effective Monitoring and Oversight;
- 2) Enhance Systems for Informed and Shared Decision-Making (Development of a Youth Assent process); and
- 3) Increase Youth Engagement and Empowerment.

Arizona has made great progress in the first two of these goals and anticipates statewide implementation of both during 2014. The work products regarding oversight of psychotropic prescribing for children in care have been consolidated at: <http://www.azdhs.gov/bhs/children/CPS.htm>

Services to 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. Children who die due to abuse or neglect by a parent or caregiver are nearly all age five or younger. Services targeted to this population are described below. In particular, the Healthy Families Arizona program and the SENSE program are specially designed to meet the needs of families with children ages birth through five:

- 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 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.
- Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, and representatives from the behavioral health network, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. programs.
- Legislation enacted into law in May 2014 codifies the Department to provide prevention, intervention, and treatment for abused and neglected children. The Director of DCS has created a Prevention Bureau in the Department, in addition to the Intake (Hotline), Investigations, and Casework/Permanency Bureaus. A Prevention Bureau Chief will be appointed and will oversee activities in the areas of prevention, community outreach, and the development of partnerships.

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 has been increasing, reaching 5,598 children on September 30, 2013. This is a 7% increase from one year prior and a 32% increase from two years prior.

Of children who were under the age of one and entered care for the first time in CY 2012, 30% exited to reunification within twelve months of entry and 37% exited to reunification by December 31, 2013. Of children who were age one through five and entered care for the first time in CY 2012, 38% exited to reunification within twelve months of entry and 48% exited to reunification by December 31, 2013 (Chapin Hall State Data Center, State Specific Profile). Services are provided to maintain the parent-child relationships and achieve reunification when child safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents and development of resources, both formal and informal, to better meet the demand.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2010, 50% had exited to adoption by December 31, 2013. Of children who were age one through five at the time of first entry in CY 2010, 33% had exited to adoption by December 31, 2012. Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See Section IV, 7. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention, for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by Child Safety Specialists when determining if a safety threat is present.

Services have been designed to meet the developmental needs of young children, including needs for placement stability and early permanency, such as the following:

- The Arizona Department of Health Services/Behavioral Health Services (BHS) continues to maintain protocols regarding infant and toddler mental health, including "Working with the Birth to Five Population" and the "DBHS Practice Guideline Psychiatric Best Practice For Children Birth to Five Years of Age." The psychiatric best practice guidelines include a mandatory assessment for medication taper to be conducted every six months until the child reaches the age of five, mandatory use of psychotherapeutic interventions before the prescribing of any psychotropic medication for children under the age of five, and required consultation and re-consultation of prescriptions by a non-child psychiatrist with a board certified child and adolescent psychiatrist if medications are prescribed for a child under the age of five.
- BHS has also implemented its Outcomes Framework and Dashboard. This system reports on certain elements including access to recovery and resiliency-oriented services and whether services are based on the individual needs of the child.

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- Some counties have “Baby CASAs,” who are trained specifically in meeting the needs of a baby and are assigned to monitor that all assessments and evaluations are completed timely and services are in place expeditiously.
- Children in Apache and Navajo Counties are referred to 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. All families of children born at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.
- Staff training includes instruction on the needs of young children. Child Safety Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through AzEIP and the RBHAs. Training is also available in the regions. For example, in the past year Navajo County has offered several trainings related to children age zero to five, including brain development and attachment/bonding for young children.
- The CMDP Medical Director provides trainings on identifying child abuse and neglect and the identification of substance-exposed newborns. Because most of the very serious injuries happen to children under age five, generally under age two, the majority of the training focuses on the injuries seen in these age groups. These trainings are attended by foster care providers, licensing agencies, judges, attorneys, CASAs, GALs, and DCS staff.

The Best for Babies/Court Teams project is a statewide juvenile court initiative to improve permanency and well-being outcomes for children age three and younger. The Best for Babies/Court Teams project is built on a highly successful model created by ZERO TO THREE, the National Center for Infants, Toddlers, and Families. Each Arizona county juvenile court establishes its own priorities. All fifteen counties in the state, and the Gila River Indian community, are engaged in overarching goals of increasing shared knowledge within the child welfare system of the unique needs of infants and toddlers and improving outcomes for maltreated infants and toddlers in the juvenile court. These goals are addressed by:

- engaging leadership of judicial officers for systems improvements in both the court system and in the child welfare system;
- providing training in “best practice” to community professionals;
- providing technical assistance to court personnel and child welfare leadership;
- encouraging collaboration between community service providers; and
- increasing frequency and quality of parent-child contact, infant mental health capacity, and placement stability.

Key focus areas for the Arizona effort include training on the unique needs of infants and toddlers who have experienced trauma and separation, coordination of services on a case-by-case basis, and cross-systems changes at every level to achieve what is in the best interest of the young child. Best for Babies seeks to achieve comprehensive assessment, timely services, parent engagement early in the case via judicial attention to timeframes, and frequent hearings to monitor progress, prevention of placement changes, frequent visitation, concurrent planning, reduced time to permanency, and reduced re-entry rates for young children.

First Things First continues to contract with Prevent Child Abuse Arizona to implement Best for Babies/Court Teams in Maricopa County, which is home to 65% of the state’s population. Assignments of all children birth to three years of age are made to “Baby Courts” with specially trained and dedicated

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judicial offers who commit to five years working in these courts. Since the inception of the project, over 3,000 child welfare stakeholders have attended Best for Babies training in Maricopa County.

Highlights of the successes and activities of Best for Babies in SFY 2014 include the following:

- During SFY 2014, over 3,000 young children were served by the Baby Courts.
- The Maricopa Cradle to Crayons (C2C) Child Welfare Center opened in 2012 and continues to house visit coaching, parent and child trauma therapy, a dependency treatment court, and staff and administration for the program. Judge Colleen McNally, appointed Presiding Judge of the Maricopa Juvenile Court, continues as the judicial officer of the new Dependency Treatment Court at the C2C. This court began enrolling parents on a voluntary basis in November 2013 and as of April 2014, over 65 parents were enrolled. In June 2013, the C2C East opened in the South East Facility. In April 2014, Dr. Julie Larrieu from the Infant Parent Program at Tulane University worked with C2C staff and select community members to increase their knowledge about child-parent psychotherapy.
- Trainings were provided on the following topics: 1) Family Time Coaching, provided by Marty Byer (Family Time Coaching is now being provided at the new C2C Centers of the Maricopa Juvenile Court); 2) Attachment and Infant Mental Health; 3) Parents and Trauma; 4) the Best for Babies project; 5) documenting behavioral change goals for parents with young children in dependencies; 6) Infant Mental Health and Trauma; and 7) Foster Parents: the Best Intervention!
- In August 2013, Best for Babies sponsored a visit by Eduardo Duran, Native American trauma expert, to the Gila River Indian Community.
- In March 2014, the Sally Campbell Memorial Best for Babies Seminar heard from Dr. Mary Dozier, researcher/developer of the evidence-based Attachment, Biobehavioral Catchup (ABC) program. More than 150 people involved in the court and child welfare system attended.

The AZPS-MAPP curriculum for resource parent training includes activities that teach about the needs of infants and toddlers. Using case examples with young children, participants assess each of the components of well-being for infants and toddlers, and each of the components of well-being for an infant prenatally exposed to drugs. Training activities are designed to develop participants' abilities, such as:

- keep children and youth physically, mentally, emotionally, socially, and spiritually/morally healthy in a foster home;
- promote, rebuild, and support positive attachments of children and youth in foster care;
- apply in the case example ways to meet basic human needs and build attachments;
- explain how a child's attachment affects his sense of well-being;
- explain how behaviors are indicators of underlying needs;
- describe personal emotional reactions that may create challenges for selecting effective parental interventions;
- choose specific behavioral strategies and techniques that assure a child's safety;
- openly discuss their feelings about the simulated placement of a two and a half year old boy from day of placement to six months in their home.

Section IV

Performance Assessment of Safety, Permanency, and Well-Being Outcomes

Performance Assessment of Safety, Permanency, and Well-Being Outcomes

1. Primary Data Sources

This report provides data from a variety of sources, including other 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) or produced by the Department, internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY) 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 CHILDS (the Statewide Automated Casework Information System or SACWIS) 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 data files. Profiles provided to the state by DHHS following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Department, as required by Arizona statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Department uses a web-based data dashboard to track performance on some key indicators, including timeliness of initial response to reports, timeliness of investigation finding data entry, the number of open and closed initial assessments, in-person contacts with children, parents, and out-of-home care providers, child removals and returns, time to reunification, and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the University of Chicago’s Chapin Hall for inclusion in a multistate data repository. Chapin Hall organizes the data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review (PICR)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. More information about the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

2. Case Volume and Workforce Resources

Child Safety Specialist caseload continues to be a primary challenge facing the Department, which affects performance in relation to all safety, permanency, and well-being outcomes. Governor Janice K. Brewer’s CARE Team found that “demand exceeds capacity, which leads to policies not being followed,” and that “insufficient capacity leads to high employee turnover, caseload backlog, a high recurrence rate for families with prior reports, high wait times and abandoned call rate at the hotline, inefficient caseload

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management and a daily struggle to keep up.” Child Safety Specialists have been carrying caseloads well above the standards for many years. In January 2014, caseloads were 22% above the standard. Growth in DCS Hotline reports, in-home cases, and the number of children in out-of-home care has outpaced the Department’s ability to hire and retain staff, so caseloads have continued to grow and exceed the Department’s caseload standard, which is:

- for investigations, 13 reports per month per Child Safety Specialist;
- for in-home services, working with 33 children per month per Child Safety Specialist; and
- for out-of-home (foster care) services, working with 20 children per month per Child Safety Specialist.

Caseload growth has occurred throughout the Department. For example:

- The number of reports assigned for investigation by a Child Safety Specialist increased by 1.7% (688 reports) in FFY 2013, to 40,375 (*Child Welfare Reporting Requirements Semi-Annual Report*). This continues a four year trend of increasing report volume. In addition, from November 2013 through January 2014, Department employees were assigned an additional 6,596 reports that were previously assigned a “Not Investigated” status.
- Data from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that the average monthly in-home caseload increased from 4,799 in FFY 2009 to 5,519 in FFY 2012. Average monthly in-home caseload dropped to 5,286 in FFY 2013, but remains above in-home caseload levels from FFYs 2009 and 2010.
- The number of children in out-of-home care continued to grow in FFY 2013, but at a slower rate than in FFY 2012. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 6.6% increase from September 30, 2012 to September 30, 2013. Since September 30, 2009 there was a 49% increase in the out-of-home care population. On September 30, 2013, the number of children and young adults in out-of-home care in Arizona exceeded 15,000. This data includes youth who voluntarily remained in out-of-home care after turning 18.

There has been focused work at the management level to fill 100% of positions and reduce turnover in order to develop sufficient staff resources to provide quality services to this growing number of children and families. Significant work has taken place to fill positions statewide, including frequent meetings between Executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. Program Managers were asked to focus on the vacancies in each of their regions, and were promised the support they need to accomplish the goal of 100% positions filled plus over-fill (staff in training at CWTI). To support this effort, the Department has implemented several statewide strategies:

- The Department continues to employ a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates. The Department has centralized the statewide recruitment of the Child Safety Specialist (CSS) classification, under the direction of the Recruitment Manager. As of August 2013, the Department had 99% of the Child Safety Specialist positions filled. The Department was allocated 1,194 positions, and it had 1,191 filled. In February 2014, emergency supplemental funding increased the number of Child Safety Specialist positions to 1,320. As of April 2014, the Department had 93% of the 1,320 positions filled. In the SFY 2015 budget appropriations, the total number of positions increased to 1,406. The Department continues its active recruitment process to fill all positions.

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- In February 2014, the Department received emergency supplemental funding, which increased the number of supervisor positions from 180 to 200. The new SFY 2015 budget appropriations increased that number to 216. The Department is actively recruiting to fill these supervisor positions, which will reduce the Child Safety Specialist to supervisor ratio. Likewise, the Department will be increasing the number of units by approximately 35 and increasing the number of offices throughout the state to accommodate the increased staffing of both Child Safety Specialists and supervisors.
- The Department continues to implement a practice of contacting every candidate three times by phone, with email follow ups, and has realized an increase in responses to initial contacts from the recruiting team and an increase in the number of interviews scheduled for recruitment events.
- The Department continues to post job listings/requisitions for specific regions on azstatejobs.gov to encourage applications from individuals searching for employment in a specific community.
- To properly facilitate the new centralized recruiting process, two staffing analysts and two coordinators continue to manage the applications process. Through these process improvements, the Department has become extremely efficient in navigating applicants through the hiring process, leading to better results.
- The Department is exploring a career ladder for case aides to promote into Child Safety Specialist I positions, which will bring staff already familiar with the child welfare system to areas of need. The first Undergraduate Child Welfare Case Aide Core: DCS Case Aide started in the Spring of 2014 with 13 Case Aides. They complete their coursework in the Fall of 2014.
- The Child Safety Specialist IV classification, created in July 2012, has opened promotional opportunities for senior staff, and there are currently 100 CSS IVs statewide. CSS IVs assist supervisors with mentoring and educating new hires in the DCS classification. The Department is in the process of revising the position description based on feedback from current CSS IVs and their leadership. The revision will allow the CSS IVs to take on some expanded duties to better assist the staff they mentor and their unit supervisors. The revision is expected to take effect in the fall 2014.
- The virtual job tryout combines custom job simulations and assessments with a variety of realistic job preview features for potential job candidates. The Department has completed the validation of the new Virtual Job Tryout pilot and launched the new realistic job preview in September 2013. Feedback from candidates has been positive. When asked "Having participated in the Virtual Job Tryout experience, I am better equipped to determine if the Child Safety Specialist role is right for me," 65% strongly agreed. When asked if "The Virtual Job Tryout provided me with a better understanding of the Child Safety Specialist role," 66% strongly agreed.
- To expedite the fingerprint card process, a full time person at the Department of Economic Security's Office of Special Investigations currently handles all requests for fingerprint cards. The Department has seen a significant drop in the turnaround time from application to receipt of the card, currently averaging thirty days for a new card and sixteen days for validation of an existing card. This falls perfectly into line with the new Child Safety Specialist core training timeframes. At the same time a new Child Safety Specialist completes core, their card is ready, so they can now begin to apply what they have learned with minimal down time.

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- In SFY 2013, the Department purchased 300 laptops with 4G capability to be deployed to field staff so they can look up and enter information while in the field, without having to contact the field office and use a second person's time. In SFY 2014, the Department plans to continue deploying mobile devices to investigators, team decision making facilitators, after hours staff and other Child Safety Specialists, based on use patterns for the first 300 laptops and other mobile devices.

3. Safety Outcomes 1 and 2

Safety Outcome Performance Data

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 (Business Intelligence Dashboard, CHILDS extract date 5-31-14)

FFY 2013: 54.9% (of 43,653 reports)

CFSR Measure: Repeat maltreatment

The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 94.6% or more (CFSR Data Profile 4/13/2014)

FFY 2013: 94.6%

Of children with at least one report of alleged maltreatment in the year shown and who were not removed within 30 days after the report, the percentage that experienced a subsequent report of alleged maltreatment within 12 months of the initial report (All Reports Received data report, CHILDS extract date 5-15-14)

FFY 2012: 31%

CFSR Measure: Absence of maltreatment in out-of-Home Care

The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.6% or more (CFSR Data Profile March 29, 2011, April 30, 2012, and March 28, 2013)

FFY 2013: 99.79%

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 will be 95% or more (Initial Assessment PICR Item 6.A.4.)

CY 2013: 73% (24 of 33 applicable cases)

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The number of children in out-of-home care under the age of eighteen will decrease by approximately 2% annually (*Child Welfare Reporting Requirements Semi-Annual Reports*)

Statewide 9/30/12:	13,509	
Statewide 9/30/13:	14,406	(6.6% increase)

Of all alleged or confirmed child victims of abuse or neglect reported to the Department during the year, the percentage removed will be 10% or less (All Reports Received data report, CHILDS extract date 5-15-14)

FFY 2013:	12%
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CFSR Item 3: Risk and Safety Assessment and Management

The percentage of cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 6.A.3.)

CY 2013:	85% (28 of 33 applicable cases)
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The percentage of in-home and out-of-home cases in which the agency completed the risk and safety assessments at times required by State policy, maintained an up to date safety plan and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1)

CY 2013:	24%
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Assessment of Safety Outcome Strengths and Concerns

Child safety is the core mission of the Department of Child Safety. The Department has identified safety outcomes and safety related processes to be areas needing immediate improvement. According to the CARE Team’s report, *Eyes on Children*, the CARE Team’s analysis “identified 142 failure points between a call arriving at the Hotline and closing an investigation” that have the potential to put a child at risk. The Hotline process was found to be inefficient, with a 26% abandoned call rate. Investigation demand was estimated to exceed agency workforce capacity to conduct investigations by 2,326 hours each week. In addition, due to the insufficient capacity, a backlog of 11,000 cases that were open with no activity for 60 days, and 6,595 reports that were previously not assigned for investigation, had accumulated by December 2013. The previously not investigated reports have now been investigated, but the backlog has continued to grow. The CARE Team further concluded that “The focus to keep up with incoming work impacts the capacity of front-line employees and management to conduct continuous improvement activities.”

The CARE Team concluded that “The agency is slow to confirm child safety, endures a significant employee turnover and inexperienced staff, and experiences high case load volume per investigator. Ultimately the net result is that children remain in unsafe settings and become victims of crime.” While there are areas of strength within safety outcomes and processes, the Department’s safety outcome data does support the CARE Team’s conclusions related to slow initial response and repeated reports of abuse or neglect:

- The Department has a low timely initial response rate. Statewide in FFY 2013, 55% of all reports received a timely response. Timely response is more frequent with higher level reports. By level, the on-time response rate was: response time 1 – 83%, response time 2 – 67%, response time 3 –

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40%, response time 4 – 50%. This is the percentage of reports to which DCS responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded first and confirmed the child was not in present danger. This data does not account for the length of a delay, which could be minutes, hours, days, or weeks.

- The Department met the national CFSR standard of 94.6% for the percentage of children that have no more than one substantiated report of maltreatment within a six month period.
- Of all children who were alleged or confirmed victims of abuse or neglect reported to the Department in FFY 2012, and who were not removed from the home within 30 days of the report, 31% were the subject of another report within twelve months. Although there is no national standard for comparison, the Department's goal is to reduce the re-report rate.
- The Department exceeded the national CFSR standard of 99.68% for absence of maltreatment in out-of-home care, reaching 99.79% in FFY 2012.
- Arizona has a high rate of children removed per 1,000 in the state's population, and the number of children in out-of-home care grew significantly from 2009 through 2013. According to data from the Chapin Hall Foster Care Data Archive, state-defined profile, the rate of children who entered care for the first time was 5.76 per 1,000 in Arizona's child population in CY 2012 and 5.70 per 1,000 children in CY 2013. The national rate of unique children removed was 3.3 per 1,000 in FFY 2012. According the *Child Welfare Reporting Requirements Semi-Annual Report*, the number of children in out-of-home care increased 49% between FFY 2009 and FFY 2013. The number of children in care increased from 10,112 on September 30, 2009 to 15,037 on September 30, 2013. The majority of these children require out-of-home placement to ensure they are safe. However, these data indicate a need for prevention services to impact family risks before they become safety threats, and accessible services and supports that remove or control safety threats so children can remain at home more often.
- The Department's PICR results indicate a need to improve standardization of practice so that in-home options to control safety threats are always thoroughly explored before removing the child. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats and end the need for removal.

See Section VI: Improvement Goals, Objectives, and Measures for information about the Department's current activities to improve safety outcomes and processes.

2. Permanency Outcomes 1 and 2

Permanency Outcome Performance Data

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

CFSR Item 5: Stability of Foster Care Placement

Stability of foster care placement is not currently assessed through the Practice Improvement Case Review because administrative data on placement stability is available on the entire out-of-home population.

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CFSR Measure: Placement Stability

Of children served in out-of-home care for at least eight days but less than 12 months, the percentage who had two or fewer placement settings will be 86.0% or more (CFSR Data Profile, C4-1)

FFY 2013: 85.4%

Of children served in out-of-home care for at least 12 months but less than 24 months, the percentage who had two or fewer placement settings will be 65.4% or more (CFSR Data Profile, C4-2)

FFY 2013: 70.9%

Of children served in out-of-home care for at least 24 months, the percentage who had two or fewer placement settings will be 41.8% or more (CFSR Data Profile, C4-3)

FFY 2013: 43.8%

CFSR Item 5: Permanency goal for the child

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

PICR CY 2013: 88%

CFSR Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Timely achievement of the permanency goal is not currently assessed through the Practice Improvement Case Review because administrative data on permanency outcomes and length of stay is available on the entire out-of-home population.

CFSR Measure: Timeliness of Reunification

Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less will be 75.2% or more (CFSR Data Profile, C1-1)

FFY 2013: 65.4%

Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the median length of stay will be 5.4 months or less (CFSR Data Profile, C1-2)

FFY 2013: 9.6 months

Of children who entered care for the first time in the 6 months prior to the year shown and remained in care for 8 days or longer, the percentage who discharge to reunification within 12 months of removal will be 48.4% or more (CFSR Data Profile, C1-3)

FFY 2013: 30.1%

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CFSR Measure: Foster Care Re-entries

The percentage of all children who discharged to reunification in the twelve months prior to the year shown who *do not* re-enter out-of-home care in less than twelve months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

FFY 2013: 81.7%

CFSR Measure: Timeliness of Adoption

Of children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 36.6% or more (CFSR Data Profile, C2-1)

FFY 2013: 56.5%

Of all children who exited out-of-home care to adoption, the median length of stay will be 27.3 months or less (CFSR Data Profile, C2-2)

FFY 2013: 22.6 months

Of all children in care on the first day of the year who were in care for 17 continuous months or longer (and by the last day of the year had not exited to live with relative, reunify or guardianship), the percentage that exited to adoption by the last day of the year will be 22.7% or more (CFSR Data Profile, C2-3)

FFY 2013: 41.3%

Of all children in care on the first day of the year who were in care for 17 continuous months or longer and were not legally free for adoption prior to that day (and by the end of the first six months had not exited to live with relative, reunify or guardianship), the percentage that became legally free for adoption during the first six months of the year will be 10.9% or more (CFSR Data Profile, C2-4)

FFY 2013: 22.6%

Of all children who became legally free for adoption in the 12 months prior to the year shown, the percentage that exited to adoption in less than 12 months of becoming legally free will be 53.7% or more (CFSR Data Profile, C2-5)

FFY 2013: 71.4%

CFSR Measure: Permanency for Children and Youth in Foster Care for Long Periods of Time

Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their eighteenth birthday and by the end of the year will be 29.1% or more (CFSR Data Profile, C3-1)

FFY 2013: 43.2%

Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home

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(reunification, adoption, guardianship, or live with other relatives) prior to their eighteenth birthday will be 98.0% or more (CFSR Data Profile, C3-2)

FFY 2013: 96.9%

Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their eighteenth birthday while in out-of-home care, the percentage that was in out-of-home care for three years or more will be 37.5% or lower (CFSR Data Profile, C3-3)

FFY 2013: 22.7%

Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage in which concerted efforts were made to provide services to prepare the child for independent living and to place the child in a permanent living arrangement will be 95% or more (Out-of-Home PICR Item 4)

PICR CY 2013: 82% (23 of 28 cases)

CFSR Item 7: Placement with Siblings

Placement of siblings together is not currently assessed through the Practice Improvement Case Review because administrative data on is available on the entire out-of-home population.

Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 85% or more. (CHILDS ad hoc report)

9/30/13: 65%

Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 95% or more.¹ (CHILDS ad hoc report)

9/30/13: 76%

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

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

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

CY 2013: 56%

¹ This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.

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CFSR Item 9: Preserving Connections

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

FFY 2013: 92%

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

FFY 2013: 37%

CFSR Item 10: Relative Placement

The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (Out-of-Home PICR Item 6)

CY 2013: 75%

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

During the 2007 CFSR On-site review, 61% of cases were rated strength on relationship of child in care with parents. This area was not evaluated through the Department's Practice Improvement Case Review in 2013.

Assessment of Permanency Outcome Strengths and Concerns

Permanency outcomes are achieved for the majority of children served in out-of-home care. Many children who are removed from their parents exit to a safe and permanent home, timely, with only one or no placement changes while in out-of-home care. Many children are placed with relatives, with their siblings, and routinely visit with their parents. The Department is committed to continually improving practice and services so these positive outcomes are achieved for all children served. The Department's permanency outcome data will assist the new Department of Child Safety to identify priorities for improvement:

- Arizona is meeting or exceeding the current CFSR goals for placement stability. Among children in care for eight days to twelve months, 85% experienced one or no placement changes. However, 29% of children in care for twelve to twenty-four months, and 56% of children in care for more than two years, experienced more than one placement change. Although Arizona has met the current national target goal, the Department aims to achieve placement stability for all children served.
- Practice Improvement Case Reviews reveal that the child's permanency goal is appropriate to the child's needs, set timely, and pursued according to Adoption and Safe Families Act (ASFA) termination of parental rights (TPR) requirements in roughly 90% of cases. Some cases were rated as needing improvement because no compelling reason for not filing a TPR motion was documented in the case plan or court documents. In some of these cases there did appear to be a compelling reason, but that reason was not clearly documented in the record.

