



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

CHILD AND FAMILY SERVICES

Annual Progress Report 2012

Division of Children Youth and Families
STATE OF ARIZONA

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U.S. Department of Health and Human Services
Administration for Children and Families
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STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILDREN, YOUTH AND FAMILIES
CHILD AND FAMILY SERVICES ANNUAL PROGRESS REPORT 2012

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 ATTACHMENTS		
	1. <i>Agency Response to Citizen Review Panel’s 2010 Recommendations</i>	
	2. <i>Letter of required notification regarding substantive changes in Arizona’s State Laws</i>	

Note: Arizona has reviewed its disaster plan and determined no changes are necessary. Therefore, no disaster plan is being submitted with this annual report.

Section I

Description of State Agency

ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION

In July 1972, the Arizona State Legislature established the Department of Economic Security (the Department) by combining several state agencies providing employment and welfare services to Arizona residents. The purpose in creating the Department was to reduce duplication of administrative efforts, services, and expenditures by integrating direct services to families and individuals.

The Department is divided into nine divisions. These divisions are:

- Division of Business and Finance
- Division of Technology Services
- Division of Employee Services and Support
- Division of Developmental Disabilities
- Division of Children, Youth and Families
- Division of Child Support Enforcement
- Division of Benefits and Medical Eligibility
- Division of Aging and Adult Services
- Division of Employment and Rehabilitation Services

The Division of Children, Youth and Families (the Division) is the state administered child welfare services agency responsible for developing the Child and Family Services Plan and administering the title IV-B programs under the plan. The Division provides child protective services; services within the Promoting Safe and Stable Families program; 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. The Division includes the following administrations:

- Child Welfare Administration
- Finance and Business Operations Administration
- Data and Technology Administration
- Policy Administration
- Comprehensive Medical and Dental Program
- Office of Child Welfare Investigations (housed within the Department’s Director’s Office)

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: Description of State Agency

Regional Operations

Each region provides:

- investigation of child protective services (CPS) reports,
- case management,
- in-home services,
- out-of-home services,
- contracted support services,
- permanency planning,
- foster home recruitment and training, and
- adoptive home recruitment and certification.

The ***Statewide Child Abuse Hotline*** is centralized for the receiving and screening of incoming communications regarding alleged child abuse and neglect. Incoming communications are centrally screened to determine if the communication meets the definition and criteria of a CPS report. Report information is triaged according to the level of alleged safety threat or risk of harm to the child, to establish a response timeframe. Reports are investigated by Child Protective Services Specialists or referred to other jurisdictions (such as tribal jurisdictions) for action.

Central Office functions for the Division include:

- policy and program development;
- the Promoting Safe and Stable Families program;
- finance, budget, and payment operations;
- statistical analysis;
- field support;
- Interstate Compact on Placement of Children;
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs;
- new initiatives and statewide programs;
- contracting and procurement;
- continuous quality improvement; and
- management information system/automation.

Section II

Vision and Mission

Arizona Department of Economic Security

Vision

Every child, adult, and family in the State of Arizona will be safe and economically secure.

Mission

The Arizona Department of Economic Security promotes the safety, well-being and self-sufficiency of children, adults, and families.

Values

- **Respect** – We respect each other, our stakeholders, our customers, our staff. We recognize their differences and uniqueness – we treat all with equality and professionalism.
- **Diversity** – We value the diversity of all people and strive to make decisions based on equity and fairness and are committed to eliminating discrimination.
- **Collaboration** – We recognize that partnerships and teamwork are the core foundation of our business. Our collaboration with policymakers, service providers, community providers, and families enables us to develop programs and services that improve the quality of life for all our citizens.
- **Accountability** – We hold ourselves personally responsible for our commitment to our clients, partners, and coworkers. We say what we mean, mean what we say, and continually strive to improve our services and outcomes.
- **Innovation** – We engage in visionary and strategic thinking and creative problem-solving, challenge the status quo, invite new ways of doing things, and look to multiple and diverse sources for ideas and inspiration.

Guiding Principles

System of care must:

- * Be customer and family-driven
- * Be effectively integrated
- * Protect the rights of families and individuals
- * Allow smooth transitions between programs
- * Build community capacity to serve families and individuals
- * Emphasize prevention and early intervention
- * Respect customers, partners, and fellow employees

Services must:

- * Be evaluated for outcomes
- * Be coordinated across systems
- * Be personalized to meet the needs of families and individuals
- * Be accessible, accountable, and comprehensive
- * Be culturally and linguistically appropriate and respectful
- * Be strength-based and delivered in the least intrusive manner

Leaders must:

- * Value our employees
- * Lead by example
- * Partner with communities
- * Be inclusive in decision making
- * Ensure staff are trained and supported to do their jobs

Section III

Case Volume and Workforce Resources

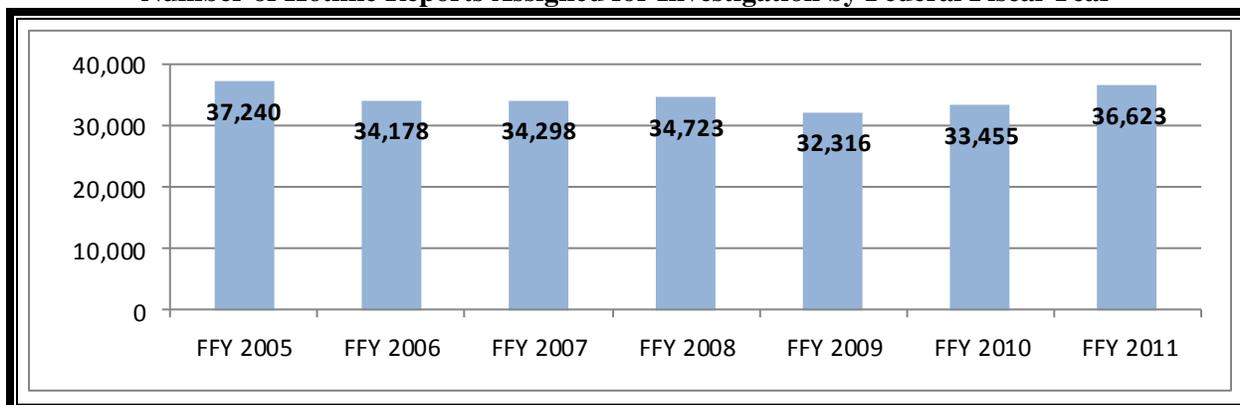
Case Volume and Workforce Resources

1. Case Volume

Initial Assessment, In-Home, and Out-of-Home Case Volume

The number of reports assigned for assessment by a CPS Specialist increased by 9% in FFY 2011, to 36,623 reports. CPS Specialists responded to 3,168 more reports in FFY 2011 than in FFY 2010 (*Child Welfare Reporting Requirements Semi-Annual Report*). This is the largest number of reports assigned in a year since FFY 2005. The number of assigned reports has been increasing since the low of 32,316 experienced in FFY 2009. Thirteen of the state's fifteen counties, including the state's two largest counties, experienced an increase in reports assigned for assessment in FFY 2011. The increase was 8% in Maricopa County (1,667 additional reports) and 11% in Pima County (689 additional reports). Maricopa and Pinal Counties also received 182 reports in FFY 2011 that were not assigned for assessment due to caseload volume. All of these unassigned reports were received between April 1, 2011 and September 30, 2011 and were category three or four reports. More than 80% of these reports contained no specific allegations or alleged historical abuse without current injuries. This is a decrease from 288 unassigned reports in FFY 2010 and 501 unassigned reports in FFY 2009.