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- Arizona has not achieved the current CFSR goals for timeliness of reunification. Compared to prior years, children are now less likely to exit to reunification, and they experience longer lengths of stay before reunifying. According to data from Chapin Hall's Foster Care Data Archive state defined website, the percentage of children who exited to reunification decreased by four percentage points between the 2008 and 2011 first admission cohorts, from 53% to 49%. In addition, the percentage of children who reunified within 30 days decreased from 24% to 15%, within 90 days decreased from 30% to 18%, within 6 months fell from 36% to 22%, and within 1 year dropped from 44% to 37%.
- The likelihood of reunification is lowest for infants, at 39% most recently. The percentage of reunifications among children who entered out-of-home care before age one decreased seven percentage points between the 2008 and 2011 first admission cohorts.
- According to AFCARS data, Arizona continues to prevent re-entry for more than eight of every ten children who exit to reunification. However, the state's performance has remained below the CFSR national target of 90.1% and the national median of 85.0%. Data from the Chapin Hall Foster Care Data Archive state specific website shows that re-entry following reunification is most common for young children, but recently improved. Of children who exited to reunification in 2011 and were age zero to three, 21% re-entered within a year, compared to 17% of all children. Of children who exited to reunification at age zero to three in FFY 2012, 17% re-entered out-of-home care within one year.
- Arizona is exceeding the current CFSR national standard on timeliness of adoptions. Arizona far exceeds the national target goal for each of the five current adoption timeliness measures. However, many children who exited to adoption were in their adoptive placement for at least two years by the date of adoption. This information suggests that identification of an adoptive placement is not a barrier to the adoption of many of the children who exit in more than 24 months from removal and that adoption could be achieved in less than twenty-four months for more children. Staff report delays in case management and court continuances.
- Arizona is exceeding the current CFSR national standard on permanency for children and youth in foster care for long periods of time, although there continues to be room for improvement. For example, of youth who turned eighteen in care and/or exited to a reason of age of majority in FFY 2013, 77.3% had been in care for three years or less. That is, more than three in four of these youth were age fifteen or older when they entered out-of-home care. On the other hand, almost one in four was younger than 15 upon entry, suggesting there was a greater opportunity to achieve permanency for the child.
- On September 30, 2013, 62% of sibling groups in care had all siblings placed together, and 82% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because a case is identified as "siblings placed together" if two children are placed together on the given day, even if the children spent other days in separate placements. The Department is exploring new measures that will control for the amount of time the sibling group spends in out-of-home care.
- Child visitation with parents and siblings in out-of-home care was found to be a strength in 56% of the cases reviewed in CY 2013. Concerted efforts were made to ensure that visitation was sufficiently frequent to maintain or promote continuity of the child's relationship with the mother in 81% of cases, with the father in 60% of cases, and with siblings in 70% of cases reviewed in CY 2013. Given the increased number of children in out-of-home care, particularly young

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children, the Department has been responsible for an increasing number of parent-child and siblings visits. Capacity among Department staff and contracted service providers is insufficient to meet the demand for visit transportation and supervision services. In addition, some cases were rated as needing improvement because greater effort to locate, contact, and discuss visitation with the parent was needed.

- The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent. Improvement is needed in order to reach the Department’s target performance level.
- The child was placed in a stable relative placement in 52% of the cases reviewed during the PICR in 2013. Of children in out-of-home care on September 30, 2013, 40% were placed with a relative (*Child Welfare Reporting Requirements Semi-Annual Report*).
- Case reviewers found that the child was placed in a stable relative placement or that sufficient efforts to identify and assess maternal and paternal relatives had been made in 75% of cases reviewed in CY 2013. In many of the cases needing improvement, there was a lack of documentation or other evidence that a thorough relative search had been conducted. The paternal relatives were more likely than the maternal relatives to have insufficient efforts.

See Section VI: Improvement Goals, Objectives, and Measures for information about the Department’s current activities to improve permanency outcomes and processes.

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

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 will be 95% or more (In-Home and Out-of-Home PICR Item 7)

PICR CY 2013: 89%

The percentage of cases in which the needs of the mother are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 7)

PICR CY 2013: 68%

The percentage of cases in which the needs of the father are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 7)

PICR CY 2013: 49%

The percentage of cases in which the needs of the foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 7)

PICR CY 2013: 83%

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CFSR Item 13: Child and family involvement in case planning

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, B.)

CY 2013: 54%

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, C.)

CY 2013: 36%

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, A.)

CY 2013: 64%

CFSR Item 14: Caseworker visits with children

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 9, A.1.)

CY 2013: 77%

The percentage of cases in which the quality of visits between the Child Safety Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit, will be 95% or more (In-Home and Out-of-Home PICR Item 9.B.)

CY 2013: 58%

CFSR item 15: Caseworker visits with parents

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact with the mother will be 95% or more (In-Home and Out-of-Home PICR Item 10)

CY 2013: 36%

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact with the father will be 95% or more (In-Home and Out-of-Home PICR Item 10)

CY 2013: 18%

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

CFSR Item 16: Educational needs of the child

The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 11)

CY 2013: 87%

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

CFSR Item 17: Physical health of the child

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

CY 2013: 66%

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

2014 CMDP Performance Measures – Data from FFY 2012

Measure	Minimum Performance Standard (MPS)	2011 CMDP Rate	2012 CMDP Rate	Arizona Medicaid Average	NCQA Medicaid Mean	NCQA Commercial Mean
Children's Access to Care (12 - 24 months)	93%	96.5%	99.7%	97.0%	96.0%	97.9%
Children's Access to Care (25 months - 6 years)	83%	91.3%	91.1%	87.7%	88.3%	91.6%
Children's Access to Care (7 - 11 years)	83%	94.4%	94.8%	89.9%	89.9%	92.2%
Children's Access to Care (12 - 19 years.)	81%	95.9%	96.8%	87.7%	88.4%	89.7%
Well Child Visits (3-6 years)	66%	64.8%	63.7%	66.8%	72.0%	72.9%
Adolescent Well Care Visits	42%	64.0%	63.9%	38.0%	49.7%	43.3%
Annual Dental Visits	57%	80.3%	82.7%	61.8%	*	*
EPSDT Participation	68%	97.8%	100.0%	65.7%	*	*
Dental Participation	46%	68.3%	79.0%	44.1%	*	*

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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 and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 13)

CY 2012: 81%

Child and Family Well-Being Outcome Strengths and Concerns

Well-being outcomes are achieved for the majority of children served in out-of-home care. Provision of services to meet children's educational and mental health needs were found to be strengths in more than 80% of cases. Performance is stronger with mothers than fathers. More consistent practice is needed to ensure that all fathers are assessed, provided services, involved in case plan development, and visited by the assigned case worker each month. The Department is committed to continually improving practice and services so positive outcomes are achieved for all children and families served. The Department's child and family well-being outcome data will assist the new Department of Child Safety to identify priorities for improvement:

- The Department continually assessed and provided services to address the needs of children and their foster or kinship caregivers in 89% of cases reviewed in CY 2013. This item does not include assessments and services to meet children's educational, physical health, and mental health needs, which are assessed in other PICR items. Foster and kinship parents interviewed during PICRs often report that they are pleased with the support they receive and that their needs are promptly addressed by the Child Safety Specialist.
- A survey of foster and adoptive parents was completed in January 2014 by the CARE Team, in cooperation with the Arizona Association for Foster and Adoptive Parents. Of the 258 responses,
 - 58% reported they received inadequate information on children placed in their homes,
 - 24% felt they did not have accurate contact information in the event of an emergency with a child placed in their homes,
 - 40% were dissatisfied with the professionalism and courteousness in their interactions with their case workers,
 - 39% thought the agency did not consider the parents to be part of the team when it concerned the welfare of the children,
 - 25% indicated they did not feel their work with children was valued by the agency,
 - 41% said they were dissatisfied with the support received from their case workers and/or the caseworker's supervisors, and
 - almost 40% stated that more involvement in the decisions about the child's welfare was the most important factor in improving their experience as a foster parent.
- The mother's needs were thoroughly and continually assessed in 73% of cases reviewed in CY 2013, and sufficient services were provided to address the mother's identified needs in 87% of the cases reviewed. Assessment and services to address the needs of fathers is an area needing improvement. Father's needs were thoroughly and continuously assessed in 51% of cases, and sufficient services were provided to address the father's identified needs in 67% of cases. In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children.
- During the 2013 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to

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a parent or the child had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned Child Safety Specialist, or the Child Safety Specialist made concerted efforts to have these conversations.

- In some cases there was not sufficient effort to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but these contacts did not include efforts to elicit the parent's thoughts and feelings about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).
- Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the Child Safety Specialist visited with the child each month, but did not ask for the child's input into case planning issues.
- In 77% of cases reviewed in CY 2013, the target child in out-of-home care and those served in-home received monthly in-person contact from the assigned Child Safety Specialist. Due to extremely high caseloads, other Child Safety Specialists, DCS Supervisors, Program Specialists, and Case Aides sometimes conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case worker contacts during the PICRs.
- Data retrieved from the Department's Business Intelligence Dashboard (data current as of June 21, 2014) shows that the statewide average of monthly contact rates by the assigned Child Safety Specialist or another person (such as the supervisor or case aide) was 88% in CY 2013. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.
- The quality of the case worker's contact with the child met the practice standard in 58% of cases reviewed in 2013. There is a need to increase the percentage of children who are seen alone for part of each monthly contact.
- PICR data reveals higher rates of contact with mothers than fathers. Contact was sufficiently frequent with 46% of mothers and 25% of fathers. In some cases greater and continual efforts to locate a missing parent were needed, or there was insufficient contact with a parent who was detained or incarcerated. The quality of contacts was also better with mothers (55%) than fathers (49%).
- Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. The Department is performing well in this area, achieving the standards in 87% of cases reviewed.
- The PICR evaluates whether the Department's specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers found that 78% of children who had been in care for more than twelve months had a comprehensive physical health examination in the most recent twelve months, and 58% of the children who had been in care for less than twelve months had an examination within thirty days

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of removal. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule. Of applicable cases reviewed in CY 2013, 46% of children who had been in care more than six months had received a dental examination within the most recent six months. Reviewers found that more than 85% of children who required physical or dental health treatment services did receive timely and appropriate services.

- State Medicaid audits indicate significant improvement or maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in seven of the nine performance measures and exceeded the national Medicaid and commercial insurance means for Children's Access to Health Care, Adolescent Well Care (EPSDT visits), Annual Dental Care - preventative and restorative visits, Dental Participation - preventative dental visit performed, and EPSDT Participation.
- Arizona's PICR data indicates that behavioral health care is an area of strength for more than eight of ten children served in-home or in out-of-home care. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

See Section VI: Improvement Goals, Objectives, and Measures for information about the Department's current activities to improve permanency outcomes and processes.

Section V

Performance Assessment of Systemic Factors

Performance Assessment of Systemic Factors

1. Statewide Information System Capacity

Statewide Information System Description

Since February 1998, Department staff have been required to use the Children’s Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child who is in foster care. CHILDS supports Hotline intake, initial assessment/investigation, the child welfare appeals process, case management, adoption, eligibility determination, staff management, provider management, and payment processing. It also includes on-line help, policy, a court document and forms directory, an alert system for key case events, and other mechanisms to monitor and maintain data accuracy.

The CHILDS system is available statewide to Department staff in all local offices and has more than 2,000 registered users. Service providers and other agencies are given access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit, and placement codes to differentiate between families served by the Department and those served by other state agency or tribal entities. As a SACWIS compliant system, CHILDS’ security conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide initial training, including a one day new employee CHILDS orientation to familiarize staff with CHILDS navigation and e-mail systems, and training within Child Safety Specialist core training on the ongoing case management and investigation windows. Specialized training is presented to staff who maintain the provider database or process payments, and to tribes and contracted providers who enter case notes or data in CHILDS. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. These trainings, the CHILDS system’s Missing Mandatory Data function, program edits that prevent entry of illogical data, and ongoing review of data error reports form an effective system to ensure data accuracy. The Department’s Regional Automation Liaisons (RALs) also have an important role in training new staff and providers learning to access the system, and all staff following system updates and change migrations.

The CHILDS Project measures its success according to its ability to update the system to respond to the evolving needs of its users while maintaining SACWIS compliance. In SFY 2014, the CHILDS Project continued to hold monthly RAL meetings. These meetings allow the RALs to preview CHILDS enhancements and modifications so they can alert and train field staff, and allow CHILDS staff to solicit suggestions and input on the CHILDS application, network, and staff services. CHILDS also continues to conduct quarterly system modification deployments. Deployments typically include six to ten system changes. Typically, the system changes are prioritized by federal and state legislation, Operating Advance Planning Document Updates (submitted to the federal government annually), and directives from the Governor, Director, or process improvement workgroups.

Highlights of SFY 2014 changes to the CHILDS system include decommissioning legacy windows and interfaces to make code more efficient. Examples include:

- Removing Integrated Investigation and Case Plan (IICP) from the Missing Mandatory Data extract
- Removing IICP and other Legacy windows from data model in order to reduce maintenance and deployment burden
- Replacing the “macro” based disclosure system with a new automated report

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- Leveraging disclosure reporting to convert legacy windows into a report
- Conversion of AZTECS interfaces to HEA+, the new online data system to, among other things, ensure compliance with the Affordable Healthcare Act
- Adding a staff maintenance directory filter

SFY 2014 included extensive changes to the Hotline process in order to improve quality and efficiency of initial screenings. Examples include:

- Hotline Communication disposition improvements
- Introduction of an online Hotline call template
- Upgrades to the Online Reporting Service
- Revision of the DCS Summary Report

Investigations changes for SFY 2014 focused on coordination of response with the Office of Child Welfare Investigations (OCWI), as well as on improvements aimed at the Protective Services Review Team (PSRT) functionality. Examples include:

- Report Disposition audit trail
- PSRT window improvements
- OWCI investigation indicator
- Search by tracking characteristic

SFY 2014 Financial/Provider changes emphasize tracking of funding and case information. Examples include:

- Fiscal Year 2014 Appropriation Act includes grandparent stipend special funding
- Youth runaway stop payments on an adoption case
- Upload capacity to associate the adoptive home study in a readable PDF document with the selected provider
- In-home services indicator on the Child Safety & Risk Assessment and the Continuous Child Safety & Risk Assessment

Statewide Information System Strengths and Concerns

System Requirement: Statewide Information System

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

The Department's statewide information system, CHILDS, is SACWIS compliant. CHILDS was determined to meet federal SACWIS requirements related to the collection and retention of information such as demographic data, child abuse or neglect referrals, risk assessments, and case plans. The Department is seeking to update the agency's statewide information system to improve upon the existing system, which already meets federal SACWIS requirements.

AFCARS lists the status, demographic characteristics, location, and goals of every child in foster care. The Department's FFY 2013B and FFY 2014A AFCARS submissions had no elements with failure rates above 10%. In fact, failure rates are generally far below 10%. Thirty-six of 37 elements in the 2014A AFCARS adoption data had an error rate below 2.5% and one element had an error rate of 6.48%. Fifty-one of 66 elements in the 2014A AFCARS foster care data had an error rate below 1%, 15 elements had failure rates between 2% and 9%, and element 57 had a 9.49% timeliness error for late data entry. Within

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the foster care data, errors are highest for FC-44 Primary Family Structure, FC-43 Most Recent Goal, FC-42 Out of State Placement, FC-41 Current Placement, FC-10 through FC-15 Child Medical Data Elements, FC-16 Ever Been Adopted, FC-23 Current Placement Date, FC-24 Placement Count in Current Removal, and FC-5 Periodic Review Date.

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 for all children who are the subject of a case open for more than sixty days, and that these case plans be developed with family and child input. Case plan staffing, TDM, CFT, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

The Department's case plan includes sections that address the child's physical and 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 independent living plan for youth age sixteen or older. The case plan format prompts Child Safety Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Staff are trained about the need to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned CASA advocates. Case plans are attached to reports to the court, and discussed at Court and FCRB hearings. The Department's court report outlines require the Child Safety 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 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 removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child's best interest and not ordered. Subsequent permanency hearings are held at least every twelve months thereafter, as long as the child remains in out-of-home care. At the hearing, the court determines the child's permanent plan and orders a specified period within which the plan must be accomplished. The court also enters findings as to whether reasonable efforts have been made to finalize the permanent plan and the facts that support this finding. As permitted 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 assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling

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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 time in out-of-home placement is considered in calculating the cumulative time in out-of-home care for TPR purposes.

Court rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that 1) the appellant has abandoned the appeal, or 2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. The state's two appellate divisions continue to track data on timeliness of TPR rulings and are committed to prioritizing TPR and dependency appeals.

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. FCRB staff have access to CHILDS so they are able to retrieve reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver within five days of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or TPR proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (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 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 Child Safety Specialist to describe the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend DCS staffings and CFT meetings on 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 statutes require the court to provide notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The FCRB is especially diligent in encouraging caregiver participation in reviews. The same FCRB Program Specialists who facilitate the boards generate the notices, because they know the interested parties who should be invited. Notices are generated in English and Spanish and contain a website address where youth can send their thoughts and concerns, which are then forwarded to the appropriate board.

Case Review System Strengths and Concerns

System Requirement: Written Case Plan

The State provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions.

System Measures: The percentage of cases in which the agency 1) developed the initial permanent case plan according to required timeframes, if applicable during the Period Under

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Review (PUR), 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 8.D.)

CY 2013: 38%

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, B.)

CY 2013: 54%

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, C.)

CY 2013: 36%

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, A.)

CY 2013: 64%

Case plans are not consistently developed and reassessed within required timeframes. Parents, especially fathers, are not routinely involved in case plan development. The Department developed a new case plan format in SFY 2014 that simplified the documentation process, but extremely high caseloads continue to be a barrier to timely case plan development and contact with parents to seek their input.

System Requirement: 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.

Of all the children in care on 9-30-13, who had been in care more than 7 months, the percent who had an administrative review hearing in the seven months prior (Report 43)

FFY 2013 92%

System Requirement: Permanency Hearings

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

The Arizona Administrative Office of the Courts, Court Improvement Program, provided the following data:

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- Of 2,656 dependency cases that closed in FFY 2013, the average time from filing the original petition to first permanency hearing was 263 days.
 - Of children who were under age 3 at the time of removal, the percentage who had their first permanency hearing within 180 days was 94% in Maricopa county, 78% in Pima County, and 85% statewide
 - Of children who were age 3 or older at the time of removal, the percentage who had their first permanency hearing within 365 days from the date of removal was 99% in Maricopa county, 88% in Pima County, and 94% statewide.
-

System Requirement: Filing for Termination of Parental Rights

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

The Arizona Administrative Office of the Courts, Court Improvement Program, provided the following data: Of the 1,400 cases in Maricopa, Pima, Pinal, Coconino, Santa Cruz, and Yuma counties wherein TPR occurred in FFY 2013, the average time from filing of the original dependency petition to filing the motion or petition for termination of parental rights was 486 days.

Of cases reviewed during the PICR in CY 2013, where the child had been in out-of-home care for 15 of the most recent 22 months or met other ASFA criteria for termination of parental rights, 77% had a petition or motion for TPR filed in a timely manner or a compelling reason for not filing TPR documented in a case plan or court order.

System Requirements: 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.

Of 990 foster parents who responded to a survey conducted in May 2014, 77% completely agreed or mostly agreed with the statement: I am kept up to date on court hearings, visitations, and staffings related to the children placed in my home; 11% neither agreed nor disagreed, and 21% mostly disagreed or completely disagreed. Although the survey question encompasses other important areas for communication with foster parents, this data suggests a need to improve foster parent notification of hearings. The Department will develop a more precise measure for this system requirement in SFY 2015.

3. Quality Assurance and Quality Improvement Systems

Quality Assurance and Quality Improvement Systems Description

The Department assesses 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. Quality assurance reviews to monitor adherence to practice standards are embedded within some service programs and occur within the case management process

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through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services provided by the Department is also 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. Furthermore, the Department has a quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, so that stakeholders and decision-makers can make informed decisions, develop effective change initiatives, and monitor the results of system change.

The Department's primary outcomes, goals, and measures are listed in Section IV of this report. These are the same as those evaluated through the Child and Family Services Review, with additional goals added by the Department. Additional program-specific measures are included within the Department's programs and services descriptions in Section II of this report. The Department's policies and procedures set practice standards to achieve the Department's goals. For example, the goal that children achieve adoption in twenty-four months or less is translated into practice through policies setting standards for timely case plan development and review, termination of parental rights, and adoptive home identification and placement. The Department's policy manual is available to all staff through CHILDS and the intranet, and to the public on the internet. The Department's policy unit continuously reviews and revises policy based on new laws and best practices.

Adherence in individual cases to the standards set by policy and procedure is currently monitored through internal and external review processes, such as:

- quality assurance review of all hotline communications about child maltreatment that are not categorized as DCS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect; the alleged perpetrator is a parent, guardian, or custodian; and the related documentation is sufficient and accurate;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the Child Safety Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve employee performance.

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The Department's Quality Improvement (QI) System involves staff and stakeholders in self-evaluation and improvement activities to increase positive outcomes for the children and families served by Arizona's child welfare system. The Department's QI System employs case record reviews, data analysis, and data driven quality improvement teams for ongoing self-evaluation and systemic process improvement. The Department's clinical supervision practices are a vital component of the QI system, providing a mechanism to translate the learnings from data analysis and case reviews into field level practice improvements. The Department's policy, practice improvement, and training units use a coordinated approach to provide administration, management, and field staff with the information and support needed to meet performance goals and uphold the Department's mission to ensure child safety.

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

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Central Office (CO) Practice Improvement Unit. The Practice Improvement Unit consists of the Practice Improvement Manager, the Evaluation and Case Review Manager, and the Statewide Practice Improvement Specialist. Written policies and procedures for the QI process are provided to all regions in the Department's *Quality Improvement System Procedures and Training Manual*. The CO Practice Improvement Unit monitors and supports regional activities to ensure statewide consistent application of the QI standards and requirements. Within each region, one or more Practice Improvement Specialists oversee the implementation of the Practice Improvement Case Review and distribution of practice and outcome trend data to staff and managers.

The Department's policy and procedures manual describes statewide practice standards and is available to all staff through the agency's intranet site. The Department's implementation of key practices and achievement of related outcomes are measured statewide through data reports and the Department's Practice Improvement Case Review (PICR). The Department's clinical supervision practices also support consistent application of the Department's practice standards across regions and units.

The Department's Policy Unit, Child Welfare Training Institute (CWTI), and Practice Improvement Unit communicate regularly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. In particular, this team uses quality and trend information to identify adjustments to training, policy, or practice improvement procedures. Practice standards are discussed to ensure they are interpreted correctly and communicated consistently to field staff.

- *Quality Data Collection* – Administrative data is collected through CHILDS. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and CHILDS user guides. CHILDS includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Central Office Reports and Statistics Unit provides AFCARS Data Quality Utility and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Data and Technology Administration, including the Reports and Statistics 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.
- *Case Record Review Data and Process* - The PICR provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Region and

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Central Office staff review a random sample of initial assessment, in-home service, and out-of-home cases from each region 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 initial assessment cases focuses on implementation of the Child Safety and Risk Assessment (CSRA) process. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through CHILDS 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 Department management, committees, and workgroups with information to identify and initiate improvement activities;
- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. The annual sample includes at least two cases from each unit in the state, with adjustments for mixed or partial units. The Department has nine dedicated regional Practice Improvement Specialist positions and one Statewide Practice Improvement Specialist who assists to review cases when there is a vacancy at the regional level.

Out-of-home cases involving youth 16 years of age or older and children free for adoption are included in each annual sample by reviewing cases from all specialized units who serve these children. Additional cases representing these special populations appear in the full random sample of out-of-home cases in regions that do not have specialized units (Southeast Region has no specialized units, and Northern Region does not have a specialized Young Adult Program unit). The sample includes in-home cases from all specialized in-home units. Additional in-home cases are selected for review on a pre-determined schedule set by agreement between the region and the Practice Improvement Manager.

All cases are reviewed using the Initial Assessment Practice Improvement Case Review Instrument or the In-Home and Out-of-Home Practice Improvement Case Review Instrument. Case reviewers apply the guidance provided in the PICR Reviewer's Guides to complete the PICR instruments, evaluating practice and outcome achievement in each case. Practice Improvement Case Reviews are completed by a PI Specialist or another person approved by the Practice Improvement Manager. All PICR reviewers are trained by the Central Office Practice Improvement Unit. All PI Specialists and other reviewers must have direct service child welfare experience.

Reviewers must make concerted efforts to gather all necessary information so that each review measures the family's experience and outcomes, not the documentation's thoroughness. Reviewers must read all pertinent information in CHILDS and review the hard copy record if it might contain information to clarify or fill gaps in the CHILDS documentation. During the preliminary review, the reviewer seeks to fill gaps in the information documented in CHILDS by reviewing the case file and communicating with the assigned Child Safety Specialist or supervisor by phone or e-mail. The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 16 or older involved in the in-home and out-of-home cases. 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.

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The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in the guides when conducting case reviews. The Practice Improvement Specialists and members of the CO Practice Improvement Unit conduct joint case reviews to monitor and improve inter-rater reliability. During joint case review activities, each member of the practice improvement team and any other approved PICR reviewers review the same case and meet to compare the results. Items or questions that do not have a high degree of consistency across reviewers are discussed to determine the source of the problem. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guides as indicated once clarification is received.

Case review accuracy is a prerequisite for effective improvement planning. The Department's *Quality Improvement System Procedures and Training Manual* describes procedures to ensure the accuracy of case review findings. The PI Specialist reviews all the completed instruments to verify all applicable items and sub-questions have been completed, the case facts recorded on the instrument confirm and support the answers and ratings, and all items have been answered in accordance with the practice standards described in State policy and the PICR Reviewer's Guides. The CO Practice Improvement Unit conducts a quality assurance review of a sample of the cases reviewed by each region. The CO Practice Improvement Unit member reads the CHILDS documentation of the selected cases to confirm the results of the initial review, and will call the preliminary reviewer and/or the assigned Child Safety Specialist or supervisor for additional information when needed. If the quality assurance review indicates that cases are not being accurately reviewed, the CO Practice Improvement Unit meets with the case reviewer to discuss methods for ensuring all the cases are accurately reviewed. Additional training on accurately conducting case reviews is provided if a need is identified.

Targeted case reviews are conducted by the CO Practice Improvement Unit, Practice Improvement Specialists, or others within the Department at the request of Central Office executive staff. Members of the CO Practice Improvement Unit are available to assist in designing targeted reviews.

- *Analysis and Dissemination of Quality Data* - Region and Central Office staff maintain administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard, databases on a data server (accessible by all regions), and hard copy reports. Data in these reports is typically available at the region, county, section, unit, worker, and child or case level. Pre-designed tables and charts are available to track results over time, where applicable. The Department's Data and Technology Administrator consults with the Department's executive team, regional Program Managers and others to identify priority data reports for the Department. The Reports and Statistics Unit maintains user guides for the Department's priority reports, which include:
 - Cases with no case note activity for 60 days
 - Out-of-home – Congregate care
 - Out-of-home – No placement identified
 - Out-of-home – At a glance
 - Missing dispositions
 - Missing findings
 - AFCARS error reports
 - Child Care – DCS reauthorization

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- DCS Reports open and closed
- Timeliness of investigations (data dashboard)
- Timeliness of initial response (data dashboard)
- Federal visitation – Child Safety Specialist visits with children (data dashboard)
- Visitation with children, parents, and caregivers (data dashboard)
- Removals and returns (data dashboard)
- Open investigations requiring closure (data dashboard)
- Adoption movement summary and related sub-reports (report 48)

The Reports and Statistics Unit creates and submits Adoption and Foster Care Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) files according to the federal requirements. In addition, each month the Reports and Statistics Unit creates a twelve month dataset that contains all the AFCARS foster care elements and additional elements that allow analysis at the region, county, field unit, case manager, and child levels.

With funding from Casey Family Programs, Arizona continues to participate in Chapin Hall's Multistate Foster Care Data Archive (FCDA). Chapin Hall provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with elements defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories. Department staff use the FCDA's web tool to produce statewide and county level longitudinal permanency and placement data on children served in out-of-home care.