Number of Hotline Reports Assigned for Investigation by Federal Fiscal Year



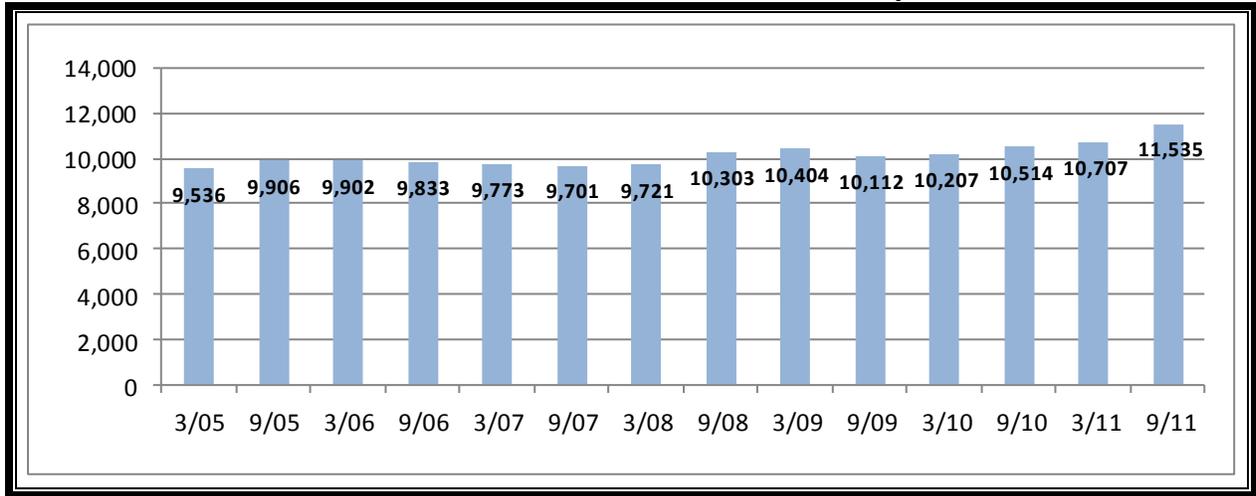
The Division encourages the use of in-home services as an alternative to out-of-home care when the children can remain safely in the home. Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows monthly in-home caseloads had dropped to 3,371 in July 2009 due to the state's budget crisis, but gradually increased to 5,980 by May 2010. During FFY 2011, the Division's monthly in-home caseload was between 4,800 and 5,600 cases, with the exception of April and May 2011 when the in-home caseload exceeded 6,800. This in-home caseload count includes in-home cases in which no child was ever removed during the current case episode. Cases that remain open for in-home services after a removal and reunification are not counted. Cases that remain open for in-home services after a removal and reunification are not counted.

The trend of growth in the number of children in out-of-home care continued in FFY 2011. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 21% increase from March 31, 2005 to September 30, 2011. The number of children in out-of-home care has remained above 10,000 since September 2008. By September 30, 2011, the number of children in out-of-home care exceeded 11,500; following a 9.7% increase since September 30, 2010. The following chart shows the number of

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Section III: Case Volume and Workforce Resources