The CO Practice Improvement Unit conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Two members of the CO Practice Improvement Unit have been trained through the Chapin Hall Advanced Analytics course. Data analysis is also conducted by members of the Department's Financial and Business Administration for budgetary purposes. In addition, each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

The Reports and Statistics Unit also publishes the *Child Welfare Reporting Requirements* semi-annual report that is available to the public on the Department's internet site. This report contains data about the number and type of child abuse and neglect reports received, the number and type of reports assigned for investigation, the number of DCS investigations that are open at the time of the report, the number and findings (substantiation decision) for completed investigations, the number of children entering care, the number and placements of children in out-of-home care, the number and type of exits from out-of-home care, the number of foster home licenses and closures, the number and characteristics of children with a case plan goal of adoption, and time in care to reach milestones in the adoption process.

In SFY 2014 the Department will create reports that will be made available on the Department's internet site. These reports will include state level data such as the child abuse or neglect reporting rate, child removal rate, time to permanency, re-entry to out-of-home care, and use of congregate care.

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

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Practice Improvement Unit publishes Practice Improvement reports that are distributed throughout the Department and contain aggregated PICR results. The contents of the report are discussed at meetings of the Department's executive administrators and the regional Program Managers.

At the region level, the PI Specialist meets with all Child Safety Specialists, the Child Safety Specialist's Unit Supervisor and the section Assistant Program Manager (APM) from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. These meetings are generally held at the unit or section level. Meetings must occur at least quarterly. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the Child Safety Specialist or Child Safety Specialist's Unit Supervisor. PI Specialists also routinely attend their region's management and/or supervisor meetings to discuss practice and outcome trends.

The CO Practice Improvement Unit works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The CO Reports and Statistics Unit and the regional Automation Liaisons ensure timely distribution of quantitative data reports. Reports on the Department's business intelligence dashboard are refreshed weekly. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

The Department's *Child Welfare Requirements* semi-annual report is available to the public on the Department's internet site. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. 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.

Department leadership uses field staff input, data analysis, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, 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, local community leaders, and others. The Department seeks to engage a broad array of partners in program and process improvement.

In May 2014, the Arizona Legislature and Governor Brewer approved into law a new Community Advisory Committee, which has broad membership including, but not limited to, representation from the following: child advocacy; individuals with experience in child welfare, medical providers, law enforcement, schools, American Indian tribes, FCRB, faith-based organizations, and the Courts. The Committee is required:

1. to inform the Department, analyze current law and policy, and make recommendations to improve the ability of the Department to increase the safety of children, respond to child maltreatment, and ensure the well-being of and timely permanency for children who are referred to and involved in the child welfare system;
2. for collaboration among state, local, community, tribal, public, and private stakeholders in child welfare programs and services that are administered by the Department; and
3. to improve communication between mandatory reporters and the Department.

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Quality Assurance and Continuous Quality Improvement Systems Strengths and Concerns

Systemic Requirement: Quality Assurance System

The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

In December 2013, the Administration for Children and Families (ACF) provided an evaluation of the Department's CQI system in relation to the five essential components of a well-functioning CQI system that were described in information memorandum ACYF-CB-IM-12-07. ACF identified numerous areas of demonstrated progress where CQI system procedures or activities were already in place. ACF also observed the following opportunities for the Department to enhance its CQI system:

- State acknowledges the need for continued evaluation and refinement of CQI process in all jurisdictions.
- Analyze and evaluate the overall system to ensure all areas of the child welfare system are incorporated into CQI process, especially areas pertaining to safety and intake.
- Evaluate the potential need to expand data collection regarding children served in their homes, in particular, data to monitor process and outcomes measurement for these cases. Current data collected might not be sufficient to fully assess statewide practice trends and outcomes for children and families served in their own homes.
- Examine data reports to determine whether investigations and differential response cases are being adequately included and analyzed.
- Examine current processes to determine if there is a need to incorporate a variety of sources of data, including enhanced input from Stakeholders, to provide a complete picture and a full understanding of trends and practices in States child welfare system.
- Evaluate the need to enhance the collection of statewide data on the Systemic Factors of Training and Service Array.
- Evaluate the use of a 3-month period under review to determine whether that time frame provides enough information to accurately reflect casework through time.
- Evaluate the need to enhance internal and external stakeholders in the involvement of stakeholder analysis of the data and in providing feedback on analysis and conclusions.
- Evaluate the need to strengthen the State's engagement of foster and former foster youth in assessing, and improving the State's child welfare system.

The Department agrees with ACF's assessment that there are opportunities to improve the agency's CQI system. Continuous evaluation and evolution is necessary for any process, including the CQI process itself. The Child Advocate Response Examination (CARE) Team also identified quality assurance and continuous quality improvement as areas for improvement. The Department is establishing an

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Inspections Bureau, reporting to the Director, to implement a new and more comprehensive statewide CQI system, including a process improvement team trained in Lean Six Sigma. The comprehensive CQI system will encompass all areas of the child welfare system, with particular attention to child safety, the Child Abuse Hotline, and investigations of child abuse and neglect. Methods to evaluate systemic factors, including service array and training, will also be identified in the development of the expanded CQI system.

The Department will evaluate all aspects of the PICR while designing the more comprehensive CQI system. This will include evaluation of the three-month period under review. At this time, the Department believes that the three-month period is sufficient to accurately reflect casework through time. As opposed to states where case reviews only occur in each region annually or less often, the Department reviews cases from each region, each month. Therefore, information is obtained about practice in all regions, for all time periods. It is also possible to evaluate many outcomes without reviewing a long period of time because the outcome is an ultimate result of activity over time - the outcome has been achieved or it has not. For example, a father feels he has been involved in case planning or he does not, reunification has been achieved within twelve months or it has not. Activity leading to the outcome occurs over the life of the case, yet the outcome is measured at the point in time at which the case is reviewed, therefore the length of the period under review is irrelevant to many review items. Furthermore, the shorter period under review allows reviewers to read cases more quickly, and therefore read more cases, more quickly measure positive and negative changes in practice and outcomes, and more frequently give feedback to Department employees. The Department has found that the more frequently Child Safety Specialists and supervisors receive feedback about their own work or the work of coworkers in their own unit, the more rapidly practice changes occur. Reviewing casework from a twelve to eighteen month period would be substantially more time consuming so that fewer cases could be reviewed in a year, and fewer DCS employees would receive feedback on their own casework.

The Department agrees that data collection and analysis about in-home service cases should expand beyond the information currently collected through case reviews. The Department has made a modification to CHILDS that identifies cases referred to in-home services following investigation. The Department has also developed a data report on all DCS reports received, which has greatly expanded the Department's ability to analyze safety outcomes. This new data report includes information about the allegations, family demographics, child and parent risk factors, the number of prior reports, the number of subsequent reports, and the date of the child's removal if applicable. The Department does not currently have a differential response system, but is planning to implement differential response in the near future. As the Department designs the differential response system, data reports will be created to measure program fidelity and safety outcomes in this area.

The Department is acting to increase stakeholder input to gain a deeper understanding of trends and practices. The Department is finalizing several data reports that will be posted on the agency's public website and will be discussed with stakeholders.

4. Staff and Provider Training Plan

Staff Training Description

The Department's Child Welfare Training Institute (CWTI) 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 CWTI Training Officers are Trainer Certified through the Training and Development Administration (TDA) for the Department of Economic Security. Most CWTI Training Officers participated in a week long Instructional Systems Design (ISD) course through TDA and are working towards their certification for Instructional Systems Design. This will enable them to design, update, and

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write training under the ISD standards using the ADDIE Model (Analyze, Develop, Design, Implement, Evaluate) for curriculum design and development.

Training supports our goals and missions. Various audiences benefit from the CWTI's staff development and training program. The CWTI's primary customers are new Child Safety Specialists, DCS Supervisors, and Case Aides. Each of the courses trained by CWTI are based on current policy and procedure. It is required that all training have a standard format, put into a curriculum. Training is a tool that brings awareness to the learner, providing opportunities to ask questions and practice. Transfer of learning is key to an employee's performance working with families and children. Child safety, permanency, and well-being is the core of each subject in training. Issues of particular concern to the Department's improvement efforts, such as engagement of fathers, are given particular attention. The Department's Practice Improvement Unit routinely communicates with CWTI to discuss practice needs and training strategies, and regularly provides input into curriculum development. CWTI supports the state's commitment to provide quality services to Arizona's children and families.

Initial and ongoing training for child welfare staff are provided through a variety of methods and opportunities, including:

- *New Employee Orientation for CHILDS (SACWIS)* - All newly hired child welfare staff with access to the SACWIS are provided New Employee Orientation in a classroom setting by CWTI to orient and train all staff related to maintaining the state's SACWIS system and case information within the system. This is considered a short-term training, offered as a four hour course, on an ongoing basis as new employees are hired into the Department. Topics covered are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, at the 75% FFP as applied to current out of home penetration rate.
- *Pre-core Training for Child Safety Specialists* – This in-service training is provided to all newly hired or reassigned Child Safety Specialists in a classroom setting by CWTI to equip staff who will carry child welfare cases to perform the duties expected of them in accordance with federal and state statutes and policy and procedures. The training is considered short term, as part of the in-service program, and is offered as a four hour course, on an ongoing basis, as new employees are hired into the Department. Portions of the topics covered are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, most often at the 50% match rate allocated proportionally across all benefiting programs.
- *Core Training for Child Safety Specialists* – Core training is provided in a classroom setting by CWTI to new or rehired Child Safety Specialists. This in-service training is considered long-term and includes 148 hours of instruction in a variety of topics. An initial three weeks of core classroom training is followed by approximately three weeks of on-the-job training, providing the opportunity for transfer of learning between classroom and the field. Following the three weeks of on-the-job training, a final fourth week of core classroom training is held, followed by another several weeks of on-the-job training as described in the Department's *New Worker Plan* document. Child Safety Specialist core training is provided on an ongoing basis as new employees are hired or reassigned into the Department. The vast majority of the topics included in the in-classroom curricula are considered eligible for Title IV-E FFP in accordance with 45 CFS 1356.60 at match rates of 50% and 75% FFP depending upon the training topic with the application of current out of home penetration rate. Core training includes, but is not limited to, the following topics: family-centered practice, domestic violence, substance abuse, service array, permanency planning, team decision making, case plan staffing, behavioral case plan practice, title IV-E, grieving and placement, and Legal-CPS laws. Topics excluded from title IV-E

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coverage include basic and advanced forensic interviewing, joint investigations, and working with the Office of Child Welfare Investigations.

Specific supports provided to new or reassigned employees during initial in-service training are outlined in the Department's *New Worker Plan*. It is recommended that each new Child Safety Specialist (CSS) follow a suggested *New Worker Plan* for the duration of their 22 weeks from hire date, and not be assigned any cases or reports prior to the first three weeks of classroom training. Field Training Officers and DCS Supervisors provide assistance and support to the CSS throughout the 22 weeks. A Field Training Activities Guide is provided to the CSS, including a checklist of on the job Field Training Activities that are required in order to complete training. After the initial three weeks of classroom training, investigative Child Safety Specialists are assigned as a support worker on one of their mentor's cases, and ongoing Child Safety Specialists are assigned as a support worker on three of their mentor's cases. The CSS receives direction from the mentor and/or Supervisor to complete activities on the cases. Reports and/or ongoing cases are gradually assigned to the new employee throughout the 22 weeks, depending on the CSS's comfort and skill level, and per the recommendation of the mentor and/or supervisor, building up to a full case load by the end of the 22 weeks. Supervisors provide weekly supervision with each new CSS, to discuss activities observed and completed, providing discussion and direction. Ideally, the supervisor is facilitating transfer of learning between the classroom training and on-the-job field training activities.

- *DCS Supervisor Core Training* – Supervisor core training is provided in a classroom setting by CWTI. This training is considered short term as part of the in-service program for new or reassigned supervisors and currently consists of 84 hours of classroom training, with a planned increase to 88 hours to include CHILDS training. This training is offered on an ongoing basis as new supervisors are hired or reassigned into the Department. Portions of the topics covered are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, most often at the 50% FFP allocated by the out of home penetration rate. Current training content includes:
 - 411: Nuts & Bolts of Supervision – Basic roles and responsibilities, conceptual frameworks of unit development and functioning and basic personnel rules;
 - Electronic Information Systems – Business Intelligence Dashboard system, data reports, how and why data is important to the role as a supervisor, and know what information is necessary for data purposes;
 - Policy, Procedures, and Legal Issues – Key policy, procedure, and legal issues pertinent to the role of supervisor and the ability to locate, identify, interpret, and implement policy and legal issues to cases;
 - Administrative Supervision – Agency mission, vision, and philosophy; awareness of ones own attitudes, needs, and behavior and their effect on the relationship within the agency; successful transition from peer and worker to supervisor; advocating for clients and staff within and outside the agency; introduction and management of changes in the workplace; ensuring accountability for agency performance; selecting qualified staff and the value of staff retention; and ability to assess employee performance issues and recommended appropriate intervention;
 - Educational Supervision – Competencies for this course include that the learner will understand the importance of identifying the right training and ensuring new workers receive required training; understands and values diversity and different styles of

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perceiving, learning, communication and operating; understands the value of a developmental approach to supervision and can adapt supervision style to worker's stage of development; knows how to improve the transfer of learning from the classroom to the field; knows, can model, and can teach rules, policies, assessment, decision making, and case planning to staff to facilitate the best possible case outcomes; understands the value and components of a mentoring program; able to provide constructive feedback; able to apply coaching techniques to supervision situations; knows and can recognize when a worker's emotional responses and/or judgment interfere with the casework process and can empower the worker to identify and examine these issues;

- Supportive Supervision – Competencies for the learner include knowing the importance of supportive supervision; how to motivate staff; ability to recognize secondary trauma in self and others and implement strategies to address it; able to recognize burnout and recommend interventions to address it; able to assess and improve team functioning; and able to apply strategies to increase the job satisfaction of workers and improve retention;
 - Strength Based Supervision – The learner will demonstrate an understanding of the three functions of supervision and the applicability of clinical supervision in child welfare; demonstrate the applicability of clinical supervision in child welfare; model the Department's practice values and standards in supervision; integrate both crisis and in-depth supervisory practice; understand the concept of critical thinking and how to apply it within clinical supervision and use clinical skills in individual and group supervision.
- *DCS Case Aide Training* – Case Aide training is provided in a classroom setting by CWTI. This training is considered short term as part of the in-service program for DCS Case Aides and consists of 42 hours of classroom training. This training is offered on an ongoing basis as new case aides are hired or reassigned into the Department. The vast majority of the activities conducted during these weeks are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, most often at the 75% FFP with application of current out of home penetration rate. The following topics are currently included in the DCS Case Aide training:
 - Historical and Legal Basis for Child Welfare
 - Family Centered Practice
 - Assessment to Case Plan Overview
 - Permanency
 - Transportation and Visitation Guidelines
 - Documentation
 - Engaging Families
 - Adult Learning
 - Parenting Theory and Strategies
 - Home Management
 - Child Development and Mental Health
 - Grief and Loss
 - Domestic Violence
 - Cultural Awareness
 - Ethics/Multiple Relationships
 - *Ongoing and Advanced Training* – Several opportunities for ongoing and advanced training are offered to Department child welfare staff. One-on-one coaching and training on an array of

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topics (such as CHILDS assistance) is available at the request of the field. This may be provided in a variety of methods, including classroom setting or on-site by CWTI or through contracted providers. Additionally, Computer Based Training (CBT) is developed by CWTI at the request of the field. Portions of the topics covered in these ongoing and advanced trainings are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, with variable match rates at either 75% or 50% match rate with application of the appropriate penetration rate to the topic of training. These trainings are considered short-term and the duration varies by topic. Trainings include: (i) policy refreshers; (ii) supervisory summits on multidisciplinary practice, behavioral health coordination and workload management; and (iii) new topics not yet incorporated into core, in-service training.

- *Out-Service Training* – Out-service training includes conferences and seminars in the community and out-of-state on topics such as permanency, foster and adoptive home recruitment, and case management. This is short-term training, charged to the appropriate match rate and allocated by the appropriate penetration rate.
- *MSW and BSW Programs* - The Arizona State University School of Social Work MSW stipend and BSW scholarship programs are available to Department staff. A part-time MSW program for permanent status agency employees residing in Maricopa or Pinal County is also available. These programs are in the classroom, considered long-term, and are considered eligible for title IV-E FFP under the existing Interagency Agreement between the state and ASU.
- *Training for Child Welfare Community Partners* – Under the provisions of the 2008 Fostering Connections Act, the Department identifies organizations and agencies as "approved agencies for the purpose of title IV-E training" and contracts with them to provide title IV-E reimbursement for short-term training. Current ISAs are in place with CASA, through the Administration Office of the Courts, and ASU. Additional ISAs may be entered into throughout the term of the title IV-B plan within the allowances of 45 CFR 235.60. The trainings are considered short-term, the settings vary, as do the providers of the training and the duration. Portions of the topics covered are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60, with the 50% or 75% match rate with application of the appropriate penetration rate to the topic of training.
- *Team Decision Making (TDM) for the Facilitators* - This training is provided in a classroom setting by CWTI for four days. The training teaches new TDM facilitators to recognize the knowledge and strengths of TDM meeting participants. Trainees learn how TDMs are an effective mechanism for case management to identify an out-of-home placement setting for children, learn how to handle difficult situations, and practice how to systematically guide the team members through the problem-solving structure of the meeting. The course is considered short-term and the topics covered are considered eligible for title IV-E FFP in accordance with 45 CFR 1356.60 with application of current out of home penetration rate.

The CWTI continually reviews the training system to identify opportunities to improve the content, delivery, and extent of initial and ongoing training. Significant enhancements were made to case manager and supervisor training in SFY 2014. The revised model provides a more comprehensive hands-on learning experience to supplement and support classroom learning, which in turn aims to improve retention by providing both new employees and existing case managers with additional support for professional development and learning. Close assessment is being conducted by the Department and ASU to guide continued improvement, including the development of a "Supervisor 101" training for individuals interested in becoming supervisors and a series of advanced learning opportunities for all staff. These assessment and development activities are considered allowable for federal title IV-E

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funding and would be distributed based upon the Cost Allocation Plan and the results of Random Moment Time Study activity (50% Estimated FFP as an administrative activity as allowable under section 45 CFR 235.64(d)). Actual provision of training conducted in these areas would be calculated at 75% FFP for Supervisory training and at either 50% or 75% FFP depending upon the topic of advanced learning training.

Activities to deliver and improve staff and stakeholder training in SFY 2014 included the following:

- During SFY 2014, the Department continued its improvements to the Child Safety Specialist core training program, including shifting much of the learning for new Child Safety Specialists to on-the-job training. CWTI and region Program Managers continue to matrix-manage the Field Training Program for new Child Safety Specialists. One or two Field Training Officers (FTO) are assigned to each region. The FTOs primary function is to support newly hired Child Safety Specialists during their approximately 22 weeks in training status, including the pre-core, shadow weeks, *Field Training Activities Guide and Checklist*, and post-core periods.
- Child Safety Specialists are given the *Field Training Activities Guide and the Checklist*, which provides structured tasks and activities to be completed by new Child Safety Specialists as on-the-job training. Tasks and activities are completed under the supervision of an assigned mentor, whose role is to provide the new Child Safety Specialist shadow opportunities, answer questions, and model professionalism in the context of child welfare. The *Field Training Activities Guide and Checklist* includes duties and tasks, such as the following: observing a Team Decision Making meeting; observing a home visit and/or placement visit; practice using CHILDS in a lab exercise; accompanying on an investigation reviewing and assisting in the completion of a child safety assessment; observing court and related activities; observing a case plan staffing; shadowing cases involving substance abuse, domestic violence, mental health/mental illness, and sexual abuse; researching community resources; and discussing time and stress management with a supervisor or experienced worker.
- Throughout SFY 2014, the CWTI and the CHILDS project has provided staff, including supervisors, with updated CHILDS user guides and hands-on CHILDS training in the field, as needed. Each significant migration in the CHILDS system has been accompanied by a clearly written user guide, which is co-written or reviewed by the CWTI CHILDS Supervisor, so that staff can understand and use the new functions in CHILDS. CWTI continues to offer structured CHILDS classroom-based refresher trainings with opportunities to ask questions and practice using CHILDS in the training region.
- In SFY 2014, the Department continued its work with the Department of Economic Security's Training and Development Administration (TDA) to convert many of the computer-based trainings (CBT) housed in the ASU portal to the DES Knowledge Presenter system. In order to do this, CWTI spent much of SFY 2014 attaining Instructional Systems Design training through TDA and is working towards certification to enable staff to write the CBTs in accordance with the ADDIE curriculum model adopted by the Department to develop and design training. CWTI also hired a full-time Instructional Designer. Knowledge Presenter is attached to a formal learning management system for state employee training and will improve the Department's ability to track and evaluate all training. This upcoming fiscal year will focus on converting the DES CBT courseware to fit the needs of DCS. DCS will still require curriculum to be designed in the ADDIE format. Staffing needs will be adjusted for CWTI in order to implement and maintain a fully functioning Training Support Center, full-time Instructional Designers, and a staff person able to develop CBT's in Knowledge Presenter.

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- The Department and ASU School of Social Work staff have continued to collaborate on the implementation of a part-time MSW program for Department employees, using eligible title IV-E funds. Through this partnership with ASU, the Department is continuing to strengthen the agency's child welfare workforce and practice. This program uses title IV-E funds to support a part-time course of study in an MSW program for permanent status agency employees. Staff can complete the program in either three or four years. Fifteen Department staff members will begin MSW studies in the fall of 2013. The intent is to add staff members to the program annually.
- There are currently 128 students enrolled in the title IV-E program at ASU, including 42 students in the Standard MSW program, ten students in the Advanced Standing MSW program, 35 students in the part-time program for DCS employees, and 41 students in the BSW program. The Department anticipates hiring 25 MSW graduates and 19 BSW graduates in May 2014.
- Forensic interview training continues to be provided to all staff. ASU has sub-contracted with Prevent Child Abuse Arizona and the CWTI to provide the required eight hour basic forensic interview training to all DCS staff, including staff at the Hotline. Delivery of these trainings began in February 2012, and continues through SFY 2014. The 40 hour advanced forensic interview training is being provided to staff and supervisors who work in multi-disciplinary settings, and others who request the advanced training.
- The Department and ASU provide a Leadership Academy and Certified Public Manager program for selected Assistant Program Managers and Central Office Managers. The Leadership Academy component identifies and addresses the leadership challenges and opportunities participants face in their professional environment. Participants have an opportunity to examine both the contrast and connection between leadership and management and are introduced to the exemplary leadership practices and behaviors that form the foundation of the leadership development and coaching component of this training program. The Certified Public Manager[®] (CPM) Program is a systematic and comprehensive approach to management development in government. It is designed to help public organizations develop middle and top-level management teams capable of successfully managing changing roles and resource challenges. Individual managers learn current management theory and job-related techniques in order to improve their performance and broaden understanding of political administrative environments. Seventeen Assistant Program Managers and Central Office Managers completed the program in May 2013, and space for up to 60 DCS managers and supervisors has been made available for the first of two planned cohorts in SFY 2015.

The Department has continued to work closely with partners at ASU on the development of new employee, new supervisor, and in-service training for DCS staff. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (50% Estimated FFP as an Administrative Activity as allowable under section 45 CFR 235.64(d)). The following activities were completed in SFY 2014 or are planned for SFY 2015:

- Following ASU's thorough assessment to identify the best possible organizational and content components for Arizona's DCS workforce training, action steps for improving the content and timing of case manager and supervisor core training were identified and implemented throughout SFY 2014.
- The ASU School of Social Work submitted a new Scope of Work to expand the existing Child Welfare Advanced Training Academy to include a comprehensive Staff Development Program.

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The Staff Development Program is a formalized training process that begins when Department employees are first hired and continues with opportunities for advanced skill development and specialization throughout the employee's career. The primary goal is to provide DCS staff with the knowledge and skill development to fulfill the mission of the agency. The Staff Development Program also supports learning opportunities for those in the community who support the work of DCS including parent aides, foster and kinship providers, community child welfare partners, and the community in general. The goal of providing training to community partners is to clarify the expectations, duties, and responsibility of all those involved in DCS cases.

- Beginning in SFY 2014 and continuing in SFY 2015, DCS is working in partnership with ASU's Center for Applied Behavioral Health Policy to develop 40 hours of ongoing staff training. Potential topics being explored include kinship care, resource parent relationship building, family engagement, child development and attachment, and child behavioral health and psychological evaluation. ASU has hired a full-time Instructional Designer that works closely with CWTI in the development process for new training and provides support in the identification and implementation of learning management systems and design theory.
- ASU continues its work with the Department to improve DCS Supervisor core training, based on a comprehensive needs assessment regarding DCS Supervisor core training conducted in SFY 2013. Improvement activities include changes to training delivery, curricula, and structure. When considering areas of improvement, most suggestions focused on the administration and timing of the program, and fewer on the training content. Some comments also moved beyond training and discussed additional ways to support supervisors, such as through a statewide mentoring program. The findings offer several recommendations that CWTI will work to incorporate in SFY 2014:
 - Create a statewide mentoring program for supervisors.
 - Consider consolidating some content in Supervisor Core.
 - Create a new advanced course for ongoing supervisors.
 - Move to an on-line evaluation system.
 - Create a new system for tracking attendance at core classes and increase accountability around attendance.
 - Consider allowing workers who aspire to become supervisors to start taking the basic classes earlier.
 - Shorten the span of time it takes to complete core.
 - Create online resources regarding policy and procedures for supervisors.
 - Assess whether competencies are developed for all courses and connect competencies to supervisor's job description and annual evaluations.
 - Support APMs and master supervisors who are willing to support supervisors by teaching in core.
 - Increase formal and informal opportunities for supervisors to interact and support one another.

The Department fully supports the purpose of the 2008 Fostering Connections Act, "to promote a system of care approach where all participants are trained to 1) perform effectively, while 2) understanding the role and limitation placed on their system partners;" as well as the premise that "child welfare will not recognize optimum success without the support of well-trained partners." To that end, the Department has implemented the provision of the Act that allows access to title IV-E funding for eligible short-term training by entering into Interagency Service Agreements with the CASA program at the Administrative Office of the Courts and Arizona State University: College of Public Programs, School of Social Work and Center for Applied Behavioral Health Policy.

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The Department and Arizona State University have undertaken the following activities over the years to continue its University Partnership:

- DCS and ASU entered into a formal Child Welfare and Social Work Collaborative that establishes an integrated system of comprehensive child welfare training, social work education, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system.
- DCS and ASU conducted a review of the current literature related to the provision of training to expanded audiences in accordance with the 2008 Fostering Connections Act.
- DCS and ASU have collaborated to revise the structure and administration of the University Partnership, including creation of a formalized process whereby the Department and ASU agree to future areas of focus and activities, including the identification of activities that are eligible for title IV-E funding and estimating expected FFP. This will involve working in close collaboration with the Department's financial staff as modification to the Department's title IV-B plan may also be required.
- In SFY 2015, ASU will continue to assess and make recommendation to the Department on how to expand the training performed under the 2008 Fostering Connections Act and promote cross-system collaboration among state agencies and providers of child welfare training. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (75% Estimated FFP as an Administrative Activity as allowable under 45 CFR 235.64(a)(1) and (2) (which applies to title IV-E training costs by cross reference at 45 CFR 1356.60(b)(3)) and Departmental Appeals Board Decision #1666).

Foster and Adoptive Parent Training Description

Foster and adoptive parent pre-service training is provided statewide by AZPS-MAPP Certified Leaders through contracted provider agencies using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting*) or PS-DT (*Partnering for Safety and Permanency – Deciding Together*). PS-MAPP is delivered during ten meetings providing a minimum of 30 pre-service training hours and Deciding Together is delivered during a minimum of seven 1:1 home study and training consultations with potential foster and adoptive parents. This training is long term, provided in a classroom, and is considered eligible for title IV_E FFP in accordance with 45 CFR 1356.60 at 75% FFP with application of current foster home penetration rate.

To utilize either curricula as Certified Leaders, provider agency staff or sponsored foster/adoptive parents must complete certification workshops. The AZPS-MAPP Leader Certification workshop is eight days and the AZPS-DT Leadership Certification workshop is two days long. For potential foster or adoptive parents, completion of AZPS-MAPP or PS-DT training is required prior to licensure and prior to placement of a child (aside from court ordered placement with unlicensed kin or significant others).

The AZPS-MAPP curriculum stresses shared parenting and family-centered practice, which has resulted in significant role and practice changes within the Department's foster care and adoption programs. The curriculums are structured around five core abilities and twelve critical skills for success.

The five core abilities are:

1. Meet the developmental and well-being needs of children and youth

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2. Meet the safety needs of children and youth
3. Share parenting with a child's family
4. Support concurrent planning
5. Meet their own family's needs

The twelve critical skills are:

1. Know your own family: assess your individual and family strengths and needs; build on strengths and meet needs
2. Communicate effectively: use and develop communication skills needed to foster or adopt
3. Know the children: identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated
4. Build strengths; meet needs: build on strengths and meet needs of children and youth who are placed with you
5. Work in partnership: develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency
6. Be loss and attachment experts: help children and youth develop skills to manage loss and attachment
7. Manage behaviors: help children and youth manage behaviors
8. Build connections: help children and youth maintain and develop relationships that keep them connected to their pasts
9. Build self-esteem: help children and youth build a positive self-concept and positive family, cultural and racial identity
10. Assure health and safety: provide a healthy and safe environment for children and youth and keep them free from harm
11. Assess impact: assess the ways fostering and/or adopting will affect your family
12. Make an informed decision: make an informed decision to foster or adopt

The provision of in-service training is primarily provided or arranged by the contracted provider agencies. In calendar year 2013, over 2,500 prospective foster parents attended AZPS MAPP for a minimum of 30 hours of pre-service training and over 4,300 foster parents attended a minimum of six hours of in-service training. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the provider agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

One key objective of this curriculum is to provide each potential resource parent with the information needed to make a mutual determination by the licensing agency and the family that the family understands and can commit to the expectations and requirements of caring for children in the Department's custody and care.

In SFY 2013, Arizona law was revised to make foster home licenses valid for two years. As of September 12, 2013, all foster home licenses are issued for a two year period; however, all licensed foster parents are still required to complete a minimum of six hours of in-service training annually. Foster parents with a professional foster home license must complete an additional six hours of in-service training annually, related to the special needs of the children for whom they are providing care. Foster parents who will care for children with diagnosed behavioral health needs or developmental disabilities, or a medically fragile child, complete an additional twelve to eighteen hours of advanced pre-service training. An annual individualized initial training plan is created with each foster parent to identify needs and in-service training for the next year. The provision of in-service training is primarily provided or arranged by the contracted provider agencies.

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The Arizona PS-MAPP initial preparation curriculum is revised and updated as needed to meet Arizona's foster and adoptive parent training needs. The current Arizona PS-MAPP curriculum is used by all provider agencies, as is the Spanish version of Arizona PS-MAPP curriculum materials for potential resource parents who are Spanish speaking.

In SFY 2014, the *Go-To Guide*, which is now part of the Arizona PS-MAPP curriculum, was updated, revised, and delivered to the provider agencies and AZPS-MAPP Certified Leaders. The *Go-To Guide* contains specific information related to Arizona's child welfare system. The *Go-To Guide* is provided to most currently licensed foster parents by the contract providers.

In March 2013, a workshop on anger and behavior management was presented by two Arizona PS-MAPP trainers to over 150 foster parents at the Maricopa County KIDS training blitz. On March 1, 2014, two Arizona PS-MAPP trainers presented a workshop to over 90 foster, adoptive, and kinship parents on their own grief and loss experience of being a caregiver.

In 2013, six eight-day AZPS-MAPP Leader Certification training sessions resulting in 110 Certified AZPS-MAPP Leaders, three two-day Deciding Together workshops resulting in 50 Deciding Together Leaders and two Medically Complex Foster Care Train-the-Trainer workshops resulting in 28 Medically Complex Leaders were delivered. These trainings were delivered in either the Phoenix Metropolitan or Tucson area. In 2014, projected trainings include six AZPS-MAPP Leader Certification training sessions, four Deciding Together workshops and two Medically Complex Foster Care Train-the-Trainer workshops. These trainings will be delivered in the Phoenix, Tucson, and Prescott. Medically Complex Foster Care is an eighteen hour advanced pre-service training for foster parents who are or will be caring for children determined by the Department to meet "medically fragile" criteria. This curriculum is provided in addition to the thirty hours of Arizona PS-MAPP.

During SFY 2013, under its University partnership, the Department requested a review of the current literature regarding effective foster and adoptive home recruitment and retention activities. ASU completed the literature and best practice review and worked with the Department to develop two foster and adoptive parent surveys to identify additional training needs and explore issues of recruitment and retention. Both surveys were administered in SFY 2014. The first gathered information from former foster care families that voluntarily elected to close their licenses. The second gathered information from currently active foster care families to develop curriculum that will help the Department enhance the skills of DCS staff and contracted HRSS providers; and ultimately improve the quality of training provided to support foster, resource and adoptive parents. Federal title IV-E funding is allowable as one of the funding sources for this activity and would be distributed based upon the Cost Allocation Plan allowable under section 474(3)(A) and (B) of the Social Security Act and 45 CFR 1356.60(b).

The Department has requested that a training curriculum on working effectively with foster, adoptive, and kinship parents be created in collaboration with ASU. These activities are considered allowable for Federal title IV-E and would be distributed based upon the Cost Allocation Plan and the foster home penetration rate (50% Estimated FFP as an administrative activity as allowable under section 45 CFR 235.64(d)). Actual provision of training conducted in these areas would be calculated at 75% FFP. The Department plans to pilot and roll-out this curriculum in SFY 2015. The Department also expects to train contracted foster and adoption agency staff on the use of the Structured Analysis Family Evaluation (SAFE) program.

Cost Allocation

Initial in-service and ongoing child welfare training costs are allocated according to the Department's approved cost allocation plan. The CWTI Training Administrator reviews the training curriculum prior to

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training to determine the allocation of training-related time and costs to all benefiting programs. Employees attending training are instructed to code their payroll timesheets to reflect the following for each day in training:

- For initial in-service training, if the subject content of the training is title IV-E reimbursable, the employee charges the training hours to a payroll reporting code that allocates training costs based upon the IV-E Population Factor and is then reimbursed at 75%.
- For ongoing training, if the subject content of the training is title IV-E reimbursable, the employee charges the training hours to a payroll reporting code that allocates training costs based upon the IV-E Population Factor and is then reimbursed at 50%. These costs are reported with the general title IV-E administrative costs.
- For either initial in-service or ongoing training, if the subject content of the training is not title IV-E reimbursable, such as training on CPS Investigations, the employee charges the training hours to a payroll reporting code that allocates the training costs to the benefiting program (e.g., state funding, Title IV-B, or other applicable funding).

Type of Training	Total Trainees (FY2015)	Total Trainees (FY 2016)	Total Trainees (FY 2017)	Total Trainees (FY 2018)	Total Trainees (FY 2019)	FY 2015 Cost Estimate
Core	400	400	400	400	400	\$15,412,862
Supervisor Core	50	50	50	50	50	\$323,264
Parent Aide Core	300	300	300	300	300	\$927,381
Total Estimated Cost For Above						\$16,663,507
Advanced Workshops/ Conferences & Out-service	1,200	1,200	1,200	1,200	1,200	\$500,000
Non-core CHILDS training	1,000	1,000	1,000	1,000	1,000	\$592,000
Specialized Trainings	1,500	1,500	1,500	1,500	1,500	\$300,000
Total Estimated Cost Conferences/Workshops						\$1,237,000
Type of Training	Total Trainees (FY2015)	Total Trainees (FY 2016)	Total Trainees (FY 2017)	Total Trainees (FY 2018)	Total Trainees (FY 2019)	FY 2015 Cost Estimate
Tuition Reimbursement & MSW/BSW Scholars	160	160	160	160	160	\$2,481,280
Foster/Adoptive Parent Training (Includes in-service and pre-service)	6,500	6,500	6,500	6,500	6,500	\$ 1,500,000
New Trainee Groups	150	150	150	150	150	\$100,000
Total Estimated Cost University Partnership & Provider Training						\$4,081,280

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Staff and Provider Training Strengths and Concerns

System Requirement: Initial Staff Training

The state is operating a staff development and training program providing initial training that includes the basic skills and knowledge required of all staff who deliver services pursuant to the CFSP.

In FFY 2013, 532 Child Safety Specialists completed Child Safety Specialist Core Training. Additionally, 43 Child Safety Specialists attended but have not yet completed the training. It is estimated that as many as 488 newly hired or reassigned Child Safety Specialists will complete initial staff training in SFY 2015.

Child Safety Specialist Core Training evaluation results were compiled in June 2014. Trainees rated items on a scale of 1 (strongly disagree) to 5 (strongly agree), and the average rating was determined for each item. The average rating was 4.39 in response to the item: What I learned is relevant to my job, and 4.17 in response to the item: I feel confident that I can use the knowledge and skills I gained from this training. On a scale of 1(none) to 5(expert), trainees rated their knowledge or skill level before and after the course. The average of these ratings increased from 2.59 before the course to 3.99 after the course.

All CWTI training is currently accompanied by a level 1 evaluation. Evaluations are completed using free on-line software following Child Safety Specialist core training. CWTI also implemented on-line level 1 testing for Case Aide core and DCS Supervisor core training in May 2013. Level 1 testing results are gathered and currently kept by DES/Training and Development Administration (TDA), and the Department and TDA are discussing how the new Department will maintain this information. CWTI is currently developing level 2 evaluations for Child Safety Specialist core training. The goal for SFY 2014 is to implement level 2 evaluation in Child Safety Specialist core training and develop level 2 evaluation for Case Aide and Supervisor core training.

System Requirement: Ongoing Staff Training

The state is operating a staff development and training program that provides ongoing training for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP.

In FFY 2013, the following ongoing staff training occurred:

- 56 Child Safety Specialists and Supervisors completed the Advanced Forensic Interview Training;
- all but 89 of the current DCS Supervisors completed Supervisor Core Training, and the remaining 89 are in the process of completing the DCS Supervisor Core training;
- 24 Case Aides completed Case Aide Core;
- 20 Child Safety Specialists completed Child Abuse Hotline Training;
- 83 DCS staff at the Hotline received training on criminal conduct, four received training on quality assurance, and another four received triage training;
- 214 DCS staff participated in other workshops organized by CWTI; and
- 43 DCS staff participated in a Learning Workshop on Substance Exposed Newborns provided by medical doctors and experts in matters related to newborns exposed to substances.

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System Requirement: Foster and Adoptive Parent Training

The state provides training 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, and the training addresses the skills and knowledge base trainees need to carry out their duties with regard to foster and adopted children.

In calendar year 2013, over 2,500 prospective foster parents attended AZPS-MAPP for a minimum of 30 hours of pre-service training, and over 4,300 foster parents attended a minimum of six hours of in-service training.

In March 2013, a workshop on anger and behavior management was presented by two Arizona PS-MAPP trainers to over 150 foster parents at the Maricopa County KIDS training blitz. On March 1, 2014, two Arizona PS-MAPP trainers presented a workshop to over 90 foster, adoptive, and kinship parents on their own grief and loss experience of being a caregiver.

As part of the SFY 2013 and 2014 work under the University Partnership, ASU conducted a survey of foster families that elected to voluntarily close their licenses within a 12-month period. Participants were asked to share "...the most important item that would have improved your experience as a foster parent." From a list of twelve options, only one respondent out of 118 noted that more training opportunities would have improved their experience.

ASU also conducted a survey of all active foster families to inquire about initial and ongoing training. Seventy-six percent of respondents indicated agreement that initial training adequately prepared them to be a foster parent. In addition, 75% of respondents indicated that their licensing agencies enabled them to receive ongoing training that they felt the needed. Survey respondents also had the ability to provide narrative feedback with suggestions to improve PS-MAPP training. Those recommendations included:

Ninety respondents said that they found PS-MAPP to be enjoyable and/or made no improvement suggestions. The remaining 307 respondents provided a total of 515 recommendations, including:

- 100 suggestions for more practical, real-life, and specific examples;
- 64 that training reflect actual system processes vs. inaccurate or "ideal" that rarely occurs;
- 63 to include experienced foster parents, both in the training and to be available for Q&A;
- 59 for specific topics of personal interest to them (often related to children in their care);
- 45 to explore other adult learning formats for portions of the training (the vast majority suggesting online);
- 20 to include teaching on community resources and supports available to foster parents and/or children;
- 20 to include guest speakers and/or field trips (e.g. CASA, court room, visitation observation, etc.);
- 18 that the length should be shortened, topics condensed, etc.;
- 16 that there should be a way to access foster parent mentors, buddies, or coaches as a new foster parent;
- 16 that childcare was a necessary component for prompt completion of in-class training;
- 16 that more locations and/or offerings were necessary for prompt completion;
- 11 that training should be specialized for individual types of resource parents (adopt, kinship & community);
- 10 that training should include the voice of foster care alumni;
- 9 that training should be offered during non-working hours/days;

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- 7 that training should include the voice of caseworkers;
- 6 that there should be a way to access PS-MAPP refresher content after course completion;
- 5 that there should be pre-class study materials;
- 4 that training should include the voice of birth family;
- 3 that a better pre-screening process would help people opt-out before in-depth training; and
- 23 other recommendations that did not fit into any of these larger areas.

Beginning in April 2014, CWTI, in collaboration with ASU, is engaging DCS staff and community partners to reengineer the Child Welfare Staff Development Program, specifically, the training provided to DCS staff. The primary goal is to ensure a highly skilled and stable workforce with the knowledge and skills needed to fulfill the mission of DCS, thereby improving outcomes for children and families in Arizona. Through partnership with ASU, current best practices and research will be embedded into consistent and quality training that is aligned with state and federal law and agency policy. Infusion of applied research and evaluation results will support continuous quality improvements that build capacity and knowledge within the field of child welfare training.

The benefit of the new training model will be that the Arizona child welfare workforce will receive training content built on the principles of trauma-informed, culturally responsive, family-centered, and evidence-supported practices that promote child safety, permanency, and well-being. Ultimately, the agency will benefit from a workforce capable of advanced critical thinking, better decisions specific to safety and risk assessment, and greater job satisfaction and retention.

5. Service Array and Resource Development

Description of the Child and Family Services Continuum

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

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

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- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources

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

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

- The Arizona Children's Executive Committee; including the Family Involvement, Clinical/Adolescent Substance Abuse, and Training Subcommittees
- The Council of Governments' (COGS) county-based Councils
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.
- The Single Purchase of Care (SPOC) Committee
- Partnerships with State Universities and Community Colleges
- The Court Improvement Program
- The Pima County One Court Workgroup
- Arizona Head Start Association

The Department coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Department of Health Services/Division of Behavioral Health Services. The Department coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security (DES). Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. The DES/Division of Child Support Services assists the Department to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department of Economic Security's Child Care Administration, as is the referral process to the State's Part C program under IDEA, the Arizona Early Intervention Program for children involved with the Department.

Extensive and continual collaboration occurs between the Department and Arizona's Department of Health Services/Division of Behavioral Health Services. The Department has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care and to coordinate for potential Early Head Start and Head Start placement for children involved with the Department. More information about collaboration to support child mental health assessment and treatment services and child educational services is located in Section III.

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:

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- Investigative Child Safety Specialists are co-located with law enforcement and other agencies in child advocacy centers throughout the state. In Maricopa County, Child Safety Specialists are co-located at the Center Against Domestic Violence (Mesa), the Childhelp Children’s Center of Arizona (Phoenix), the Scottsdale Family Advocacy Center, and the Southwest Family Advocacy Center (Goodyear). In Pima County, Child Safety Specialists are co-located with Pima County Sheriff’s Department and Las Familias counseling agency staff at the Southern Arizona Children’s Advocacy Center. Child Safety Specialists are assigned to partner with law enforcement and other agency staff at several other advocacy centers across the state. The Department’s new Child Safety Specialist IV positions are also frequently assigned to work closely with advocacy centers and law enforcement. In smaller communities, physical co-location is not necessary because the offices are near each other and close working relationships naturally exist.
- Some communities have co-located DCS and behavioral health staff, such as RBHA and Arizona Families First (AFF) staff. In Maricopa County, AFF staff are currently assigned to eight DCS offices across the Southwest and Central Regions. RBHA services are co-located in eight offices, and a RBHA staff is assigned to a ninth office. Pima County has a liaison from each of the five Comprehensive Service Providers. These liaisons are mobile and available to support any of the DCS locations.
- Maricopa and Pima Counties have Department staff co-located at their county court buildings. A court liaison is placed at the Pima County court. DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. In addition, a visitation center is now operating at one of the Maricopa County Juvenile Court buildings. One Child Safety Specialist and four Case Aides are allocated to the visitation center. Families served in Cradles to Crayons by the Glendale or South Mountain DCS Offices are eligible to have their visits there. Case Aides provide the transportation and FCRB and/or CASA volunteers supervise the visits.
- Staff from DCS and the DES/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, three DDD staff are co-located in an eastside DCS office to allow for greater collaboration on cases where DCS and DDD are both working with a family and/or child. In Maricopa County, DDD staff are co-located in eight DCS offices.

Service Array Strengths and Concerns

System Requirement: 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 political jurisdictions covered the CFSP.

Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. This service array includes child and family assessment services, in-home services to prevent removal or support safe reunification, and services to achieve placement stability and permanency with foster and adoptive parents.

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To evaluate the sufficiency of the state's service array, Arizona established a Service Array (SA) Design Team that consists of DCS professionals from across the state and community partners including the following: the City of Phoenix; Community Action Program; Arizona Department of Health Services, Women's and Children's Bureau; City of Tucson, After-school program; a kinship placement that is associated with Arizona Grandparent Ambassadors; Judicial Officers; Casey Family Programs; Phoenix Children's Hospital; Arizona Coalition Against Sexual and Domestic Violence; Arizona Department of Economic Security, Division of Development Disabilities and Division of Benefits and Medical Eligibility; and Maricopa County Juvenile Probation Department. The SA Design Team began meeting in March 2014 and has been charged with developing recommendations to enhance the existing service array and identify gaps where additional services are needed to better meet the unique needs of children and families. A third goal is to better understand the availability of supports and resources for children and families in local communities throughout the state.

This team's first priority is to identify services that will support reductions in the use of congregate care and the family assessment response to DCS Hotline reports, including assessment services and services to safely maintain children in their own homes. DCS has researched five evidence-based/informed practices and is in the process of exploring additional evidence-based/informed practices. Additional parent training programs were also presented to the SA Design Team for consideration. Through this recommendation process, DCS plans to initially identify and implement two services to support Arizona's title IV-E waiver demonstration project proposal.

The Department is also conducting a detailed evaluation of the sufficiency of services to meet the needs of populations served and identifying additional services to fill gaps. The SA Design Team and focus groups identified the Department's Family Support, Preservation, and Reunification Services contract (In-Home Services Program) as an existing service assist. This integrated services model includes intensive, reunification, and placement stabilization, moderate, family support, and clinical assessment services. The Team and focus groups also identified several opportunities to strengthen the service array:

- Improve the timeliness of the service interventions. There are wait lists for the in-home, parent aide, and supervised visit services.
- Develop parent/peer mentoring programs.
- Expand substance abuse services to include group and family therapy components.
- Strengthen the parent aide services to better match the families' needs.
- Create services that are trauma-informed.

The Department is working to improve data collection to better assess the range and prevalence of family needs, so that effective programs can be aligned accordingly. Improved data will include information about child and family needs, safety, permanency, and well-being outcomes, as well as process and outcome data from service providers. A more robust data infrastructure will identify opportunities to develop a more specialized service array that meets the specific needs of children and families served by the Department.

System Requirement: Individualizing Services

The service array (see services described in the above-referenced "array of services") can be individualized to meet the unique needs of children and families served by the agency.

Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. The majority of services are provided based on an assessment of the children's and family's unique needs. As described above, the Department is

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working to improve data collection to better assess the sufficiency of the service array and to identify opportunities for improvement. Evaluation of the service array will include an assessment of the degree to which the services can be individualized.

6. Agency Responsiveness to the Community

System Requirement: 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.

See Section II for a description of these collaborations and the types of participants who were engaged and consulted.

System Requirement: 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.

See Section V, 5. Service Array and Resource Development for a description of the Department's coordination of CFSP services with other federal programs.

7. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention

Characteristics of Children Needing Foster and Adoptive Homes

Homes are needed for children of all ages, however, the most significant shortages of homes are for teens, sibling groups, and children who have complex medical needs. Nearly 5% of all children removed statewide are placed with foster families who live more than 60 minutes from the child's removal location. In addition, nearly 14% of children removed statewide, who may have been placed in a family foster home if one was available, were instead placed in congregate care. The crisis is greatest in Pima County, where 16% of children are living in congregate care.

The Department regularly reviews data about the characteristics of children in care in order to focus foster and adoptive parent recruitment efforts. Geographical Information System (GIS) maps are developed semi-annually using CHILDS data and the list of open foster homes from the Department's Office of Licensing and Regulation's (OLR) database. These maps identify areas of the state where the number of removals is highest, so that recruitment activities can identify caregivers in the same neighborhoods. Maintaining a pool of qualified experienced foster and adoptive parents in the neighborhoods from which children are removed is critical to achieving permanency outcomes such as placement stability, timely reunification, timely adoption, proximity of foster care placement to the parents' home, placement of siblings together, parent-child and sibling visitation, preservation of the child's important connections, and maintenance of the parent-child relationship. The GIS maps depict the geographical areas and demographics of the targeted communities with the highest number of children entering out-of-home care and the lowest number of licensed resource families. These findings are shared with private contracted agency partners, community councils, and other stakeholders who use them as a basis for targeted recruitment activities. The maps have increased awareness of targeting needs and highlight the

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demographics of children in targeted neighborhoods. The map products provided by the Department's GIS program have been expanded to include a segmentation analysis of family foster homes. The analysis uses Tapestry, a product of ESRI, Inc., to develop a profile of foster homes based on common demographics and socioeconomic behaviors. This profile can help target foster home recruitment efforts in specific areas and customize marketing strategies towards specific family profiles.

GIS maps and data sheets are regularly shared with HRSS contracted agencies. GIS data includes data on children removed from their homes, including age, gender, race, ethnicity, the children's removal zip codes, and their school district at the time of removal. This data assists HRSS agencies in recruiting families who live in the same neighborhood from which the children are removed. As the number of children in care has continued to increase, the need for homes has increased for children of all ages, but the most significant shortages of homes are for teens, sibling groups, and children who have complex medical needs. The Department also uses data reports to track the movement of children with a case plan goal of adoption and identify cases in which child-specific recruitment is needed to identify a suitable adoptive home.

Number of Licensed Foster Homes

As of September 30, 2013, there were 3,900 foster homes licensed for a total capacity of 8,573 spaces. The number of licensed foster homes increased from 3,748 on the last day of FFY 2012 to 3,900 on the last day of FFY 2013. The number of bed spaces available increased from 7,716 on September 30, 2012, to 8,573 by the end of September 2013 (*Child Welfare Reporting Requirements Semi-Annual Report*).

There is a significant need for additional foster and adoptive homes in all areas of Arizona. During FFY 2013, 1,439 new homes were licensed to provide foster care and 1,455 homes left the system. Of the 1,455 foster parents who exited the system, more than 30% left because the child was adopted or in legal guardianship. Other reasons varied from marital and financial to other commitments and priorities. Arizona's diligent home recruitment efforts target potential foster and adoptive parents who reflect the ethnic and racial diversity of the foster care community and are equipped with the skills, tools, and supports to adequately meet the needs of children in their care. The Department continues to focus recruitment efforts on establishing strong relationships with communities of color, increasing the numbers of foster and adoptive families of color, and building upon the cultural alliances of these communities. The Department's foster and adoptive home recruitment strategy also continues to address the need for adoptive homes for children with special needs.

The Department is deeply committed to the goals of improving both recruitment and retention of highly qualified family foster homes. A survey of family foster homes who voluntarily discontinued foster parenting established baseline data to better understand the reasons behind their license closure decisions. According to the Voluntary Closure Study: Former Foster Care Families in Arizona, April 2014, prepared on behalf of the Department by Arizona State University, College of Public Programs School of Social Work, the primary closure reason reported by survey respondents was adoption (43%) followed by other life priorities. Comments made by foster parents who had closed due to adoption, indicated a number of them would be interested in providing some care in the future but needed time to stabilize their newly formed family unit. Dissatisfaction with either the Department or licensing agencies represented only 14% of the respondents.

Diligent Recruitment Strategies and Activities

The Department has a long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based

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organizations. The Department's recruitment activities include diverse methods of disseminating both general information about a foster/adoptive parent and child specific information.