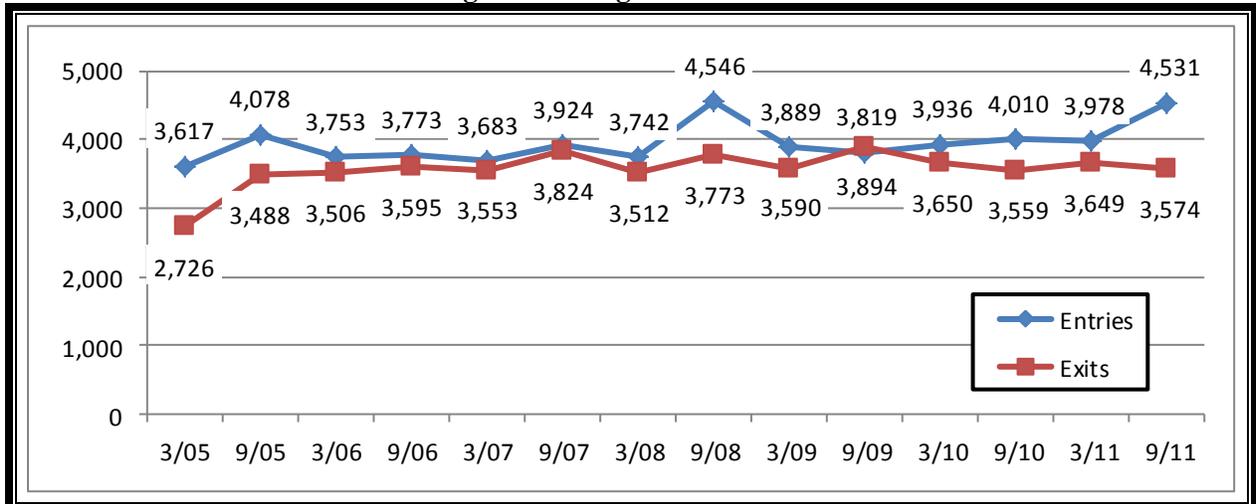
children and young adults in out-of-home care on the last day of March and September in the last seven FFYs. This data includes youth who voluntarily remained in out-of-home care after turning 18.

Number of Children in Out-of-Home Care on Last Day of Month



The *Child Welfare Reporting Requirements Semi-Annual Report* provides the number of child removals and the number of children leaving out-of-home care during the six month periods ending March and September of each FFY. This data includes youth who voluntarily return to care or exit care after turning 18. In FFY 2006 through March 2008 the numbers of entries and exits followed a similar pattern, with slightly more entries than exits. A substantial increase in removals during the second half of FFY 2008 produced the rise in the out-of-home care population at that time. In the second half of FFY 2009, exits exceeded new removals for the first time since April through September of 2001. However, entries again exceeded exits throughout FFYs 2010 and 2011. In the second half of FFY 2011, entries increased by 14%. When entries exceed exits, the out-of-home population and agency workload increase.

Number of Children Entering and Exiting Out-of-Home Care in Six Month Periods



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2. Workforce Resources

CPS Specialist Caseload Size

Growing CPS Specialist workload continues to be a challenge. In addition to the increased number of Hotline reports, in-home services cases, and children in out-of-home care, the Division has significant challenges hiring and retaining staff. As a result, caseloads far exceed the Division’s standard.

Arizona’s caseload standard for CPS Specialists is:

- for investigations, 10 reports per month per CPS Specialist;
- for in-home services, 19 cases per month per CPS Specialist; and
- for out-of-home (foster care) services, 16 children per month per CPS Specialist.

In CY 2011, the Division’s average monthly workload per filled full-time employee position was:

- for investigations, 15 reports per CPS Specialist;
- for in-home services, 34 cases per CPS Specialist; and
- for out-of-home (foster care) services, 29 children per CPS Specialist.

According to the Division’s *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, CPS Specialists were carrying caseloads that were, on average, 45% above the standards in the first half of SFY 2010, 66% above the standards in the second half of SFY 2010, 61% above the standards in the first half of SFY 2011, and 68% above the caseload standards in the second half of SFY 2011. As of December 2011, if all 970 authorized CPS Specialist positions were filled, an additional 308.7 positions would be required to meet the Arizona caseload standards.

Staff Retention and Vacancy Rates

The following tables show the annualized retention rate for CPS Specialists in 2007 through 2011, and the percentage of authorized CPS Specialist positions filled on the last day of each year. The turnover rate is calculated by dividing the total number of staff leaving the Division by the total filled positions (including training). When calculating the percent filled of authorized positions, the positions of newly hired staff attending the Child Welfare Training Institute are counted in the number of authorized positions, but not in the number filled.