The Department conducts general recruitment by maintaining and responding to inquiries to the KidsNeedU and AdoptUSKids phone lines and the Department's www.azkidsneedu.gov recruitment website, marketing with the Department's KidsNeedU logo, receipt and promotion of national AdoptUSKids media packets, and statewide proclamation of Adoption and Foster Care month. Home Recruitment Response Line (877-KidsNeedU) staff receive calls from prospective foster and adoptive parents and send materials specific to the region in which the interested person lives. Several weeks after an initial call to the phone line, a staff person contacts the families to learn how they are progressing through the licensing process and offer assistance. Home Recruitment Response Line staff also send information to kin providers caring for a child placed by the Department, to help them begin the foster home licensing process. In SFY 2013, the Department's general recruitment activities also included the following:

- The *Arizona Statewide*, a quarterly newsletter for foster, adoptive, and kinship parents, disseminates important information to Arizona resource families. The Department collaborates with the Arizona Association for Foster and Adoptive Parents, the Office of Licensing and Regulation, and the Comprehensive Medical and Dental Program to identify content for the newsletter. In response to a foster parent survey, some changes were made to the newsletter, including expanding the number of pages. Each issue features "Shining Stars," who are children free for adoption without an identified placement. The number of children featured in each issue as "shining stars" has increased. A column titled "Ask Dr. Sue" provides a forum for Dr. Sue Stephens to answer medical questions of interest to foster and adoptive families. Another column is directed to kinship care providers. Each issue updates readers about the Arizona Association for Foster and Adoptive Parents, and each year an article describes new legislation of interest to foster, kinship, and adoptive caregivers. Other articles of interest to resource families have included information on Head Start and celebrations honoring foster and adoptive families.
- The Department and its contracted recruitment agencies continue to participate in community outreach events. These events provide an opportunity for the Department to raise awareness among key demographics. This year, activities included participation in area Juneteenth celebrations, development of specialized recruitment pieces for the American Indian population, participation at pow-wow, and materials and training in Spanish.
- The Department actively participates in National Foster Care Month to raise awareness of the need for more foster homes and to recognize and reward the families who have so generously opened their doors to children in need. Statewide, events are held to thank and honor foster families for their tireless care of Arizona children and youth in foster care. In 2013, these events included the DES Foster Care Month Celebration, held in the Atrium at the downtown Phoenix office. This event brought Department staff together to tie blue ribbons on the trees – each representing a child in foster care. The Tucson Blue Ribbon Event was held at Thoroughbred Nissan. Nearly 600 people gathered to honor Pima County foster families. The family-friendly event included bounce houses, food, music, and a raffle; and ended with their traditional launch of balloons to represent each child in foster care in Pima County. Foster families in Payson enjoyed a picnic at Rumsey Park, and Prescott area foster families were treated to free admission at the Prescott Heritage Park Zoological Sanctuary. Numerous other events were held by licensing agencies across the state. The Department continues to support the annual Arizona Blue Ribbon event, which is a collaboration between the Department, ArizonaSERVES, and A Hope & A Future. This event supports foster families and the children in their care by providing

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free tickets to a Diamondbacks game which includes many additional family-friendly activities; 1,527 children and adults attended this event.

- Governor Janice K. Brewer issued a proclamation naming November 2013 as “Arizona Adoption Month,” and Arizona celebrated throughout the state. Seven celebrations were held in seven counties during November. Adoption month festivities began at the Pinal County Courthouse in Florence and at Udall Park in Tucson. In Florence, 42 families adopted 64 children, including one family who adopted five children from three different biological families. In Tucson, 67 families adopted 98 children. The first adoption finalization of a child featured in the Children’s Heart Gallery took place in Tucson. Yuma County’s Adoption Day, held at the Yuma County Juvenile Justice Center, saw nine families adopt 15 children. Festivities at the Yavapai County Court House in Prescott included the adoption of 23 children by 13 families. Maricopa County’s Adoption Day Celebration was also held at the Durango Juvenile Court Center in Phoenix. Traditionally, Maricopa County’s celebration is one of the largest in the nation, exceeding New York, Chicago, and Los Angeles with regard to the number of adoptions finalized in one day. This year 312 children were adopted.
- Training and activities targeting teens have been held statewide. "Who I am and Why I Need You" trainings have been held in Pima and Maricopa County. This training targets existing foster families, presenting the need for homes for teens and sibling groups from various perspectives. Guest speakers include Child Safety Specialists, foster alumnae, behavioral health professionals, and child specific recruiters. All speak to the rewards and importance of fostering teens and sibling groups. Other advanced training has been aimed at communication with teens about their health, sexuality, and peers.

Department policy requires child-specific recruitment be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs. All appropriate recruitment resources must be explored and/or utilized within three months of a referral for child-specific specialized recruitment. Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas, and any other priority areas identified by the region.

The Department contracts with community agencies to accomplish the following: child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced, and ongoing training; and licensed foster family placement, tracking, and monitoring services. The Home Recruitment, Study, and Supervision (HRSS) contract dictates goals, objectives, payment points, and reporting requirements. The contract includes eleven outcomes and sixteen performance measures on which the agencies must gather and report data. These align with the Department’s safety, permanency, and well-being goals. For example, the outcomes include placement of full sibling groups together and placement of children in their home neighborhoods. The HRSS contract encourages shared parenting, in the belief that ongoing contact between resource families and birth families is an effective means to dispel myths and stereotypes about ethnicities, cultures, and people who are poor, mentally ill, or addicted to drugs or alcohol. When these myths and stereotypes are challenged, resource families and other team members are more likely to support and facilitate activities to maintain connections with family, friends, community, faith, and culture. Highlights of this contract and related activities in SFY 2013-2014 include the following:

- Child-specific specialized recruitment activities vary depending upon the needs of the child and are tailored to the child’s or sibling group’s unique background, culture, race, ethnicity, strengths, needs, and challenges. Contractors develop an individualized recruitment plan for each child referred, which must include direct contact with relatives, friends, and former caregivers;

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collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child's record or during interviews. These activities may include registering the child with the *Arizona Adoption Exchange Book*, the National Adoption Exchange, Wednesday's Child, the Children's Heart Gallery, AASK's *E-mail Blast*, and other cross-jurisdictional resources. Special recruitment may also include listing on Adoption.com and notices in quarterly newsletters to Arizona's foster parents and adoptive parents. For children who are not legally free, child-specific recruitment is initiated on a selective basis determined by the child's particular circumstances.

- Regional Recruitment Liaisons identify targeted recruitment goals for the regions they serve, recruit foster and adoptive families of color, provide technical assistance for contract providers, monitor contracts, and cultivate community participation and partnerships.
- The Department contracts with agencies such as Agape, Casa De Los Niños, Black Family Children Services, and Aid to the Adoption of Special Kids (AASK), whose focus is recruitment of families for African American, Native American, and Hispanic children. Recruitment of African American families is being enriched by developing relationships with African American faith-based communities in Maricopa County. The focus on recruitment of American Indian Foster Homes has continued to include distribution of recruitment materials specific to the need for American Indian homes. Brochures for both the Tohono O'odham and Pascua Yaqui Tribes have been placed at the Tucson Indian Center, displayed at FACT Orientations, KARE Center orientations, the Pascua Yaqui Health and Wellness Fair, and at the Children's Social Pow Wow event. All attendees with whom contact is made at these locations and events, and especially American Indian persons, receive further contact to encourage participation as foster parents for children.
- Semi-annual recruitment plans are submitted to the Department, including strategies tailored to the populations and geographic areas of need identified by the region. Target populations can include, but are not limited to, sibling groups, specific age ranges, neighborhoods, and ethnic/racial groups. In some regions, these plans are developed in collaboration with community recruitment councils.
- A specialized program in the Central and Southwest Regions of the state has been developed to recruit and license kin providers. This was developed to help license kinship families who may have unique training and preparation needs. AASK, a contracted provider, has also developed a web site and regular e-mail updates to highlight licensed kinship families or youth who are legally free with no adoptive resource. Recipients are referred to a website for more information.
- Arizona PS-MAPP training is the required initial preparation and training program that all contractors must fully implement. For more information on PS-MAPP training, see Section V, 4. Staff and Provider Training.
- The HRSS contract agency's Foster Care Specialist must arrange a one-to-one meeting with any foster family wishing to have a child removed, prior to placement or adoption disruption. When removal is being considered, the Foster Care Specialist and the Child Safety Specialist are required to request a CFT meeting (or a TDM meeting if there is no CFT in place for the child) prior to the child's removal, whenever possible.
- The HRSS contract agency's Foster Care Specialist is required to make one visit within seven days of a child being placed in a resource home, make monthly visits to the resource family for

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the first six months after a new child is placed in the home, and make a minimum of quarterly home visits thereafter. For homes licensed in the past six months or with their first placement, weekly visits must occur during the first month of a child's placement and monthly thereafter. Monthly in-home visits are required throughout placement for foster homes providing care to medically fragile children.

- The HRSS contract agency's Foster Care Specialist develops an individualized support, training, and monitoring plan with each resource parent, including training and services requested or identified to be provided, crisis intervention services to be made available, any other supports needed to meet the special and unique needs of the family or the child and time frames for training and service provision.
- In SFY 2014, Department Contract Administrators and regional Recruitment Liaisons continued to monitor the HRSS contract agencies to ensure children and resource families are visited a minimum of once per quarter and to ensure each licensed foster family has a Professional Development Plan in place. These quarterly plans are submitted to the Department electronically. The mandatory Arizona PS-MAPP "train the trainer" also emphasizes the importance of an initial licensure and annual license renewal development plan, and assists agencies on methods for developing plans with families.

The Department and the contracted HRSS agencies continue to engage the faith community and participate in faith-based outreach activities. ArizonaSERVES, the initiative instituted by Governor Brewer in March 2010, continues to solidify existing partnerships and develop new relationships between state agencies, faith-based organizations, and community-based organizations. The task force, which was created to "strengthen communities in Arizona through the service and volunteerism of faith-based and non-profit organizations," initially identified five areas of focus, three of which impacted the Department: 1) identifying strategies to encourage foster care participation, 2) facilitating the provision of free or reduced cost child care services through existing licensed facilities, and 3) providing supervised parent-child visits for families involved with DCS. In 2013, the ongoing focus continued to be children in foster care. In addition to providing downloadable resources for faith communities through www.arizonaserves.gov, the Department works closely with the ArizonaSERVES task force. This work has resulted in strong community support with faith-based and community organizations adopting 53 DCS offices statewide. In addition, community organizations in Pima County are providing space in their facilities for family visits.

Other recent recruitment and faith-based activities include the following:

- The Department has been a partner with Open Table since its inception in 2005. Open Table is "a growing collaboration of people from faith communities, state and local government, business, education, and non-profits who are united in a shared purpose of restoring families in poverty to wholeness and full participation in our communities." Open Table developed a focus on youth who have aged out of foster care, and the Department is collaborating with contracted providers and Open Table to refer young adults to this service. To date, seven young adults have been referred through this service.
- Through a partnership between Arizona Baptist Children's Services and Palm Vista Baptist Church in Surprise, Arizona, a faith-based foster and adoptive parent support group continues to grow and flourish, meeting every Sunday evening.

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- Area churches also continue to support children in foster care by hosting toy drives around the holidays and supplying DCS offices with emergency care kits for children throughout the year. Central Christian Church donated funds to provide every child currently in the Arizona foster care system with a \$15 gift card to be used toward the purchase of a pair of new shoes at a local shoe store.
- Understanding that peer support and advocacy are especially important to all kinship and foster parents, the Department continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Department includes feature articles related to the AZAFAP in the statewide foster and adoptive parent newsletter and supports the Association's foster care month appreciation event.
- At the invitation of the Islamic Community, DCS staff presented information about foster care and how the Islamic community can support the needs of Islamic children in care. This presentation was made following Friday evening prayers.
- The Department continues working collaboratively with the Arizona 1.27 project to recruit foster and adoptive homes. Arizona 1.27 is a church-based movement, named for New Testament book of James, chapter 1, verse 27, aimed at engaging the local church in the Arizona child welfare system. Arizona 1.27 was initiated as a response to the urgent need for foster homes, but is built to provide long-term assistance to the foster care system. In its first year of ministry there are now more than thirty partner churches. At the end of 2013, 1,841 people had been through foster care orientation at Arizona 1.27 churches; of those, 1,513 indicated they were there for foster care or adoption. The remaining 328 people attended out of an interest to wrap around and support a family in their congregation. In 2013, 400 people attended the next six hour class. Arizona 1.27 is building out across the state, with significant work in the rural parts of the state. The goal for Arizona 1.27 is one out of every eight people that start the process will become a licensed foster or certified adoptive parent. Arizona 1.27 has already become a model for others; DC 1.27, in the District of Columbia, began as a result of Arizona 1.27's ministry.
- *Children's Heart Gallery (CHG)* - While the Children's Heart Gallery began as a result of ArizonaSERVES partnerships, it has grown well beyond it. The Children's Heart Gallery features Arizona children who are free for adoption with no identified placement. Children utilizing the service of the CHG are typically those who face the greatest challenges in finding a forever family. Based on a successful national model, the CHG began in 2012 as community collaboration led by the Department and ArizonaSERVES. It has since grown to an entity unto itself, with more than 250 volunteers, including photographers, videographers, hair stylists, barbers, biographers, and guides. The use of each location has been donated as well as all the food, games, and other activities. Professional photos are taken of children free for adoption without an identified placement. Since its inception in Arizona, 143 children have been photographed and 38 of those children placed in adoptive homes.
- *Johnjay & Rich Care for Kids Foundation and the Children's Heart Gallery initiative* - Arizona-based syndicated radio celebrities Johnjay and Rich have a passion to help children and families and are using their celebrity status, through their foundation, to develop a sophisticated multi-media version of the Children's Heart Gallery. Rich and his wife, Christie, have worked in group homes, Johnjay and wife, Blake, are adoptive parents. They learned of the foster care crisis in Arizona while in their respective churches (Arizona 1.27 churches). This version of the Children's Heart Gallery will be a moveable "art wall" that re-creates a home setting. In the living room scenario, above the "sofa," there will be electronic photo frames featuring children who are free

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for adoption with no identified placement. Additional electronic photo frames will be featured on the other side of the photo wall in the kitchen scenario. The official launch is to be determined. Through their “Foster a Heart” initiative they will be raising money by auctioning off hand-decorated canvases created by celebrities such as Lady Gaga, Justin Beiber, the Jonas Brothers, Snooki, Michael Oher, Paul Goldschmidt, and many others.

- *Fostering Hope* - Fostering Hope is an initiative of Major League Baseball's Arizona Diamondbacks. The senior executives of the Diamondbacks are confident their example of community involvement will encourage others in the business community to participate more deeply in the foster care community. The Fostering Hope project finds its roots in the efforts of ArizonaSERVES. The Fostering Hope project team, www.facebook.com/fosteringhopeaz, is focused on Arizona's children in foster care by working in four areas: raising awareness for the needs of children in foster care; renovation of family visitation rooms in a local DCS office; mentoring children in foster care; and raising funds to do these first three. In 2013, the Fostering Hope team broke a world record by connecting more than 28,000 paper dolls together in one continuous chain. The dolls were used to raise awareness for the needs of children in foster care and the great need for more foster and adoptive homes. The paper doll initiative received national media recognition and has created a foster care awareness buzz around Major League Baseball. Also in 2013, the South Mountain DCS Office in Phoenix received an extreme makeover of their family visitation rooms thanks to the Fostering Hope Team. Fostering Hope team members have each developed personal relationships by mentoring 20 teenagers who are in foster care and receiving support from Aid to Adoption of Special Kids, www.aask-az.org. In the fall of 2013 Fostering Hope began a new initiative to support sibling groups in foster care. The main objective is to bring separated siblings together on a regular basis. A key component of the initiative is to launch a sibling camp beginning in 2014. In December 2013, Fostering Hope hosted a free Jimmy Wayne concert and silent auction to further raise awareness of need for foster homes.
- *Faith Opportunity Zone(FOZ)* - Three historically African-American congregations in Phoenix (Tanner Chapel AME Church, First Institutional Baptist Church and Pilgrim Rest Baptist Church) have joined forces to discuss the issue of disproportionality of African-American children in the Arizona foster care system. Both Casey Family Programs and the Department are active partners in this collaboration. The Gap Closing Collaborative launched in August 2013 in Phoenix and includes the Faith Opportunity Zone, the Department, Arizona Community Foundation, and Casey Family Programs. The purpose of the collaborative is to focus on, and find solutions for, the overrepresentation of African American children in the Arizona Child Welfare System.
- *Pilgrim Rest Baptist Church* - Pilgrim Rest's Family Services presented “It Takes A Village Lecture Series” in December 2013. This five hour training served as an introduction to the ministry of foster care and adoption. Prospective and current foster and adoptive families were introduced to a biblical view on foster care and adoption.
- *Hispanic faith community* - A coalition of approximately ten Hispanic churches in the Phoenix West Valley area is in the early stages of development. Department staff have met with the coalition and presented an overview of DCS and the children in care, as well as the need for additional foster homes.
- *Our Kids Our Care Event* - A foster and adoptive event was held in February 2014 at Victory Worship Center in Tucson. Modeled after the Arizona Wait No More event, held at Scottsdale Bible Church in 2012, the Our Kids, Our Care leadership team included foster families and

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leaders from Tucson, Arizona 1.27, Arizona Baptist Children’s Services, ArizonaSERVES, Christian Family Care, the Department, Family Life Radio, and St. Nicholas of Myra Adoption. The Department supported this event by designing and printing promotional materials and preparing a 60-second promotional PowerPoint about the Children's Heart Gallery.

- *St. Patrick's Catholic Church* - St. Patrick's has formed a foster care support ministry focused on ways the Catholic community can support foster parents. They hosted their first orientation for prospective foster parents in March 2013, with 25 people in attendance. St. Patrick’s hosted a successful training for current foster parents in June 2013, and an informational meeting for people in neighboring parishes in January 2014.
- *Our Children Need You* - Planning continues for an event to gather Maricopa County Catholic churches in 2014. Team members include Department staff, foster and adoptive parents, and members of St. Patrick's Catholic Church.

The Department has identified the following objectives to continuously improve diligent recruitment in FFY 2015-2019:

Goal : Build capacity of resource families to achieve safety and well-being of children in care.

Measure: By FFY 2019, 90% of all children removed statewide will be placed in close proximity to the child’s removal location.

Measure: By FFY 2019, 10% or less of children removed statewide, who may have been placed in a family foster home if one was available, will instead be placed in congregate care.

Recruitment Objective 1: Use resource family input and an expansive array of best practices to recruit and retain resource families.		
Benchmarks		Timeframe
1.1	Develop and implement an action plan to address feedback from resource families statewide.	FFY 2015-2019
1.2	Explore ways to build the capacity of families using recognized best and promising practices, which may include GIS, segmentation and extreme recruitment.	FFY 2015
1.3	Expand the Children's Heart Gallery to increase permanent connections for children.	FFY 2015
1.4	Provide support and assistance to maintain children in kinship placements, recognizing their unique needs.	FFY 2015-2019
1.5	Establish active partnerships with faith-based and community organizations.	FFY 2015-2019
1.6	Develop cross-jurisdictional relationships to increase permanent connections for children.	FFY 2015-2019
1.7	Expand and enhance the Adoption Registry to improve access to families for children.	FFY 2016
1.8	Explore ways to retain current families using recognized best and promising practices.	FFY 2015
1.9	Develop and implement best practice strategies based on the results of the exploration described in 1.2 and 1.8.	FFY 2016-2019

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Access to licensing agencies and recruitment information

HRSS agencies host recruitment information sessions and trainings in communities throughout the state. Additional sessions have been added to accommodate families located in geographic areas where the need for additional homes is the greatest. In all areas of the state, these sessions are available at various times and days of the week in order to accommodate the needs of families. Sessions are offered in group settings, as well as one-on-one, in order to best meet the needs of the families. Services are available in primarily English and Spanish; however, HRSS contractors make accommodations for people requiring other languages.

HRSS agencies also use a variety of methods to disseminate information about the need for additional homes throughout their communities, following targeted recruitment plans (TRPs) that are submitted by each agency and approved by the Department. Proposals for TRPs include detailed information about the reasons a specific area was selected as a target, the demographics of the families being targeted and, most importantly, the population of children the TRP is serving.

To accommodate individual needs, diverse methods of communication are used for child-specific recruitment. The Division uses AdoptUSKids as its primary national child-specific recruitment tool. In addition, the Children's Heart Gallery (childrensheartgallery.org) is another online tool. The Children's Heart Gallery also features two traveling displays of photos. These displays are available for members of the community to use at special events. Through the generosity of the Johnjay and Rich Cares for Kids Foundation, there is also a traveling display that is a digital art wall, which is featured in shopping malls and at professional sporting events.

Staff training on work with diverse communities

Cultural awareness training is provided to all newly hired Child Safety Specialists during initial core training. This training is designed so that Child Safety Specialists understand their clients – including foster and adoptive parents and the children in their care – in the context of their culture, and develop a sensitivity to cultural differences.

Non-discriminatory Fee Structure

DCS does not charge fees for prospective foster or adoptive parents to attend training. In addition, there are no charges for home studies that are conducted as part of placing a child that is in DCS custody. DCS also hosts regional trainings to provide foster parents the hours needed for license renewal at no cost.

Timely search for prospective parents and use of cross-jurisdictional resources

The Department's HRSS contract describes the expectations for child specific recruitment. Within the first thirty days of receiving a child specific referral from the Department, the contractor prepares an individualized plan for identifying a permanent home for the child or sibling group in need of adoption. The plan includes individualized activities, strategies and resources to be implemented within the next sixty days and must include but not be limited to the following activities:

- direct contact with relatives, friends, and former caregivers; collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child's record or during interview (who may be in-state or out-of-state);
- customized marketing tools such as brochures, posters, letters, newspaper articles, TV interviews, and radio spots for the identified child; and

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- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

The Department continues to use cross-jurisdictional resources to expeditiously locate permanent homes for children across jurisdictional lines and to address barriers to cross-jurisdictional adoption whenever they are identified. Ongoing dialogue with recruitment agencies is vitally important to reducing systemic barriers to permanency outcomes. Arizona is expanding its capacity to recruit foster and adoptive families across the country to increase the number of cross-jurisdictional placements and successful adoptions. Recruitment efforts include the continued use of resources such as listing on the CHILDS Central Adoption Registry, quarterly newsletters to Arizona's foster parents and parents receiving adoption subsidy benefits, publications such as the *Arizona Adoption Exchange Book*, features on nationally syndicated programs, contract agency websites, internet resources such as Adoption.com, and the national Adoption Exchange Association's exchange/photo listing on AdoptUsKids.

Department policy supports the permanent placement of children in other jurisdictions. Policy states that "the ability of the family to meet the child's needs shall govern the selection of an adoptive family; no single factor shall be the sole determining factor in the selection of a family, and the Department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement." Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected incidentals that do not qualify as non-recurring adoption expenses and would otherwise hinder the finalization of an adoption. Expenses may include transportation costs associated with cross-jurisdictional placements, including pre-placement visits and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program, and the Department will continue to encourage staff to use this resource.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In FFY 2013, the Department added 42 new children on AdoptUsKids who were legally free for adoption with no identified adoptive placement and 32 of the previously listed children were adopted. Children legally free for adoption continue to be displayed on both the national and local adoption registries. The inquiries/referrals received from Adoption.com are forwarded to the appropriate Child Safety Specialist or contracted Adoption Specialist.

Standards for Foster Homes and Institutions and Requirements for Criminal Background Checks

Arizona maintains standards for foster family homes, adoptive homes, and child care institutions in statute, rules, and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification, and court approval processes, including personal interviews, an extensive home study, application for and receipt of a fingerprint clearance card, and an Arizona DCS record check. Checks for child welfare history in other states and U. S. territories pursuant to the Adam Walsh Child Protection and Safety Act of 2006 are required prior to licensure. Community based agencies under contract with the Department monitor the compliance of licensed homes through annual license renewal home studies and home visits from a community agency Licensing Specialist.

Previously, licensing and regulatory functions within the Department of Economic Security were consolidated within the Office of Licensing, Certification, and Regulation (OLCR). In the new agency, the licensing and regulation office will move to DCS and be called the Office of Licensing and Regulation (OLR). The regulatory authority will continue to be separate from the programmatic and child placement functions to assure standardized application of all licensure and regulatory standards, eliminate duplication and expedite licensure. The OLR ensures that the licensing standards are applied equally to

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licensed foster homes, licensed relative homes, and licensed child care institutions. Quick Connect is the web-based system for submission of all foster home new license and renewal applications. Quick Connect requires minimal hard copy document submission and reduces application processing time.

Relatives or kin who care for children under the Department's supervision can become licensed as family foster parents by meeting the same requirements as non-related foster parents, or can provide care as a court-approved kinship home. Pursuant to the Fostering Connections Act, non-safety requirements may be waived to allow full licensure of relatives. Court approved kinship caregivers and all other adult household members must complete a criminal background check, DCS records check and the interview and home study process. Court approved kinship caregivers do not receive foster care maintenance payments, but are eligible for state-funded personal and clothing allowances and reimbursement for specified expenses, and are assisted to apply for child-only TANF benefits if they choose.

Families wishing to adopt a child must be certified by the court to adopt. The certification process includes a comprehensive application, including receipt of an Arizona Department of Public Safety fingerprint clearance card. Adoption certification is not required for relatives with a first degree of relationship to the foster child they are petitioning to adopt. These relatives must complete a criminal history background check and DCS record check, and must be approved to adopt by the court. Licensed foster parents have an expedited process that updates and supplements information from the foster home licensing study for certification purposes.

Criminal background check results for adoptive parent applicants are provided to the Department and to the court. The court makes a determination of acceptability as part of the certification process. Foster parents and child care staff providing direct supervision to children in care are required to have a Fingerprint Clearance Card, which is run daily for clearance. Kinship provider criminal background check results are provided to the Department for clearance or non-clearance. Clearances are included in the home study that is submitted to the court for approval.

The Department of Public Safety, Fingerprinting Division, applies standards established in state statute to determine whether to issue a fingerprint clearance card or deny clearance and to determine the clearance level of an issued card. Foster and kinship parents who are denied a fingerprint clearance card may appeal the denial if, as defined by state statute, the denial is based upon a crime that can be appealed to the Fingerprint Clearance Board. The good cause exception process is administered by the Fingerprint Board, which is established in state statute. The Fingerprint Board is composed of representatives from the Department of Economic Security, the Arizona Supreme Court, the Department of Health Services, the Department of Juvenile Corrections, and the Department of Education. Federal criminal background clearance is effective for six years for childcare institution staff and foster parents. Re-printing to obtain a new fingerprint clearance card is required in the seventh year.

Foster and Adoptive Parent Licensing, Recruitment, and Retention Strengths and Concerns

System Requirement: Standards Applied Equally

The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

OLR licensing staff use a checklist to verify that licensing standards are applied equally to all homes and institutions, and that exceptions for relatives are consistently applied according to standards. The checklist is based on rule, regulation and federal law and guidelines. An administrative reviewer uses the checklist to confirm that the application and collection of background information is complete and will hold the application if information is missing or invalidated. When that process is complete, a

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Substantive Reviewer receives the checklist by email and confirms the background check information has been gathered per federal guideline. If the Substantive Reviewer does not begin work on the application in a timely fashion, there is an alert that the checklist was not received, therefore ensuring that this substantive review occurs in all cases. All checklists are available to be checked at a moment's notice and may be reviewed if there is a question or dispute about an additional information request or the license effective dates.

Supervisors conduct a quality assurance review of randomly selected checklists each month, verifying that the checklist is complete and that the checklist matches case information in the database. The supervisor records the results in order to monitor the percentage of checklists that were found to be accurate. Reviews in 2014 found accuracy rates as follows: January – 95%, February – 97%, March – 99%, April – 100%.

System Requirement: Requirements for Criminal Background Checks

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

Arizona has procedures for compliance with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements. A checklist and quality assurance process is used to verify that these criminal background clearances are completed according to procedure, as described above.

Department policy requires that the written case plan include an out-of-home care plan, specifying for every child in out-of-home care the most recent information available regarding actions the Child Safety Specialist will take to ensure safety in the out-of-home setting. Team Decision Making policy requires that the Team Decision Making Meeting includes a discussion about child safety and the placement decision, including discussion of whether the placement is least restrictive, least intrusive required to reasonably ensure child safety, and consistent with other policy related to child safety.

System Requirement: Diligent Recruitment of Foster and Adoptive Homes

The state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state.

Geographical Information System (GIS) maps are developed semi-annually using CHILDS data and the list of open foster homes from the OLR's database. Maps depict the geographical areas and demographics of the targeted communities with the highest number of children entering out-of-home care and the lowest number of licensed resource families. Information includes the race and ethnicity of children in care and the foster parents in that area. These findings are shared with private contracted agency partners, community councils and other stakeholders who use them as a basis for targeted recruitment activities.

System requirement: State use of Cross-Jurisdictional Resources for Permanent Placement

The state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

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Arizona's procedures require that the Interstate Compact on the Placement of Children (ICPC) Unit conduct a home study within 60 days of a request from another state. The home study for non-relative prospective foster and adoptive parents is considered preliminary until the parents complete required training. In 2013, the ICPC Unit received 450 requests for home studies of someone other than a parent or relative. The ICPC Unit's database does not currently contain data to calculate the percentage of these preliminary home studies that were completed within 60 days. The ICPC Unit Supervisor estimates that at least 95% of the home studies are completed within 60 days of the date the request was received.

8. Coordination with American Indian Tribes and Indian Child Welfare Act (ICWA) Compliance

Description of Policies to Comply with the Five Major ICWA Requirements

Since American Indians are citizens of the states in which they reside, local government agencies and entities have the responsibility to serve the American Indian population that resides in their city, county, or state. The Department receives and responds to reports of maltreatment involving American Indian children residing off their tribal lands, and provides assessment and intervention services in the same manner as provided to non-Indian families. Tribal children and families living off their tribal lands are able to access the same prevention, reunification, and permanency services as any family residing in Arizona. When removal or court intervention occurs, the family's tribe is notified and may request transfer of jurisdiction to the tribal court or provide services to the family in conjunction with the Department. American Indian families residing on tribal lands are served by the tribal social service agency. The Department is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state, and has procedures in place to comply with the Indian Child Welfare Act.

1. Identify and document whether or not the child is an "Indian child" and provide notice to tribe.

Tribes have different methods of documenting tribal members and criteria for determining membership. Consequently, a caseworker or court cannot rely on blood quantum or an "enrollment number" (or a lack of either) as a definitive determination that a child is or is not a member or eligible for membership in a tribe. The most accurate and timely determinations are achieved when the Department can provide the tribe with as much family information as possible (full names, dates of birth, places of residence, enrollment or census numbers, etc.). This can be achieved at different stages of the investigation and dependency proceeding. During the initial investigation, investigators are required to ask every parent whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the investigator gathers, from the parent and other sources, identifying information of maternal and paternal extended family such as names, dates of birth, addresses, and certificates of Indian blood and tribal affiliations, including the name and location of the Indian Reservation with which the person is affiliated.

Tribal representatives and the Department understand that identification of tribal affiliation is critical in view of the ICWA requirement. Identification of tribal affiliation is a key element for providing legal notification and to assist in identifying extended family members who may be considered as a potential placement. In addition, information about tribal affiliation is important for children who have significant social and cultural connections with their tribal communities.

In addition, state law and court rules require that the court make an inquiry at the beginning of any court proceeding to learn if any party has reason to believe that any child who is the subject of the proceeding is subject to the ICWA. If the child is subject to the ICWA, the court and parties must meet all requirements of the Act. While the Department's goal is identification of tribal affiliation for 100% of American Indian children, identification is sometimes hindered by issues such as insufficient data collected at the

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beginning of the case, a parent's unwillingness to disclose information, lack of child enrollment with the tribe, or lack of documentation to support a claim of tribal affiliation.

Notice of Duty to Inform and the Temporary Custody Notice forms have been identified as a barrier to gathering the necessary information for tribal identification. The Department is changing the forms to assist investigators in gathering essential Tribal affiliation information to determine if a child is an Indian Child under the ICWA as early as possible in the case. The Tribal-State Work group makes the language recommendations to the Department's Policy Manager on the necessary changes to forms that can increase compliance in the identification process.

2. Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene

A child's tribe may intervene "at any point in the proceeding." Tribal Court has exclusive jurisdiction if the Indian child lives (resides or is domiciled) on reservation, or lives off reservation but is a ward of the tribal court. Tribal and state Courts have concurrent jurisdiction over the child in all other cases. A parent or the tribe may petition a state court to transfer a dependency of an Indian child to tribal court. If jurisdiction is transferred, the state court proceeding is dismissed.

Any time a court has reason to believe that a child is or may be an Indian child, the petitioner must provide notice to the child's possible tribe(s) of the pending proceeding and the tribe's rights. If the child's Indian status is still undetermined, the Department (through the Office of the Attorney General) provides information to the tribe(s) to determine the child's and/or parent's membership or eligibility for membership. In addition to legal notice, it is the policy of the Department to contact the tribe informally (especially Arizona tribes) to begin the process of coordinating services with the tribe and locating relative or tribal placements for the child.

The Office of the Attorney General provides legal notification to the parent(s) and to the child's Indian tribe when an Indian child is the subject of an involuntary child custody proceeding. Notice also includes the right of the parent and tribe to intervene. Notice is given to the Bureau of Indian Affairs (BIA) when the Indian child's tribal affiliation is not known but there is reason to believe that the child is of American Indian descent.

The Department continues to make diligent efforts to provide Indian tribes an opportunity to exercise their right to either intervene or assume legal jurisdiction of an Indian child who is the subject of the ICWA. Transfer to the tribal court means that the tribal court makes decisions about the child's status and placement, and not the state court. Transfer is distinct from intervention and does not automatically occur when a tribe intervenes.

Department policy states: "An ICWA Transfer of Jurisdiction by an Indian tribe means specifically that the respective tribal court assumes all legal authority of the DCS case, as well as the accountability and responsibility for the direct social work case management and record keeping." The Department staff and the Indian Child Welfare Specialist continuously collaborate and assist tribal child welfare staff to accept and transfer custody. Department policy and procedures fully support tribal intervention and transfer of jurisdiction of Indian children to tribal court, providing the motion to transfer jurisdiction is received within a reasonable timeframe.

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3. Make “active efforts” to prevent breakup of the Indian family prior to removal, dependency, or termination of parental rights.

Active efforts must be made “to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family.” Active efforts must be made at two stages: 1) during the investigation to prevent the need for the Indian child’s removal; and 2) during the dependency/termination to attempt to rehabilitate the parent(s). Active efforts include offering Department or community services that take into account the Indian family’s culture and involve the immediate and extended family and the tribe, as well as utilizing the tribe’s social services and urban Indian programs with culturally appropriate services designed to assist Indian families.

Policy and procedures for the delivery of services to Indian children strongly encourage utilization of culturally appropriate reunification services such as Family Group Decision Making, talking circles, American Indian ceremonial and religious practices, and tribally operated programs that reflect American Indian values and beliefs about the family and child rearing practices. When fitting, the Department is asked to coordinate and facilitate the identification of culturally appropriate services in coordination with tribal social services staff.

The Department continues to provide cross-cultural training to improve staff competency working with American Indian families toward family reunification. Specialized training may increase staff knowledge about cultural factors that are crucial to establishing meaningful engagement. Several tribes are able to attend or participate by telephone in team decision making meetings, case plan staffings, case conferences, and permanency planning hearings to preserve the child’s best interest.

4. Comply with placement preferences for foster care and adoptive placements

ICWA mandates placement according to certain orders of preference, primarily preferring members of the child’s extended family, other members of the child’s tribe, tribal foster or adoptive placements, or other tribally approved placements over non-relative or non-tribal foster care. Deviations from the placement preferences can be made only if a court finds “good cause” to do so. The BIA Guidelines to ICWA list certain factors that could be “good cause;” Arizona’s courts have said that those are not the only factors that a court can or should consider. When an identified Indian child is removed from a parent, every effort is made to follow the placement preference per state policy. Placement with a maternal and/or paternal extended family member who is willing and able to provide care for the child is always a priority.

The Department, in collaboration with Indian tribes, continues to improve its efforts to locate maternal and paternal relatives before the initial dependency hearing to prevent children from being placed with and becoming attached to unrelated caregivers. State law, federal law, and Department policy require staff to identify the child’s relatives (including the child’s parents) and any person who has a significant relationship with the child, and inform the relative or significant person of the option to be a placement resource for the child. This search may include the use the Arizona Family Locate Service. Staff often seek tribal assistance in locating and assessing the appropriateness of placement of the child with extended family who are domiciled within tribal boundaries.

The Department and the Office of the Attorney General generally accept any assessment and recommendation for placement made by a tribe as having met the standards for child safety. However, the Department maintains placement responsibility for children placed in its legal custody and therefore must ensure that the child's needs can be met in the recommended placement and that the placement is in the child’s best interests.

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5. *Use a Qualified Expert Witness (QEW) to support conclusions that the parent's continued custody is likely to result in serious emotional or physical damage to the child.*

ICWA requires a QEW to testify whether the parent's continued custody of the child is likely to result in serious emotional or physical damage to the child. Without that finding based on expert testimony, no foster care placement or termination of parental rights can be ordered. The purpose is two-fold: 1) to demonstrate that the parent poses a risk to the child that cannot be remedied; and 2) to provide necessary cultural context to ensure that such a decision is not based on cultural biases.

In most cases, the QEW will be the tribal social worker assigned to the case. If there are no tribal social workers or representatives from the tribe available, the Department uses its own staff to provide QEW testimony. Department QEW protocols began to be developed in December of 2013. This process included having a Department staff transferred specifically to a position as the state QEW. This position provides oversight for the process, contacts tribes so they have the opportunity to provide a QEW, and makes sure that QEW testimony is provided with an objective overview of the case after interview of all parties of the case. This position directly reports to the statewide ICWA Specialist.

Description of Activities and Accomplishments for Compliance with the Five Major ICWA Requirements

The effectiveness of efforts to comply with ICWA is continually evaluated through a consultation process that began in 1996. Joint strategic planning activities between the Department and tribal affiliates are conducted on a frequent basis, as described in Section II, Collaboration with Stakeholders. In SFY 2014, the Department and Arizona's Indian tribes continued to cooperatively pursue strategies and action steps to improve Indian child welfare services. The following accomplishments were achieved in SFY 2014:

- Maricopa County continues to have a specialized ICWA case management unit. Department staff who do not specialize in ICWA consult the assigned attorney or contact the Indian Child Welfare Specialist for information and guidance when questions and concerns arise. To promote timely communication and ensure staff have access to tribal ICWA experts, the Indian Child Welfare Specialist maintains a current list of State and Tribal ICWA contacts, including contacts for the following tribes: AK-Chin Indian Community, Cocopah Indian Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Fort Mojave Tribe, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab-Paiute Tribe, Pascua Yaqui Tribe, Pueblo of Zuni, Quechan Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tohono O'odham Nation, Tonto Apache Tribe, White Mountain Apache Tribe, Yavapai Apache Nation and the Yavapai-Prescott Indian Community. This sheet is not to replace the use of the federal register for all notifications, but provides an ongoing communication tool between tribal and state staff
- In addition, a Department ICWA contact sheet has been created to identify one or more ICWA contacts in each region and at the Child Abuse Hotline, Central Office, and the Office of the Attorney General. These contact sheets, along with the *National Directory of Tribal Justice Systems including Designated ICWA Contacts* published by Casey Family programs, are available to staff and Tribal Social Service workers, are updated at each quarterly Tribal State workgroup, and are available upon request.
- The Department has a contract with the Inter-Tribal Council of Arizona, Inc. (ITCA) to deliver three ICWA seminars and an annual Indian Child and Family Conference. In partnership with Arizona State University's Office of American Indian Projects, the Department and the ITCA

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have developed quarterly community ICWA seminars. The ICWA Seminars provided an overview of the ICWA; the Department's policy and procedures relating to American Indian children and their families; significant state and federal case law; and national, state, or local trends. In addition, the American Indian Children and Family Conference was held in December 2013. Tribal social services and Department staff attended the seminars and conference. Participant feedback is usually positive. Comments and group discussions also indicate that the training forums provide an opportunity for cross-training and relationship building between the state and tribal child welfare workers.

- In addition to the ICWA seminar and case manager core training through the Department's Child Welfare Training Institute, the ICWA Specialist/Tribal Liaison delivered six ICWA trainings to Department staff in DCS Supervisor core and the Arizona State University Masters and Bachelor of Social Work programs.
- Data concerning Indian children in out-of-home care is shared by the Department's Indian Child Welfare Specialist with the Tribal/State ICWA workgroup. During this reporting period, tribal affiliates continued to be interested in data related to their specific Tribes. The Department created new Identification and Placement reports specific to individual tribes. The two new ICWA reports can be provided to tribes upon request, and at the Tribal/State ICWA liaison meetings. Tribes can contact the Department and ask for the current data on placements of children that are members of the particular tribe. These reports are available to all 22 Arizona Tribes.
- Tribal leadership and Department staff continue to confer and consult on all areas pertaining to Indian child welfare, as previously described. The Department's Tribal/State ICWA workgroup has been re-established and all tribal child welfare managers/directors are invited to attend. These meetings are hosted on a quarterly basis so that tribes and Department representatives can discuss issues and best practices related to ICWA case coordination. The ICWA Specialist will present information about State of Arizona legislative initiatives, Department policy, Department initiatives, and other topics of interest to tribes. The Tribal/ State ICWA work group had an outside facilitator from Casey Family Programs facilitate a mission mapping process. The following Purpose statement for the Arizona's Tribal/ State ICWA work group was a result of that process: *"Strengthening Tribal and State relationships to address shared ICWA issues by encouraging cultural partnerships through communication and supports."*
- Tribal affiliates feel the testimony of a qualified expert witness is crucial to the outcome of an ICWA case, especially when an Indian child cannot be reunited with a parent, placed with a relative, or placed with a non-relative tribal member. In addition, the Department filled a designated QEW position in SFY 2014. The responsibilities of this position include: 1) ensuring all tribes are asked first if they are willing to provide testimony; 2) receiving all QEW requests for the Department; and 3) acting as an objective expert witness on ICWA cases. This position is supervised centrally versus regionally. The Department uses a designated Tribal staff to provide expert witness testimony whenever possible.
- The Department contracts with private community-based agencies for general, targeted, and child specific recruitment of resource families (including home study, supervision, and training of families) for all children who need out-of-home care. The current recruitment scope of work was modified to include language that prompts providers to carry out targeted recruitment campaigns and raises the awareness of the needs of minority children. Lessons learned from previous efforts to recruit American Indian resource families were taken into consideration when modifications

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were made. The Department is again in the process of revising its contract for foster home recruitment, support, and supervision. The Department will continue to emphasize with its providers the critical importance of recruiting and supporting resource families who can provide the unique cultural considerations necessary for American Indian children.

- The Phoenix Indian Center continues to collaborate with the Department to support American Indian foster care recruitment. The Phoenix Indian Center leads a committee to identify child welfare needs and issues for urban American Indian children. The Department's foster home recruitment and ICWA staff met with the Phoenix Indian Center staff in July 2013 and reestablished collaborative efforts surrounding recruitment of American Indian foster homes.
- In November 2013, the Urban Indian Coalition of Arizona approved a sub-committee to focus on an American Indian Foster Care Recruitment Initiative. The subcommittee, called the Urban Indian Child Welfare Committee, is comprised of staff from the Department, foster care licensing agencies, Casey Family Programs, and the Phoenix Indian Center. Active foster care licensing agency members includes Rise Family Services, Family Support Resources, Human Resource Training, Inc., Family Support Resources, Crisis Nursery, A Place to Call Home, and Agape Adoption Agency; others are welcome to join the subcommittee. The subcommittee is in the early stages of development, with a goal to increase the percentage of American Indian children in out-of-home care placed with American Indian Families and to identify the cultural and historical factors to match children with American Indian families interested in becoming licensed foster homes. The committee met seven times in SFY 2014, and identified a shared mission, joint resources, and had a full day of cultural competency trainings. As a result of this work, over 30 licensed foster homes were trained on cultural competency by the Phoenix Indian Center in 2014. This collaboration with the largest urban Indian organization in the state has proven to be a successful partnership.
- Cultural competency is also supported in all Department Request for Proposals (RFP) through cultural competency statements. Specifically, the contract language requires that contract recipients: "Ensure that all services provided are culturally relevant and linguistically appropriate to the population to be served." Also, to evaluate cultural competency, bidders must: "Describe how services will be provided that are culturally and linguistically appropriate for the population to be served." In the Psychological, Psychiatric, and Counseling RFP's, contractors are required to ensure that: "Native American client services should be provided in a manner consistent with the client's and family's wishes and delivered in a manner that incorporates, when appropriate, Native American ceremonial and religious practices, family group decision making, talking circle, and programs which reflect Native American values and beliefs of the family."
- Throughout the years, the Department has entered into a good faith process with eight tribes to draft IGAs for the application and protocols of ICWA. The eight tribes were Colorado River, Tohono O'odham, Fort Mojave, Hopi, Pascua Yaqui, White Mountain Apache, Yavapai, and the Navajo Nation. Two Memoranda of Understanding for coordination of child welfare services were started between the Department and the Colorado River and Fort Mojave Tribes, and conversations are ongoing. The Hopi Tribe met with the Department in April 2014 to establish a new ICWA IGA.
- Revisions of the Navajo Nation IGA began in 2009, but negotiations have been slow and at times suspended. Negotiations resumed in February 2012, geared toward repairing relations. As of May 2014, there is only one outstanding issue, which is a mandatory State arbitration provision. The Navajo Nation is providing language used in other states for this provision, and the Office of

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the Attorney General is working with the Navajo Nation Legal Counsel to resolve the issue. It is the stated intent of both the Navajo Nation and the Department to have the IGA signed in 2014.

- The Department has also worked with the Navajo Children and Family Services Program Director to discuss coordination and issues on specific cases concerning Navajo children. The Department and the Navajo Nation are holding regular meetings to support their 1997 Intergovernmental Agreement (IGA) on child welfare case coordination.
- In collaboration with the ITCA, the Department continues to assist and provide Arizona Indian tribes, tribal organizations, and consortia with resources and information to enable tribes to understand the benefits of operating a title IV-E program as authorized by Public Law 110-351. Two title IV-E agreements have been signed – one with the Hopi tribe and one with the Navajo Nation. The agreement with the Hopi tribe was signed in 2001 and has since lapsed. The Navajo Nation has a current title IV-E agreement. The ITCA invited Department staff to the December 2013 American Indian Children and Families Conference, where it presented and answered individual questions for the tribal participants. Following the meeting, per the request of the Navajo Nation’s Social Services Director, the Department’s title IV-E Program and Policy Specialist and other Department staff attended Navajo Nation's title IV-E planning meetings for their direct title IV-E funding. Topics discussed during this meeting included the history of title IV-E program development in Arizona, organizational structure, eligibility, the financial management system, reimbursement, and cost allocation.
- In April 2014, the Children’s Bureau Region IX staff arranged and invited the Department's ICWA Specialist and title IV-E Specialist to the tribal title IV-B joint planning meetings with Tohono O’odham Nation and the Pascua Yaqui Tribe. Topics covered were the sharing of title IV-B plans and the title IV-E planning status for the Tohono O’odham Nation and Pascua Yaqui Tribe.
- The Department shares its State of Arizona Child Family Services Plan with Indian tribes and the Indian Child Welfare Specialist maintains copies of tribal title IV-B plans submitted by tribes. The Department's Child and Family Service Plan and Annual Reports are posted on the internet for access by tribal representatives at any time.

Chafee Foster Care Independence and Education and Training Vouchers Programs

American Indian youth between sixteen and twenty years of age who are under tribal court custody and are in tribally licensed foster care placement are eligible to receive education, training, and transitional services to self-sufficiency. Financial, housing, counseling, and employment support services are available to complement the youths’ efforts to achieve self sufficiency. Indian tribes continue to work with local contracted independent living program (ILP) providers to access these services for their eligible American Indian youth. ILP Teams have presented information to tribes throughout the state and provide services to Tribal Youth. See Section VII, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013*, for complete information about collaboration between Chafee Foster Care Independence and Education and Training Voucher Programs and Arizona’s American Indian tribes.

Indian Child Welfare Act Strengths and Concerns

The Department’s Indian Child Welfare Act compliance standards were updated during the reporting period. Compliance continues to be reviewed on a regular basis, with progress achieved through several

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tools and steps. Tribal feedback and other information concerning the Department's current compliance with the ICWA requirements is described below.

1. *Identify and document whether or not the child may be an "Indian child" and provide notice to tribe to confirm tribal affiliation.*

Of 14,314 children in out-of-home care on March 31, 2013, 1,025 children were identified as American Indian children; therefore, 7.16% of the out-of-home population was identified as American Indian (*Child Welfare Reporting Requirements Semi-Annual Report*).

A review of CHILDS and Office of the Attorney General files found that record keeping between the Department and the Office of the AG was inconsistent and/or incomplete: The child was identified as an American Indian child in both systems in 46% of cases, the child was identified in the Office of the AG system but not in CHILDS in 44% of cases, and the child was identified in CHILDS but not the Office of the AG system in 7% of cases. This is a barrier to compliance with ICWA requirements and other ICWA-related program improvements.

The Department has implemented quality control and other strategies to improve the collection and consistency of identifying information for American Indian Children. The Department and the Office of the AG now cross reference data monthly to ensure quality control with identification of ICWA cases.

2. *Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene*

A review of CHILDS and Office of the Attorney General files for 993 children found no initial evidence of widespread failures to notify tribes, however, improvements were needed. The Department's Court Liaison is now meeting monthly with the Office of the Attorney General to improve tracking and quality control for Tribal notification. The first step is to improve the collection of information to identify a child as an American Indian child and confirm tribal affiliation. In addition, Department policy on transferring cases to tribal jurisdiction has been updated, particularly when a child is title IV-E eligible so that all eligibility information transfers with the case record.

3. *Make "active efforts" to prevent breakup of the Indian family and prior to removal, seek a dependency or termination of parental rights.*

During FFY 2013, 1,785 children identified as American Indian were served in out-of-home care by the agency. Of these, 679 children exited during the year. Over half (53%) of the exits were to reunification or live with a relative. The following shows the percentage of all exits, by exit type (Report 43):

- 53% (362) reunified with a parent or primary caretaker
- <1% (5) exited to live with a relative
- 9% (64) transferred to another agency
- 12% (83) exited care due to a guardianship
- 16% (109) exited care due to an adoption
- 7% (51) reached the age of 18
- <1% (2) exited for the reason of runaway
- <1% (3) exited care due to death

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4. Comply with placement preferences for foster care and adoptive placements

During FFY 2013, 1,785 children identified as American Indian were served in out-of-home care by the agency. Eighty-one percent of the children were most recently in a family-like placement (trial home visit, relative foster home, pre-adoptive home or non-relative foster home). The following shows the percentage of all most recent placement, by placement type (Report 43):

- 36% (652) relative foster home
- <1% (6) trial home visit
- 42% (755) non-relative foster home
- 1% (25) pre-adoptive home
- 15% (271) congregate care, institution and runaway

5. Use a Qualified Expert Witness (QEW) to support conclusion that the parent’s continued custody is likely to result in serious emotional or physical damage to the child.

The Department has developed a process to arrange QEW testimony and has hired a QEW Specialist to manage consistent use of the process. In addition, the courts make sure that QEW testimony is provided when required. A QEW testimony request from the Office of the Attorney General is sent to the Department’s QEW Specialist, who contacts the tribe to request the tribe provide the QEW testimony. If the Tribe is unavailable to provide the testimony, one of the Department’s three QEWs provides the testimony. The Department is confident that QEW testimony is occurring and is working to design a quality assurance process to improve the objectivity of the testimony.

Goals and Objective to Improve Compliance with ICWA and Services to American Indian Families

During this five year period, the Department has planned statewide efforts to improve the collection of data concerning the consistency of the Department’s practice, ICWA compliance, and outcomes for American Indian children. Collection of sufficient data will allow the Department to better analyze ICWA compliance and identify best practices that will achieve positive outcomes for American Indian children and families. The following goals for improving ICWA compliance are based on recommendations from Casey Family Program’s Indian Child Welfare Examination of State Compliance in ICWA from 2002, the recommendations from the Tribal Social Service Work group, the Tribal-State Indian Child Welfare Workgroup discussions, the Northern Lights Conference's Needs Assessment of the Arizona Indian Child Welfare System, and an overview of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist. The benchmarks associated with each objective will be updated each year with Tribal input, input from the Department’s Child Safety Specialists and information gathered through the quality assurance process.

Goal: Consistently comply with ICWA requirements to improve safety, permanency, and well-being outcomes for American Indian children and families.

Measure: The Department will develop ICWA compliance and American Indian child and family outcome measures in FFY 2015, while designing the quality assurance system.