	2007	2008	2009	2010	2011
% Retained of Filled Positions (Annualized)	71.4	66.6	78.0	74.4	73.7
% Filled of Authorized Positions (December 31)	85.2	80.0	79.3	79.8	82.0

Statewide, the annualized retention rate has remained below 80% in the last five years, and fell in 2010 and 2011. In 2011, the regional annualized retention rate ranged from 59.2% in the Northern Region to 79.6% in the Central Region. From June 25 to December 31, 2011, 100% of the 134 CPS Specialists who left their positions did so by separating from state service through retirement, dismissal, or resignation. None of the 134 left due to a promotional move, transfer within DCYF, or transfer to another state agency. The rate of filled to authorized positions increased in CY 2011, but remains below the five year high of 85.2% in CY 2007. On December 31, 2011, the regional percentage of filled to authorized positions ranged from 71% in the Southeastern Region, to 84.1% in the Pima Region.

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See Sections VII and VIII for information on the Division's strategies and activities for reducing caseload size and improving staff recruitment and retention.

See Section X, *Child Abuse Prevention and Treatment Act Annual Progress Report 2012*, for more information on the Division's workforce.

Section IV

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

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 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.

A trained Family Support Specialist (FSS) provides emotional support and assists the family to obtain concrete services. Healthy Families Arizona services include:

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

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

In state fiscal year 2011, funding for the HFAz statewide system included just over \$6.5 million from the Department and \$6 million from First Things First (FTF), allowing for a total of 34 sites to provide the Healthy Families Arizona program. 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. The Department and FTF have maintained the Interagency Service Agreement to ensure a collaborative relationship and to share the costs and resources for the administration of the HFAz program. In March 2011, HFAz completed its third successful national re-accreditation from Prevent Child Abuse America. Healthy Families sites all passed their peer site visits with no additional action required, a feat never before accomplished by a state system in the history of accreditation.

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 a decade 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 FY2011*, 3,135 families were reached by Healthy Families programs in SFY 2011. This represents all families in the program,

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regardless of how long they have been in the program. The average length of time that families continued in the program was 317 days. The evaluation highlights both prenatal and postnatal services. Outcomes in 2011, for families after 12 months in the program, include the following:

- Child Abuse and Neglect: 99.9% of participating families had no substantiated CPS reports.
- Substance Abuse: 51.6% of families had an initial positive screening at 2 months, and that percentage decreased to 19.5% at 6 months, and 16.1% at 12 months.
- Child Health: There was a 62.7% immunization rate for babies by 12 months.
- Child Safety: 97.7% of parents lock up household poisons, 99.1% use car seats, and 91.8% use smoke alarms at 24 months.
- Maternal Life Course: 32% of mothers were employed at 24 months, 11.4% were enrolled in school full-time, and 6.3% were enrolled part-time.
- Maternal Stress: Significant improvement was observed in several areas, including problem solving, personal care, mobilizing resources, depression, 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 Division has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to 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 Public Television, First Things First, Arizona Partnership for Children, and many other organizations. The community partners are deeply committed to the process and many are financially invested.

The Division's goal for participation in this consortium is to use a community-based approach to elevate the quality of parenting programming, across several providers, for families served by CPS and other families who have risk factors for abuse or neglect. Arizona's families will 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. To reach this goal, the Division and its community partners set the following objectives:

- Obtain training on at least one level of Triple P and achieve accreditation of forty practitioners, supervisors, and administrators from several organizations across the state, including two Division staff
- Achieve an initial, broad-based implementation of Triple P with different at-risk populations across the state, including approximately fifty families involved with CPS and Healthy Families participants
- Assess parental satisfaction
- Assess fidelity of implementation, provider and CPS satisfaction, and lessons learned
- Provide updates to key stakeholders and make recommendations regarding the further implementation of Triple-P within Division programs and on a population-level approach

Over the last several months the consortium has worked diligently to meet its objectives and has made the following progress:

- There are five levels of Triple P provider courses. Each level has a training course and certification process. In CY 2011, sixty community partners became certified in Triple P Level 3 or Level 4. Level 3 is primary care, during which practitioners deliver approximately four brief

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individual parenting sessions. Level 4 is known as Standard Triple P, during which practitioners deliver approximately ten individualized parent sessions.