ICWA Objective 1: Develop mechanisms of Quality Assurance for ICWA cases.		
Benchmarks		Timeframe
1.1	Develop an ICWA Compliance Checklist that communicates the practice standards, to be distributed in Child Safety Specialist trainings and included in quality assurance ICWA Case Reviews.	FFY 2015

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1.2	With input from the Tribal /State ICWA Work Group, create guidelines for Qualified Expert Witness Testimony and Active Efforts, to clarify best practices.	FFY 2015
1.3	Develop an ICWA Case Review tool to assess ICWA compliance.	FFY 2015
1.4	Conduct ICWA Case Reviews in each of the five DCS regions to review case practice related to ICWA.	FFY 2015-2019

ICWA Objective 2: Update ICWA initial training and develop advanced ICWA training for Child Safety Specialists, statewide.		
Benchmarks		Timeframe
2.1	Review the results of the ICWA portion of the DCS Training Competency survey of all DCS staff.	FFY 2015
2.2	Receive Tribal input on current DCS ICWA training and work with ASU and ASU's American Indian project to make sure the training describes the best practice for working with American Indian Children and families.	FFY 2015
2.3	Obtain seven hours of American Indian Policy Training by internal and external resources, annually, for the DCS ICWA Specialist, ICWA Unit staff and ICWA Specialists throughout the state.	FFY 2015-2019

ICWA Objective 3: Increase ICWA Units or Specialized ICWA Child Safety Specialists throughout the state to consistently use of best practices when working with American Indian Children and Families.		
Benchmarks		Timeframe
3.1	Analyze the trend mapping report that includes data about American Indian child removals from 2011 through 2014.	FFY 2015
3.2	Based on this data and needs assessment, identify Department offices across the state to locate trained ICWA staff.	FFY 2015
3.3	Hire a Tribal Liaison, in addition to the Department's ICWA Specialist and QEW Coordinator.	FFY 2016
3.4	Create an ICWA Administration and Tribal Relations Office.	FFY 2016

ICWA Objective 4: Maintain updated Department policy and forms related to elements of the Indian Child Welfare Act: Identification, Notice to Tribes, Placement Preference, QEW and Active Efforts		
Benchmarks		Timeframe
4.1	Change the PS- 045 and the 106 (6-97) forms to accurately collect information about whether the child is American Indian, and information about Tribal enrollment or affiliation.	FFY 2015
4.2	Revise the on-line policy manual to include a cross-link between ICWA policy and other chapters of the Department's policy.	FFY 2015
4.3	Continually seek recommendations from the Tribal-State ICWA workgroup, the Department's ICWA Specialist, and the Department's Tribal Liaison to revise and maintain updated policy on all ICWA components.	FFY 2015-2019

ICWA Objective 5: Increase and improve data collection on American Indian children placed out-of-home and subject to ICWA, including the ability to report quarterly data on the number of children identified as Indian, the number of children subject to ICWA, the number of agency notices sent to Tribes, and the number of children placed per placement preference.		
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Benchmarks		Timeframe
5.1	Create four data collection templates in CHILDS to assist workers in meeting ICWA compliance components: Identification, Notice to Tribes, Placement Preference, and Active Efforts (including QEW testimony).	FFY2015
5.2	Create required fields in CHILDS to document the activity and results of screening for child’s status as American Indian, information about the child’s biological family history related to status as American Indian, and information about tribal membership or affiliation, to include a list of the 22 Arizona Tribes and a selection for “Other Tribe.”	FFY 2015
5.3	Create a mechanism to document the Request for Confirmation of Child’s Indian Status.	FFY 2016
5.4	Create a mechanism to document the Notice of Involuntary Child Custody Proceeding Involving an Indian Child.	FFY 2016
5.5	Create a mechanism to capture the informational Request for Confirmation of Child’s Indian Status.	FFY 2016

Section VI

Improvement Goals, Objectives, and Measures of Progress

Improvement Goals, Objectives, and Measures of Progress

The Theory of Change

The Department's vision is: Keeping Arizona's children safe through timely and appropriate intervention, strong families, and engaged communities.

The Department's mission is: To ensure the safety of children, first and foremost, to engage in prevention and early intervention services, to preserve and unify families when the safety of the child is not at risk, to remove and achieve permanency for children who have been harmed and cannot be safely returned to their family.

This Child and Family Services Plan for FFYs 2015 through 2019 is designed to improve safety, permanency, and well-being outcomes by addressing the root problem that demand exceeds capacity, and the lack of standardized process and decision making that result, in part, from insufficient capacity. According to the CARE Team Report, *Eyes on Children*: "Insufficient capacity leads to high employee turnover, caseload backlog,...inefficient caseload management and a daily struggle to keep up. Insufficient capacity ultimately drives management and process challenges, including a lack of clear performance standards, inexperienced supervisors, ineffective management of front line staff, no standardized leadership work product, insufficient training, and individual judgment routinely replaces standardized process."

The Department received new resources in May 2014. These resources are necessary inputs, essential to the success of this strategic plan:

- a new agency, separated from the Department of Economic Security, whose Director reports to Arizona's Governor;
- a new organizational structure that gives heightened attention to prevention, the Child Abuse Reporting Hotline, investigations, OCWI, case management and permanency, and inspections (continuous quality improvement and quality assurance);
- a highly experienced executive team;
- budget appropriations that brought the total number of DCS Specialist positions to 1,406;
- budget appropriations that brought the total number of DCS Supervisor positions to 216;
- budget appropriations to fund overtime pay for employees who volunteer to work on the backlog of inactive cases; and
- budget appropriations to fund services for children and families.

The Department will efficiently apply its resources to conduct the agency's core work and implement a strategic improvement plan. The Department has identified seventeen objectives and related benchmarks. These objectives and benchmarks describe the interventions and activities that will be accomplished during the five year period spanning FFY 2015 through FFY 2019. The Department expects that these objectives will achieve goals of improved system capacity and improved service delivery, and that attaining the goals will improve safety, permanency, and well-being outcomes for children in families.

Goals, Measures, Objectives, and Benchmarks

Goal : Reduce caseloads to meet reasonable caseload standards

Measure: The average monthly caseload will be reduced to the Department's caseload standard for each case type.

Objective 1: Increase and reorganize the workforce to meet demand for family assessment, investigation, in-home, and out-of-home case management services.

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Section VI: Improvement Goals, Objectives and Measures of Progress

Benchmarks		Timeframe
1.1	Hire new Child Safety Specialists, as authorized by the Arizona legislature in May 2014.	By FFY 2015
1.2	Hire new field unit supervisors, as authorized by the Arizona legislature in May 2014.	By FFY 2015
1.3	Create new field units.	FFY 2015
1.4	Redesign field unit structure to lower the staff-to-supervisor ratio to a level that allows quality supervision, mentoring, and coaching.	FFY 2015
1.5	Continually validate appropriate caseload standards, based on well documented time-studies of current known best practices and information about current process capabilities.	FFYs 2015-2019
1.6	Continually examine and adjust the organization and assignment of field units to meet changing needs (such as shifts in demand from out-of-home to in-home case management).	FFYs 2015-2019

Objective 2: Eliminate the backlog of inactive cases.		
Benchmarks		Timeframe
2.1	Evaluate the backlog to determine the volume and case type, and the amount of resources needed to serve the cases.	By FFY 2015
2.2	Fund overtime pay for staff who volunteer to serve the inactive cases.	FFY 2015-2016

Objective 3: Adjust Child Safety Specialist workload by reassigning tasks that do not require the CSS level of professional skill.		
Benchmarks		Timeframe
3.1	Hire new case aides, as authorized by the Arizona legislature in May 2014.	By FFY 2015
3.2	Identify opportunities for case aides and support staff to complete tasks that allow higher skilled professionals to focus on their core tasks.	FFY 2015
3.3	Develop opportunities for volunteers and interns to augment existing agency staff.	FFY 2015

The Department's caseload standard is:

- for investigations, 13 reports per month per Child Safety Specialist;
- for in-home services, working with 33 children per month per Child Safety Specialist; and
- for out-of-home (foster care) services, working with 20 children per month per Child Safety Specialist.

Child Safety Specialists have been carrying caseloads well above the standards for many years. In January 2014, caseloads were 22% above the standard. Focus groups and surveys of Department staff and stakeholders repeatedly identify unmanageable caseloads as a primary factor preventing standard practice that adheres to written policy and procedure. In addition to new caseload, in June 2014 the Department had over 13,000 reports that have been open for more than 60 days with no activity. This backlog adds to overall caseload and must be addressed in order to reach the caseload standards. Furthermore, employee surveys identified a need for support staff to assist with tasks such as copying and mailing documents, scheduling visits, completing forms and paperwork, and returning general phone calls.

Increasing the size of the workforce, reducing caseloads, and decreasing per case workload are expected to improve the Department's capacity to meet the demand for services. Sufficient capacity is necessary to organizational stability, which is a prerequisite for consistent process and standard work. The Department anticipates that when Child Safety Specialists practice according to the standards in Department policy

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Section VI: Improvement Goals, Objectives and Measures of Progress

and procedure, with effective and timely supervision, children and families will experience medium-range outcomes that include higher rates of timely initial response to reports, more comprehensive safety and risk assessments, less intrusive safety plans, greater involvement in case planning, more frequent and higher quality parent-child visitation, and more frequent and higher quality contacts with their caseworkers. Long-range impact is expected to include reduced repeat reports rates, reductions in the size of the out-of-home care population without compromising child safety, faster achievement of safe and permanent reunification, faster achievement of adoption, and increased child well-being.

Goal: Recruit and retain high quality employees

Measure: The Department will measure achievement of this goal through vacancy and turnover rates.

Objective 4: Implement incentives and benefits to recruit and retain high quality employees.		
Benchmarks		Timeframe
4.1	Evaluate compensation to improve staff retention.	FFY 2015-2019
4.2	Consider bringing all Department of Child Safety employees under the Governor’s Personnel Reform as “uncovered.”	FFY 2015-2019
4.3	Continually review tuition reimbursement programs and curricula in higher education institutions, particularly in schools of Social Work and Criminal Justice.	FFY 2015-2019

Objective 5: Provide all staff with modern technology and access to data systems necessary to ensure child safety, improve efficiency, and achieve quality standard work.		
Benchmarks		Target Date
5.1	Enhance or replace the statewide automated information system to promote efficient and effective management of information that is available on a real-time basis to OCWI, Child Safety Specialists, and agency supervisors.	FFY 2019
5.2	Provide mobile device interface and remote access to the SACWIS system to support the investigation process.	FFY 2015-2018
5.3	Develop procedures outlining cooperation between the Intake Bureau and OCWI for assistance in locating families.	FFY 2015-2019
5.4	Revise statute as needed to ensure that DCS professionals have appropriate access to Department of Economic Security data systems for the purposes of locating children and families, including food stamps, TANF, etc.	FFY 2018

Objective 6: Improve caseworker safety in the field		
Benchmarks		Timeframe
6.1	Develop robust safety training to contribute to caseworker situational awareness regarding field safety, potentially in partnership with law enforcement and the Administrative Office of the Courts.	FFY 2015-2017
6.2	Develop operational guidelines that pertain to safety in the field, including a decision process to know when to place personal safety above the priority of completing investigations.	FFY 2016-2017
6.3	Through the use of the CAC/Law Enforcement (LE) Liaison, work with LE agencies, building relationships and participating in MDT meetings.	FFY 2015-2019
6.4	Identify necessary resources for investigators and caseworkers, in order for them to fulfill the specific duties of their job. (e.g., mobile technology, adequate supplies of child car seats needed to transport children safely and expeditiously).	FFY 2015-2018

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Section VI: Improvement Goals, Objectives and Measures of Progress

6.5	Evaluate the sufficiency of the pool of government vehicles available to employees and consider the personal and agency risk surrounding the use of personal vehicles.	FFY 2018-2019
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According to the CARE Team report, *Eyes on Children*, “the attrition of new employees is approximately 25 to 30%, and there is a significant representation of employees whose tenure reflects months not years.” High turnover contributes to the backlog of inactive cases and to high caseloads, which in turn produce more employee turnover. Turnover among field staff is costly to the agency and to families. The persistent need to hire and train new staff diverts agency resources from direct services to families. The need to reassign cases due to staff attrition can lead to delays in service provision and delays to permanency.

The Department selected interventions to improve recruitment and retention based on attrition data and employee input during the CARE Team’s evaluation. Survey responses revealed the need for better pay equity, modern technology and equipment, and improved worker safety, and indicated that addressing these needs would improve retention. The Department believes that improved recruitment and retention will reduce caseloads, which will have the medium and long-range affects previously described. Furthermore, retention will improve staff experience and skills, which will be particularly beneficial to the quality of supervision.

Goal: Develop a skilled workforce

Measure: 100% of newly hired staff and 95% of existing staff will attend training as required by Department policy.

Measure: The Department is developing measures of training effectiveness.

Objective 7: Deliver consistent, current, efficient instruction to all field staff.		
Benchmarks		Target Date
7.1	Conduct initial and reassessment reviews of all training relative to the needs and skill gaps of the Department.	FFY 2015, FFY 2019
7.2	Create clear accountability for training curriculum development.	FFY 2015-2016
7.3	In partnership with Arizona State University's Center for Applied Behavioral Health program, and with input from field staff, redesign the timelines, duration and content of training for newly hired Child Safety Specialists.	FFY 2015
7.4	Periodically revise pre-service and in-service training to address the skill gaps in the Department and incorporate current best practices and the latest research on evaluating child safety.	FFY 2015, FFY 2019
7.5	Develop an Individualized Training Needs Assessment that will allow employees and supervisors to gauge the employee’s competence in each skill/knowledge area, tailor an employee's training, and reduce the length of training for some employees.	FFY 2015
7.6	Develop training tracks so that newly hired employees receive training on the knowledge and skills necessary to perform the specific job function for which the employee was hired.	FFY 2015
7.7	Implement investigator training, similar to law-enforcement training, and explore a partnership with higher education for educational credits to be awarded.	FFY 2015-2017
7.8	Provide ongoing criminal conduct training to all staff that respond to cases or manage investigators so they are conversant in identifying and assessing criminal conduct.	FFY 2015-2016

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7.9	Implement a requirement that staff not current with required training are not eligible to work in the field.	FFY 2015-2017
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The CARE Team found that critical decisions are “subject to the individual judgment of staff,” and recommended that management “identify best practices that should be standard and implement those best practices through development of standard work and continual training across the organization.” The CARE Team evaluation found that some training, such as supervisor training, has not been provided on time and that annual in-service training is needed so that “all field staff receives consistent and current instruction.” Input into the adequacy and design of training was also obtained during well-attended staff forums. Suggestions from the training forums have been incorporated into the training improvement plan.

The Department believes that training is one of several essential interventions to develop standard practice across the organization. The Department believes that within a stable organization with sufficient workforce and reasonable caseloads, training to current best practices – augmented by high quality supervision and quality assurance processes – will improve the consistency of practice. When the Department reaches a state of consistent practice, it will be better able to identify elements of current practice that are effective and those that are not, and continually adjust practice standards to achieve the best safety, permanency, and well-being outcomes. The Department is particularly interested in evaluating the efficacy of the current safety and risk assessment model in achieving child safety, preventing repeat reports, repeat maltreatment and re-entry into out-of-home care.

Goal: Operate with transparency and accountability to the practice standards described in law, rules, policy, and procedure.

Measure: Each practice element will meet the practice standards in 95% of cases reviewed during the Department’s Practice Improvement Case Review or other case review process.

Objective 8: Maximize transparency in Department actions to recapture the trust of the public and create agency accountability.		
Benchmarks		Timetable
8.1	Share agency success stories, with permission from families who have enjoyed the best outcomes thanks to the work of the Agency.	FFY 2015-2019
8.2	Examine how other states and the federal government operate regarding transparency (reporting data and outcomes, telling the stories of success and being honest about failures) in order to encourage and accept accountability.	FFY 2015
8.3	Implement a public information and community liaison office within the Department to share agency outcomes and communicate both positive and negative information in order to be held accountable by the public the agency serves.	FFY 2015
8.4	Post reports with agency safety and permanency outcome data on the Department’s public website and update the reports routinely.	FFY 2015-2019
8.5	Create greater accountability and fiscal transparency so that the Department’s operation and practices are consistent with its mission.	FFY 2015-2019
8.6	Create policy for internally managing public records requests.	FFY 2015-2016
8.7	Implement modifications to the statewide automated information system so that entries cannot be modified or deleted, in order to have a trusted historical record of all information and related employee actions.	FFY 2015

Objective 9: Align agency culture, practices, and operation with state and federal law and legislative objectives and the Department’s core mission of child safety.		
Benchmarks		Target Date
9.1	Seamlessly transition from the Department of Economic Security to the Department of Child Safety, by comprehensively reviewing and assessing all collaborative arrangements and programs that provide services to children and families associated with the child protective agency.	FFY 2015
9.2	Hire an Inspector General to lead the Inspections Bureau, reporting to the Director, and a CQI Manager	By FFY 2015
9.3	Hire a team of highly skilled child investigations and child welfare professionals to staff the Inspections Bureau and regularly assess whether the operational practices of the Department reflect compliance with statute, policy, and procedure that reflect best practices.	FFY 2015
9.4	Create a permanent process improvement team as part of the Inspections Bureau, with employees conversant in Lean Six Sigma, to prevent recurring problems and create best practices and efficiencies.	FFY 2015
9.5	Implement a quality assurance case review process to monitor that timely, thorough, and proper investigations are conducted, conforming and compliant with statute.	FFY 2015-2016

The CARE Team concluded that the agency “must strive to establish maximum transparency in its actions to recapture the trust of the public and create agency accountability.” Transparency and public accountability will encourage stakeholders to engage in the agency’s improvement efforts. Improvement will only be successful when there is meaningful collaboration with stakeholders, such as parents, kin, youth, American Indian tribes, foster parents, law enforcement agencies, the courts, the behavioral health system, prevention agencies, child advocates, and the state legislature.

In addition, the CARE Team evaluation found a lack of clear performance standards and that individual judgment replaces standard process. Like high quality training, the Department believes that transparency and accountability are essential interventions to develop standard practice across the organization. When the entire organization is accountable to clearly defined best practice standards and successful outcomes for children and families, the consistency of practice will improve. When the Department reaches a state of consistent practice, it will be better able to identify elements of the practice standard that are effective and those that are not, and continually adjust practice standards to achieve the best outcomes.

Goal: Thoroughly and efficiently collect information from the public about children who may be abused or neglected.

Measure: The percentage of calls answered within 60 seconds will be at least 80%.

Measure: The percentage of abandoned calls will be 8% or less.

Objective 10: Implement best practices for call center management as they apply to the work of child protection.		
Benchmarks		Timeframe
10.1	Examine other states’ intake screening processes related to automation and formatting of information collection.	FFY 2015
10.2	Standardize information collection and documentation into the system of record to have the most efficient and effective process in place.	FFY 2015

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10.3	Explore partnerships with organizations that can provide community information and referral services to community members seeking support and assistance in their area.	FFY 2016
10.4	Implement automation enhancements that allow DCS staff to electronically submit communications regarding open investigations, such as additional information about abuse or neglect discovered during an open investigation.	FFY 2016
10.7	Establish a measurable and standardized quality assurance process for the review of Hotline referrals that are determined to not meet statutory report criteria.	FFY 2016

The Department’s Child Abuse Reporting line (intake call center) is the starting point for all Department field activity to achieve the mission of child safety. In order to assess child safety and risks, a referral must be received at the call center and correctly categorized as a report if it meets the statutory criteria. The CARE Team evaluation found that the call center did not have sufficient staff capacity to meet the demand of incoming communication volume, and that “High abandoned call rates, long wait times and the current interview design do not facilitate efficient collection of information from the public.” The CARE Team concluded that “clear performance standards need to be established and maintained.”

The Department has identified strategies to standardize the collection and documentation of information, including design of an effective process and implementation of a quality assurance review to monitor the consistency of decisions. The new standard process will be a more efficient response to communications, which will reduce caller wait time and the abandoned call rate. In addition, anticipated automation enhancements would allow Child Safety Specialists to provide additional information gathered during an open investigation electronically instead of by phone. This information is necessary so that the Hotline retains complete documentation about all events or circumstances of abuse or neglect that are known to the agency and have already been assessed or investigated, so that future communications with the same information does not generate a new report and a second investigation. This new process would improve efficiency for field and call center employees, and increase the likelihood that field staff will communicate the information to the call center. In addition, the Department will explore the possibility of partnerships with other organizations that can serve community members seeking community resource information, thereby meeting the customer’s need while reducing call volume at the Child Abuse Reporting call center. As result of all of these activities, more thorough and timely information will be collected from the public and forwarded to field units, allowing a faster response to concerns and ultimately improving child safety.

Goal: Provide an appropriate response to allegations, based on risk and needs

Measure: The Department will measure achievement of this goal using the yet to be determined federal CFSR measure on repeat report rates.

Objective 11: Strictly adhere to joint investigation protocols in investigations of criminal conduct allegations.		
Benchmarks		Target Date
11.1	Clarify roles and responsibilities of OCWI, law enforcement, and Child Safety Specialists in investigations of allegations of criminal conduct against children.	FFY 2015
11.2	Improve the integration of the Office of Child Welfare Investigations (OCWI) throughout the Department, particularly in the operation of the Intake Bureau (Child Abuse Reporting Hotline) and in the investigative track.	FFY 2015-2019

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11.3	Explore best practice models from other state agencies or municipalities, regarding the integration of sworn Peace Officers within OCWI, to work in collaboration with and at the request of law enforcement on child fatality cases only (for example some arson investigators have sworn status limited to arson investigations).	FFY 2015
11.4	Develop an improved partnership with law enforcement and automated capabilities to provide law enforcement with appropriate and timely access to Hotline information consistent with existing statute, to include agency compliance with statutory mandates for cross-reporting to law enforcement.	FFY 2015-2016

Objective 12: Examine, clarify, and improve the consistency of Titles 8 and 13 to maximize and strengthen each discipline’s ability to ensure child safety as the primary goal.		
Benchmarks		Target Date
12.1	Clarify statutes and policy to unequivocally emphasize the role of Department employees as mandated cross reporters to law enforcement.	FFY 2015
12.2	Clarify the role of Department Child Safety Specialists when investigating alleged criminal conduct, and realignment of statute 8-803 regarding “Duty to Inform” in the case of a criminal conduct allegation.	FFY 2015-2016
12.3	Change statute and rules to admit “other acts evidence” in physical and sexual abuse.	FFY 2016
12.4	Promote the prompt release of DCS records when a criminal defendant or child is the subject of such information, in accordance with statute.	FFY 2015

Objective 13: Engage experts – including community based providers, foster parents, the medical community, law enforcement, child advocates, and the courts – in collaboration and partnership, to keep children safe and families together.		
Benchmarks		Target Date
13.1	Establish additional co-located, Multi-Disciplinary Teams of law enforcement, medical providers, and social service providers to enact multi-disciplinary approaches to child abuse investigations and treatment.	FFY 2015-2019
13.2	Expand the co-location of investigation and social work units in advocacy centers, law enforcement agencies, and specialized hospitals, where it is feasible.	FFY 2015-2019
13.3	In collaboration with stakeholders, explore quality assurance processes to monitor that MDTs adhere to their county multi-disciplinary protocols.	FFY 2016
13.4	Continue to collaborate with university and community college partners to develop a workforce accustomed to the MDT protocol.	FFY 2015-2019
13.5	Participate in the Community Advisory Committee, formed by statute to make recommendations to the Department, increase stakeholder collaboration, and improve communication between mandatory reporters and the Department.	FFY 2015-2019

Objective 14: Provide an Appropriate Response to Allegations, Based on Risk and Needs		
Benchmarks		Target Date
14.1	Review and adjust the priority system rules to drive the appropriate response levels to assure child safety.	FFY 2015
14.2	Clarify and rigorously enforce the criminal conduct component of the response system, to include differentiation of real-time criminal conduct from alleged previous criminal conduct where a child is not currently endangered.	FFY 2015

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14.3	Introduce language for statutory legislation to improve the ability to verify ongoing safety of the child in high risk cases where child safety remains a concern.	FFY 2015
14.4	Evaluate existing “unable to locate” policies to ensure all reasonable attempts to locate children are followed, including through communications and information sharing across all disciplines including law enforcement, AHCCCS, schools, and medical providers.	FFY 2015
14.5	Design and roll-out a Family Assessment response system to respond to reports that do not require an investigation	FFY 2015-2019

The Failure Mode Effects Analysis conducted by the CARE Team found 142 total potential failure points between a call arriving at the Child Abuse Reporting Hotline and closing an investigation. To address these system-wide concerns, the CARE Team repeatedly recommended increased capacity and implementation of standard processes that “identify the best current model of performing a task” to be promoted throughout the organization. The Department has identified several interventions to define and promote the best current model of responding to reports of abuse or neglect. Adherence to joint investigation protocols will improve the ability of law enforcement, OCWI, and Child Safety Specialists to conduct investigations that protect children, minimize trauma, promote child well-being, and allow for prosecution of criminal conduct. Clarification and increased consistency of titles 8 and 13 will promote standard process by resolving questions and discrepancies that are a barrier to the development of clear practice standards. MDTs and active multi-disciplinary collaboration are proven methods that capitalize on expertise from a range of disciplines and perspectives to develop, implement, and continually improve processes to promote child safety and well-being. In addition, the Department will resolve known inconsistencies in practice by identifying and promoting the best current models for prioritizing response to reports, identifying criminal conduct allegations that require a joint investigation, and locating missing families and children.

Finally, the Department is developing a Family Assessment model to respond to neglect and less severe physical abuse reports with a family-centered non-confrontational assessment that engages families in services to treat risks before they escalate into safety threats. The Department expects that these interventions will result in medium-range outcomes of reduced repeat reports, and reduced entry and re-entry into out-of-home care.

Goal: Remove only those children who require it for their immediate safety and safely achieve faster permanency for children who must be removed.

Measure: This goal will be measured through the safety and permanency measures listed in Section IV of this Child and family Services Plan.

Objective 15: Support programs that prevent child abuse and reduce entry, reentry, recurrence of abuse, and use of congregate care.		
Benchmarks		Target Date
15.1	Make adequate resources available to provide family services that promote family preservation or reunification, as long as child safety is not compromised.	FFY 2016-2017
15.2	Work with community partners to identify and establish Arizona best practices and programs.	FFY 2015-2019
15.3	Restore successful family support programs that were cut due to budget constraints, such as childcare subsidies, substance abuse treatment, behavioral health treatment, and domestic violence interventions.	FFY 2016-2019

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Objective 16: Improve communication and coordination with the court to streamline processes to the benefit of both entities and the families served.		
Benchmarks		Target Date
16.1	Improve timely communication regarding notifications for court hearings, case planning, and placement decisions, requests for releasable information, and other interrelated processes.	FFY 2015-2016
16.2	Partner with the Administrative Offices of the Courts and juvenile justice to streamline and improve the dependency process.	FFY 2015-2019
16.3	Work with the Arizona Supreme Court to ensure rules are aligned with statutory changes and Agency mission.	FFY 2015
16.4	Act upon opportunities to cross-train with court and Department staff, and to collaborate with the courts.	FFY 2015-2019
16.5	Collaborate on the Cross-over Youth Project to improve outcomes for children involved in both the juvenile justice and child welfare systems.	FFY 2015-2019

The Department’s administrative data shows that Arizona has a high rate of removal per 1,000 children in the state’s population and the out-of-home care population grew substantially over the last three years. In addition, reunification is occurring more slowly and re-entry following reunification remains high. The Department is working to restore and expand the service array that promotes family preservation and reunification without compromising child safety. The Department is actively examining evidence-supported family preservation and reunification services in a collaborative committee with stakeholders, and plans to select two evidence-based practices to implement through contracted providers in the next contracting cycle. Other evidence-based practices that can be implemented by DCS staff will be continuously explored by program area committees, the Community Advisory Committee, and the Department’s Program Development Unit. In addition, the Department plans to collaborate with the court to improve processes in general, and to implement the Cross-Over Youth project. The Department is especially interested in collaboratively exploring court capacity issues that have been created by the growth in removals and dependencies.

Goal: Meet the needs of children in out-of-home care and their foster or adoptive families.

Measure: This goal will be measured through the Department’s annual foster and adoptive parent satisfaction survey, which will include several measures about Department support of foster and adoptive families.

Objective 17: Support and collaborate with foster and adoptive parents		
Benchmarks		Target Date
17.1	Implement methods to strengthen information-sharing with foster and adoptive families about the histories of the children in their care.	FFY 2015-2019
17.2	Implement methods to improve notification of foster and adoptive parents about hearings and other time-sensitive matters.	FFY 2015-2019
17.3	Increase the level of involvement of caregivers in decision-making related to the welfare of the children in their care.	FFY 2015-2019
17.4	Review processes to streamline the transition from foster to adoptive care.	FFY 2015-2019

Results of the CARE Team’s foster and adoptive parent survey indicated a need to improve the adequacy of background information foster and adoptive parents are provided, and their involvement in decision-making. Notification about hearings and case related meetings was also identified as an area needing improvement. The Department expects that improved communication and resource family involvement in decision-making will improve resource family retention and improve the families’ ability to meet the

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needs of the children in their care, and that these improvements will reduce reliance on congregate care and will achieve child well-being outcomes in relation to education, physical health, and behavioral health. Furthermore, children who are mentally and physically healthy are more likely to have positive permanency outcomes.

Staff Training, Technical Assistance and Evaluation

See Section V, 4. Staff and Provider Training, for the Department's staff development and training plan in support of the goals and objectives in the CFSP, and an explanation of how the training activities are designed to support the goals and objectives in the plan. See Objective 7, above, for a description of activities that the Department will pursue to continuously improve training.

Arizona made a request for technical assistance from the NRC for Diligent Recruitment to implement market segmentation to improve foster home recruitment marketing strategies. This assistance will begin in August 2014 and is expected to continue into FFY 2015. For more information, see Section V, 7. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention. The Department has not identified any other training or technical assistance (T/TA) that will be requested in FFY 2015-2019 in support of the CFSP/APSR goals.

The Department is not involved in any evaluation and research activities at this time, but has applied for a title IV-E demonstration project waiver, which would include an evaluation component. This would evaluate the impact of evidence supported practices and other strategies on reducing the use of congregate care.

Section VII

Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan 2015 - 2019

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I. Agency Administering CFCIP (section 477(b)(2) of the Act)

In May of 2014, Arizona formally removed its child welfare programs from the Department of Economic Security, creating a new agency, the Department of Child Safety (the Department). The Department is the responsible State agency administering the Title IV-E Program. The Department will administer the Chafee Foster Care Independence Program (CFCIP) 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 CFCIP is hereafter referred to as the “Young Adult Program” or “YAP.” 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.

Please see Section VII of this Five Year Child and Family Services Plan for the signed certification that 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, personal care, clothing, and basic furniture and household maintenance items. Room and board is made available through the state’s program of continued foster care and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under the age of 21 years, who were previously in the custody of a state or tribal child welfare foster care program, in out-of-home care, at age 16 years or older.

II. Determining Eligibility for Benefits and Services (Section 477(b)(2)(E) of the Act)

The Department requires an independent living case plan for all youth 16 years of age and older (and in certain circumstances, children younger than 16 years of age) in out-of-home care to ensure each youth has 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 16 years of age and older in out-of-home care with a permanency goal of Independent Living (aka Another Planned Permanency Goal/APPLA, Emancipation) are referred for participation in the YAP. These youth 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, personal assets (including financial assets) and the development of lifelong supports through connections with dedicated adults.

Formal administrative rules have been drafted with input from youth, caregivers, case management staff, youth-serving staff, providers, juvenile court staff, and child advocates. These rules will provide clarification and guidance on eligibility criteria, and are pending executive approval through the Arizona rule-making process. These rules have been in process for many years, in part due to a moratorium on rulemaking. The Department’s Rules Attorney will facilitate the conclusion of this process within the State system. 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, including decisions related to any denial or termination of services [(Section 477 (b)(2)(E) of the Act)]. The state website <http://www.azdes.gov/>

also provides links to an array of policy, program, and service and resource information, including contact information for staff statewide.

YAP 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.

Prior to the young adult's eighteenth birthday, the Department case manager will discuss the availability of continued foster care services with the youth and out-of-home care provider. A case conference will be held if any of the parties are in disagreement as to the appropriateness of continuing out-of-home care. A youth may elect to voluntarily end services or the case manager may later recommend termination of the youth from the program. In either situation, the youth may apply for aftercare services and/or request to re-enter out-of-home care any time prior to the 21 years of age.

When a decision to remove a young adult from continued foster care services is made, policy requires a case plan staffing be held to discuss the appropriateness of ending the Department's care and supervision of the young adult, as well as further plans for the young adult. The staffing is to include the youth, the assigned Department case manager, the Assistant Program Manager (or designee), other service team members, and the Region Program Manager (or designee). The Department maintains a "Client Complaint/Grievance" process that is available to all children in foster care, 12 years of age and older. State policy guidelines on the YAP have been revised and direct staff to ensure youth are made aware of and assisted to take advantage of this process.

III. Serving Youth across the State

The state will ensure that all political subdivisions in the state are served by the program, though not necessarily in a uniform manner (Section 477(b)(2)(B) of the Act), by ensuring adherence to state policy and procedures. As a state administered program, Arizona has a single set of policies and procedures that guide the state YAP. There is a single contractor providing the aftercare services through the TILP and a single contractor administering the state ETVP. A single unit at the Central Office level provides policy clarifications, monitoring and guidance to all region staff, community providers and stakeholders.

Youth eligibility and the service array does not vary from region to region, however, the state noted a decrease in the number of youth enrolling in the contract service (both in care and after care youth) and took steps to address this with Department region staff and contract staff. With the transition to a single contractor, the state office is beginning to see an increase in regions that historically have had low enrollment. Both National Youth in Transition Database (NYTD), financial and regional reporting will continue to be utilized to monitor service enrollment and expenditures. The Department Independent Living (IL) Coordinator meets with regional IL Coordinators and contract staff on a quarterly basis (or more often if needed). Data is collected, reviewed and discussed during these meetings to identify internal barriers to services delivery as well as to identify and discuss trends in service deliver, both positive and negative, and to resolve areas of concern.

IV. Serving Youth of Various Ages and States of Achieving Independence

Youth of various ages and stages of achieving independence are served by the Program [Section 477(b)(2)(C) of the Act]. Chafee-funded services are available to legal residents of Arizona who are

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under 21 years of age, and who are currently in the state foster care system, an Arizona tribal foster care system, 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 [Sections 477(a)(7) and 477(I)(2) of the Act]. Arizona has in place and continues to develop services for youth who are “likely to remain in foster care until age 18” [Section 477(a)(1-3) of the Act]. Arizona has designed and conducts its programs to achieve the purposes of Sections 477(b)(2)(A) and 477(a)(1-6) of the Act as follows:

Department case management staff identify youth who are eligible for YAP services and facilitate youth participation in case planning. During the case planning process case management staff assists youth to identify personal goals and services to facilitate achievement of these goals. Each region provides or arranges for an assessment of a youth’s self-sufficiency skills. Such assessments can serve as a pre-test and post-test as well as provide individualized plans that identify needs, objectives and tasks for the youth. The results of the skills assessment are incorporated into the youth’s individual independent living case plan, which is required by State policy for all youth in out-of-home care, 16 years of age and older.

Youth 16 to 21 years of age participate in skills assessment and service planning to ensure proper services are incorporated into the case plan. Department case management staff is responsible for assessing or making arrangements for an assessment of life skills with the results of such assessment utilized as the basis for case planning. In recent years, the Casey Life Skills array of assessments has been used for this purpose. The YAP will be reviewing the use of this assessment and consider alternate assessments, such as the Arizona Self-Sufficiency Matrix, which has been in use by community agencies serving homeless youth for many years.

The array of services available statewide and the specialized case management in two counties comprise Arizona’s state Chafee program, referred to as the Arizona Young Adult Program (AYAP). The AYAP specialized case management units manage services for only those families with older youth in care who are likely to reach 18 years of age while in out-of-home care. Statewide services include referral for participation in activities sponsored by 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. 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.

Youth in need of more advanced life skills training are referred through contract life skills trainers, schools, behavioral health agencies and other community based resources statewide. Grant money provides transportation and cash incentive awards to participants. The Department also utilizes the services of Divisions within the Arizona Department of Economic Security (including workforce and rehabilitation services), community organizations, volunteers, community mentor programs, and colleges and universities to expand opportunities for youth to gain experience and knowledge in support of their becoming self-sufficient.

Formal life skills training is provided one-on-one through a state contract provider. Training is individually tailored for youth with special educational, behavioral or other needs. A variety of presentation methods and materials may be used to more effectively reach young people with low reading levels and cognitive deficits. Life Skills training is also a Title XIX covered service, available through the local Regional Behavioral Health Authority providers. Youth with significant mental health needs are referred through the Child and Family Team for training through this resource. Youth eligible for services through the DES/Division of Developmental Disabilities (DDD) are also served through the AYAP and receive additional support from DDD staff who assist in navigating the DDD service delivery system, including securing enrollment in the Arizona Long Term Care System (ALTCS) for eligible youth. Most

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youth who are deemed ALTCS eligible are transitioned into that service system after turning 18 years of age, while youth who are DDD eligible but not ALTCS eligible remain on AYAP caseloads 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.

Additionally, youth 18 through 20 years of age who reach the age of 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their eighteenth birthday) to remain in foster care and participate in services may do so until their twenty-first birthday. Youth must demonstrate acceptance of personal responsibility for their transition to adulthood by participating in case plan development and maintaining satisfactory compliance with their individual goals in order to receive this continued support.
2. Youth who choose to end program involvement after attaining 18 years of age and later wish to reapply for support and services without returning to foster care are able to do so through the Transitional Independent Living Program (TILP) [Sections 477(a)(5) and 477(b)(3) of the Act].
3. Former Arizona Foster Youth under 21 years of age who left care at age eighteen or older and need long-term case management and support services have the option of returning to the Department for these services, including transitional living support and the cost of foster care. This policy has continued in effect since May 2006.

Re-entry is facilitated through the contract provider of the life skills training service. Arizona also supports older youth to live more independently, under the youth's own supervision, through the Independent Living Subsidy Program (ILSP). This program provides a supervised experiential living experience for youth 17 years of age and older. Youth initially meet with a community advisor on a monthly basis for assistance and support, while receiving a monthly stipend to support their living expenses. Youth must be pursuing some combination of education, workforce and/or therapeutic services (as needed), and demonstrate an adequate level of readiness, to be approved for this program. Youth turning 18 years of age while in the state foster care system are not required to participate in the ILSP, and may continue to reside in the home of their foster parent or in a group home, if this setting is determined as most appropriate in meeting their needs.

V. Description of Program Design and Delivery

The YAP was designed through ongoing consultation with a variety of stakeholders, including youth and young adults (through input obtained from the State and local Youth Advisory Boards), Department and contract staff (through quarterly IL Coordinator meetings) and community services providers and others through the new Arizona Youth Opportunities Initiative (AYOI), a statewide initiative that seeks to improve conditions for youth in the outcome areas of permanence, education, employment, financial capability, housing, physical and mental health, and social capital. The Department is an active and essential partner to the AYOI and will utilize the partnerships and collaborations developed to continue to inform and refine the program, and to communicate data, program successes and issues/barriers for the purpose of improving service delivery.

Through the AYOI, a significant amount of data, including information from NYTD, budget and program reports, was provided by the YAP to the AYOI during the process of completing a statewide environmental scan. This information has been disseminated to a wide range of stakeholders including current and former foster youth, tribal representatives, community service providers including representatives from the mental health community, child advocacy groups, courts and others as a guide in

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the development of the AYOI Implementation Plan. To avoid duplication of efforts, the YAP will coordinate with the AYOI for the ongoing design and delivery of services to achieve the purposes of the CFCIP (section 477(b)(2)(A) of the Act). Additionally, Arizona will strengthen the YAP by focusing efforts over the next five years on building staff capacity around informed, concise case planning, agency capacity around the delivery of timely, effective services (life skills training and support, aftercare services, Education and Training Voucher, etc.), and strengthening connections with other state, federal and community funded programs such as the new state Tuition Waiver, Arizona Friends of Foster Children Foundation and the Regional Behavioral Health Agencies (RBHAs-mental/behavioral health).

Broad goals to be addressed through the YAP include:

Transition to Self-Sufficiency

- A. Reduce case manager workload through lower case loads and increased number of specialized (AYAP) case managers.
- B. Increase housing options through increasing youth participating in the Independent Living Subsidy Program, and create short-term housing for youth years of age and older who experience placement disruptions and increase the array of independent and semi-independent housing.
- C. Improve planning process by integrating an effective planning tool into the planning process (such as the “transitioning youth index”, Foster Club Transition Plan, “passport” or other tool), and starting the transition planning process earlier in a youths life (e.g., reviewing the schedule for use of the Team Decision Making model).
- D. Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care.
- F. Improve access to services by ensuring youth begin receiving formal skills training at 16 years of age, enhance the array of supports and services available and ensure youth with severe mental health needs receive a timely severe mental illness (SMI) determination.

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 supporting more youth to participate in driver’s education programs.
- B. Increase the availability of practical applications such as internships (paid and unpaid), job shadowing/ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering.
- C. Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories.

Prepare Youth to Enter Post-Secondary Training and Educational Institutions

- A. Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part-time jobs while in school, on campus mentoring/support programs, assistance in obtaining services necessary to achieve stability in housing and mental health services.
- B. Institute the use of assessments to target readiness, aptitude and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests.

Mentors and Interactions with Dedicated Adults

- A. Increase efforts to help youth identify persons with whom they may develop a life-long connection 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 and community members as mentors/supports for youth.

Support and Services to Former Foster Care Recipients Ages 18 through 20 Years

- 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. Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning and developing specialized providers for working with transitional age young adults and support groups for transitioning youth.

VI. Education and Training Vouchers (ETV) Program

Section 477(a)(6) of the Act makes available vouchers for education and training, including post-secondary training and education to youth who have aged out of foster care or who, after attaining 16 years of age, have left foster care for adoption or kinship guardianship. Arizona additionally makes vouchers available to youth who left foster care for any reason at 16 years of age or older. The Department contracts with the Orphan Foundation of America (dba Foster Care to Success) to operate the state's ETV Program. Current and former foster youth may apply directly for the voucher by submitting an application online at www.statevoucher.org. Designated Department staff enters the web-based application and provides 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 room and board and fees are paid directly to the institution. Funding for living expenses are distributed monthly, based on the approved application and budget.

The Department contract further provides ongoing support to students through one on one contact with Foster Care to Success staff, care packages and involvement in supplemental support services (for struggling students). Department staff hold a teleconference with contract staff on a monthly basis (or as needed) to discuss progress and resolve issues/barriers to student success, and review and approve invoices on a monthly basis, monitoring the number and types of assistance provided to students. Additionally, internal meetings with budget/finance staff are held to monitor expenditures.

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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 youth 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.

Goals and outcomes for the ETV Program as reflected in the Department contract include:

- To spend 100% of ETV funds;
- 100% of ETV applications will be processed within 10 business days of completed application;
- 75% of approved and eligible applicants complete their education goals; and
- 80% of youth who received the ETV shall maintain at least the minimum required performance standard for the institution they are attending.

Arizona approved a state Tuition Waiver for current and former foster youth which was implemented for the spring 2014 school semester. The state office of the Auditor General has held initial meetings with stakeholders and will continue to meet with stakeholders to develop performance measures for the state tuition waiver program. 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. Additionally, the Department ETV contractor has developed a database that gathers information on youth served through the state Tuition Voucher including the number of youth served, basic demographics and characteristics of youth served, funding approved per student, etc., and will be distributing reports to stakeholders on a regular basis.

The Department does not have an automated mechanism to provide the number of ETVs awarded each year. The contract provider sends the Department an excel file with the detailed client information, which is then compared to submitted invoices to verify and determine the unduplicated number of participants for the award year.

VII. Collaboration with Other Private and Public Agencies

The state involves the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act) in a variety of ways. This includes ongoing partnerships with agencies such as the Arizona Friends of Foster Children Foundation, which provides funding for an array of items and activities for youth in foster care, as well as Arizona's new Tuition Waiver and an exciting new partnership with the national Jim Casey Youth Opportunities Initiative (JCYOI).

The JCYOI initiative works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies.

With the leadership and support of the Nina Mason Pulliam Charitable Trust, Arizona became a Jim Casey Initiative site. Children's Action Alliance (CAA) serves as the lead agency for the state's effort - the Arizona Youth Opportunity Initiative (AYOI). CAA has a longstanding history of more than 25 years working collaboratively with systems of care (e.g. child welfare, education, mental health, juvenile justice, adult services, and labor) to improve the well-being of Arizona's vulnerable children and youth, especially those in the child welfare system.

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Key stakeholders representing state and community agencies, service sectors supporting youth, and young people with first-hand experience in foster care were involved in gathering information for the Environmental Scan. This comprehensive assessment highlights the current conditions for youth transitioning out of Arizona's foster care system, and provides the basis for the three-year Implementation Plan, which is focused on improving outcomes for youth transitioning from foster care to independence in the following areas: permanence, education, employment, financial capability, housing, physical and mental health and social capital (mentors/dedicated adults). The AYOI will not only work to improve outcomes but to increase awareness of the needs of youth and young adults in foster care.

Success in the coordination of the YAP with other federal and state programs for youth, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs (in accordance with section 477(b)(3)(F) of the Act) has largely been dependent on the availability of the service in a specific region/area and eligibility criteria for individual programs. Progress has occurred through YAP's work in collaboration with the Arizona Department of Health Services (ADHS) Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state's IL Skills contract provider.

The state's IL Skills provider, as well as state staff, work together with the Arizona Workforce Connection to get youth enrolled in the programs offered. The YAP also informs state and contract staff on the availability of Rapid Re-Housing Young Adult Programs. The YAP plans to work more closely with these programs in the coming years, especially with regard to youth who are turning 21 years old and will no longer be eligible for voluntary foster care or transitional living services, but continue to need assistance with housing and vocational/employment skills. Efforts to improve coordination of services with these programs and with youth shelters and other programs serving youth/young adults at risk of homelessness will continue through the aforementioned AYOI.

With regard to mentoring, since working with Valley Leadership in 2013, Arizona's Children Association (AzCA) has designed and implemented THRIVE. The purpose of the THRIVE Mentor Program is to match volunteer mentors to adolescents that are in the process of 'aging out' of foster care and who are in need of positive supportive relationships. THRIVE recruits and trains mentors to be well versed in the needs of young adults who are in the process of transitioning out of foster care. A successful match will positively contribute to the adolescent's personal, social and educational growth.

As a statewide one-on-one mentor program, THRIVE seeks to match volunteer mentors to adolescents who are involved in the YAP and are in need of establishing permanent connections with positive adults in their communities. Youth are matched at 16 or 17 years of age and matches are maintained for 2 years. Mentors are required to meet with their mentee a minimum of 5 hours per month and be in contact by phone, email, social media, etc. at least one time per week. THRIVE Match Specialists maintain regular contact with the mentor and mentee. THRIVE Match Specialists also contact the Child Safety Specialist and primary caregiver (if applicable) a minimum of one time a month to discuss the match.

Representatives of YAP have met with representatives of the state Medicaid agency (Arizona Health Care Cost Containment System/AHCCCS) and the Department of Economic Security's Family Assistance Administration (the agency responsible for completing eligibility and maintaining assistance cases), along with community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and problem solved issues, as well as discussed strategies to locate, inform and enroll former foster youth under the age of 26 into a Medicaid health plan. Arizona maintains an expedited enrollment process wherein eligible youth who reach the age of 18 years while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18 years of age. Youth who exit care at 18 years of age and older who have either

never enrolled in a health plan (possibly due to being on runaway status at 18 years of age and not available to sign for enrollment) or whose coverage lapsed, may also be enrolled/re-enrolled using this process. The state continues to work collaboratively to create a more seamless enrollment process that will reduce the number of youth who experience a lapse in coverage.

The YAP is working to reduce the risk that youth and young adults in the child welfare system will be victims of human trafficking by educating staff, youth and contract providers. In collaboration with Phoenix Police (Vice) Detectives, Arizona State University School of Social Work, and other community agencies, trainings have been provided to establish awareness of human trafficking for persons working with foster youth. Many youth in foster care have also participated in workshops on human trafficking, and this will be a topic of training for all youth attending Arizona's 2014 State Youth Conference. Youth are also being informed about the risk of human trafficking through a Sexual Awareness toolkit being developed by the ADHS and state staff. These toolkits will be passed out to youth 12 years of age and older in foster care by their case managers or care providers. This toolkit includes information on the dangers of human trafficking to make all youth in foster care aware.

VIII. Consultation with Tribes (Section 477(b)(3)G) of the Act

Benefits and services under the YAP and ETV Program are available to Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refers youth age 16 years and older who have been identified as likely to reach the age of majority while in out-of-home care, directly to the contract service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan and the ETV. Youth 18 years and older who were formerly in out of home care under tribal jurisdiction may self-refer to the Department contract provider for services through the aftercare program, which is the same process used by youth formerly in state foster programs. Department staff contacts 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.statevoucher.org.

Department YAP staff and the Department contract provider (Arizona's Children Association) have jointly conducted outreach efforts to Arizona's tribes for the purpose of informing on current services available, developing a single referral process, reviewing the effectiveness of services provided and coordinating services with available tribal resources. The department 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.

As part of the Department's contract, the Arizona's Children Association will continue to work individually with Tribal Leaders to establish rapport. The Independent Living Clinicians and/or Coordinators will ask permission to meet with Tribal Leaders at the Tribe's preferred location. As permission is granted, the IL program staff most appropriate for the geographical area will meet with Tribal members. ILP staff will give proper respect, observe and learn from communication styles, and will ask questions in a sensitive way in hope of gaining insight regarding the Tribe's perception of the family structure, acculturation or assimilation, customs and spirituality, and the view of youth living independently. Once rapport has been established the program staff in attendance will describe State supported services that may be of interest to eligible youth. On the premise that most youth are best served by persons who are part of or are familiar with their unique cultural heritage, mentoring opportunities, volunteer and/or part-time positions within the Independent Living Program for Tribal Members will be discussed.

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The Senior Program Director for the Independent Living Program will contact the Department's Indian Child Welfare Act Coordinator and make arrangements to participate in an Inter Tribal Council meeting in an effort to share information with Tribal members and youth about opportunities available to them. Written materials will also be disseminated to entities such as the Phoenix Indian Hospital, Phoenix Indian Center, etc. Effectiveness of service provision to tribal youth will be monitored through a variety of methods including regular satisfaction surveys of youth participating in services, as well as assessment of individual achievement of service plan goals. Functional outcomes such as obtaining appropriate housing, maintenance of employment and achievement of educational goals will be monitored. In addition, tribal youth will be invited to become active participants on AzCA's Youth Advisory Boards. Through participation on these boards, tribal youth will have opportunities to provide direct feedback regarding the effectiveness of services, including the ability to have input into program development and improvement processes.

The Navajo Nation is the only tribe currently participating in an approved Title IV-E plan or a Title IV-E tribal/state agreement. To date, there has been no request to receive directly an allotment of CFCIP funds. Any tribe that obtains such a plan or agreement shall be consulted on the option to receive directly from ACF a portion of the state's CFCIP and/or ETV allotments to provide services to tribal foster youth (Section 477(j) of the Act).

IX. NYTD Data Collection

Department case management and contract staff contributes NYTD data (served population) bi-annually. Department case management staff receives automatic alerts at designated intervals directing them to complete the "NYTD federal reporting window." If information is not entered by the initial deadline, a second alert is received and additionally addressed to supervisory staff. The Department Reports and Statistics unit works closely with YAP staff to monitor field compliance. YAP staff additionally communicates with field staff on a regular basis to offer training/technical assistance (on an as needed basis) on completion of the NYTD federal reporting window.

YAP Central Office staff works directly with Department contract staff to ensure NYTD information is accurately collected and reported for youth receiving aftercare services. YAP Central Office staff work directly with field case managers, care providers and contract staff to locate and collect outcomes survey information from current and former foster youth who are a part of an outcomes survey cohort. CFCIP staff also works continuously with Department Reports and Statistics staff to refine processes for accurately identifying, tracking and locating youth in an outcomes survey cohort, and to ensure record errors are identified and resolved prior to transmission.

X. CFCIP Program Improvement Efforts

The State Youth Advisory Board and local/regional youth advisory boards are the main vehicles for obtaining ongoing consultation into the YAP, and for involvement of youth in related state agency efforts, and in assessing, improving and evaluating YAP services and outcomes over the next five years. These boards will be presented with available data (obtained through NYTD, the state SACWIS system or other sources) on a quarterly basis for review, comment and input. Additionally, the AYOI supports a Youth Advisory Board that will be consulted on issues common to both the AYOI and the Department. Other strategies such as surveys, and small and large group youth forums (including the annual statewide youth conference) will occur throughout the five year term.

XI. CFCIP Training

Over the next five years, the state CFCIP, as part of the new Department's revamping of the entire training system for DCS staff, will work to develop an informed, competent workforce prepared to meet the challenge of meeting the needs of a diverse youth population in an environment where high caseloads have become the standard. This will be accomplished by strengthening each staff's knowledge of policy and program services, as well as building and strengthening youth engagement and communication skills. This will result in the delivery of timely and effective services that are culturally and developmentally appropriate to each youth served, and documented in a comprehensive, concise case plan that is easily understood (youth friendly language) by the youth.

To address the needs of a young and ever-changing workforce, specific training planned for FY 2015 through 2019 is planned to include:

- Issues facing youth in transition to adulthood and young adults formerly in foster care;
- Positive Youth Development;
- Strengths based, culturally competent (including DDD and lesbian, gay, bisexual and transgender (LGBT) competent) case planning; and
- A review of the statutes and policies guiding the YAP, and services and supports available to eligible youth.

Measures of Effectiveness

YAP/ETVP Goal 1: The percentage of youth age 18 years and older in the Young Adult Program participating in the Independent Living Subsidy (ILS) Program will increase 5% or more annually.

YAP/ETVP Goal 2: The number of former foster youth participating in the Transitional Independent Living Program services will increase 10% or more annually.

YAP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will increase 10% or more annually.

YAP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will increase 10% or more annually.