- In February 2012, twenty of the sixty certified practitioners completed the initial training in Triple P Level 2 (brief seminars and tip sheets). These practitioners are currently in the practice phase, leading to certification.
- In late 2011, forty-nine parents/caregivers participated in a Triple P intervention. Services continue to be delivered in several central and northern Arizona communities.
- To date, eight satisfaction surveys have been received and reviewed, showing positive results. Additional surveys are pending analysis.
- Assessment of parental satisfaction and implementation fidelity is ongoing. During calendar year 2011 the practitioners experimented with different implementation strategies.
- Arizona's implementation experience, including the number of months to full implementation, is similar to other states. Many valuable lessons are being learned. Consistent coaching, training, peer support, and leadership will be critical for a successful large-scale roll out of Triple P. One of the consortium members noted that the content of Triple P is very similar to other evidenced-based parenting programs, but that Triple P has a more intense structure and delivery system that emphasizes role playing and self-monitoring. Triple P is seen as a system that dovetails well with, and fills gaps in, other family intervention programs.

During CY 2012, the consortium members are continuing to deliver Triple P services, coordinate efforts and cross refer families across Maricopa County, seek funding for a larger scale roll out, and if funding allows, 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.

Child Abuse Prevention Fund

The Child Abuse Prevention Fund provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program and Regional Child Abuse Prevention Councils. Regional Child Abuse Prevention Councils are located throughout Arizona. These Councils include volunteers from the business, professional, and civic sectors who work together on educational campaigns to increase public awareness of the problem of child abuse.

The Councils are involved in activities to support Child Abuse Prevention Month each April. In 2012, activities included 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 sponsored one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences, and training. The multi-media campaigns included the use of radio public service announcements, banners, billboards, and movie theatre advertisements. Several communities held 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 were also instrumental in the

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third 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 Five Protective Factors.

The Division and numerous community partners held several child abuse prevention kick-off events in Maricopa County. One such event, the Child Abuse Prevention EXPO, was arranged by the Child Abuse Prevention Coalition, which is made up of several community agencies and the Department. This celebration included a proclamation by Governor Brewer, key stakeholder commentaries, and enjoyable activities for children and families. A host of supporters attended, including Emcee Marie Saavedra from Channel 3's Morning Show. Speakers included: Chandler Councilmembers Trinity Donovan and Rick Heumann; Chandler Police Chief Sherry Kiyler; former Arizona Cardinal Bertrand Berry; and Shannon, a child who was abused and treated at the Childhelp Children's Center of Arizona. The EXPO featured booths and information for kids and families including displays of fire trucks, ambulances, a mobile command unit, an Arizona National Guard Hummer, and a helicopter. For the children, there were bounce houses, a dunk tank, crafts, and an art area hosted by Free Arts of Arizona.

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) was established by Executive Order 2007-12 in June 2007. Staffed by the Governor's Office for Children, Youth and Families – Division for Substance Abuse Policy, and chaired by the Governor's Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies, federal entities, and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts. It is ASAP's mission 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. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending. The Division's Office of Prevention and Family Support continues to participate in the governor's Arizona Substance Abuse Partnership.

In January 2008, *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)* was signed, which prioritized substance abuse treatment to families involved in the child welfare system. This executive order dictated that every effort be made to ensure appropriate and immediate substance abuse treatment for parents involved in the CPS system, in order to provide a safe and stable environment for children. ASAP's child welfare strategic focus area was tied to Executive Order 2008-01. The executive order's prioritization of substance abuse treatment services to families involved with CPS marked a systematic change in state planning and policy, and continues to impact the work of ASAP as an overarching paradigm. ASAP took this one step further by adopting drug endangered children as a strategic focus area, which has expanded to include children of incarcerated parents and the child welfare population. This broad focus on drug endangered children, children of incarcerated parents, and child welfare ensures that all children impacted by substance abuse receive the state's attention.

ASAP consists of four subcommittees, including a Community Advisory Board, and five strategic focus areas: prescription drugs, underage drinking, child welfare (focusing on treatment, drug-endangered children, and children of incarcerated parents), law enforcement, and prevention/community partnerships. Action steps carried out by the member agencies help to guide the body, its subcommittees, and member agencies in focusing their efforts efficiently and effectively on selected priorities. The four

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subcommittees include the Community Advisory Board and the following:

- *Arizona Underage Drinking Committee* – The Community Advisory Board and the Underage Drinking Committee merged during the third quarter of SFY 2011. In SFY 2011, members from the Underage Drinking Committee and ASAP attended a statewide strategic planning session on prevention of underage drinking. In May 2012 a strategic planning session was held to develop strategies to reduce underage drinking.
- *Methamphetamine Task Force* – In SFY 2011, the Meth Task Force was restructured and merged with the Rural Law Enforcement Methamphetamine Initiative. The goals and focus of the group have shifted to address law enforcement issues in Arizona’s rural communities. Its primary objective is to carry out the goals of the Rural Law Enforcement Meth Initiative (RLEMI) grant, which was awarded to the Meth Task Force. RLEMI state plans address methamphetamine production, distribution, and use in rural communities. The initiative included a needs assessment capturing methamphetamine prevention, services for children affected by methamphetamine use or production, media-based public education efforts, and environmental hazards. The RLEMI rural community meetings included Drug Endangered Children (DEC) training on developing a DEC protocol for recognizing DEC situations, and determining appropriate action. Meth Task Force members attended the RLEMI national summit to enhance training and coordination of intelligence-led policing in rural and tribal communities. The Rural Law Enforcement Meth Initiative grant concluded on October 31, 2011.
- *Substance Abuse Epidemiology Work Group* - The Substance Abuse Epidemiology Workgroup strives to ensure that a data-driven decision making process is used to identify priorities, emerging trends, and the state’s capacity to respond. Indeed, all strategic focus areas are addressed through data-driven policies that pay attention to emerging trends and recognize the importance of addressing the unique needs of individuals with co-occurring/morbid conditions.

In November 2011, the *Impact of Substance Abuse: A Snapshot of Arizona* report was released by the Substance Abuse Epidemiology Workgroup. The report details the impact of methamphetamine, alcohol, prescription drugs, and emerging issues on Arizona, paying attention to vulnerable populations such as detained youth and incarcerated adults.

The Substance Abuse Epidemiology Work Group, the Department, and the Arizona Department of Health Services/Division of Behavioral health Services (ADHS/DBHS) continue to work collaboratively to share data and assess Arizona’s substance abuse treatment capacity. Beginning in late SFY 2010, the Substance Abuse Epidemiology Work Group combined efforts with the Statistical Analysis Center of the Arizona Criminal Justice Commission to create and administer a Drug Data Clearinghouse to record substance abuse related data, referred to as the Community Data Project. The Community Data Project website was completed in September 2010 and is located at: www.bach-harrison.com/arizonadataproject/. This website communicates community needs to policymakers and decision-makers. It serves as a valuable tool for grant and report writing, needs assessments, program evaluation, prevention and intervention planning, and data-driven decision making.

To address the growing concern over prescription drug misuse in Arizona and related consequences, the ASAP has endorsed a prescription drug reduction initiative. In November 2011, the Centers for Disease Control and Prevention issued a report indicating that deaths from prescription pain relievers have reached epidemic proportions in the United States. For the first time in history, drug poisoning deaths

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have become the number one cause of accidental deaths in America. In 2010, 13% of Arizona adults reported some type of prescription misuse in the past thirty days and 10.4% of youth reported some type of misuse in the past thirty days. An alarming 76.7% of misuse involved prescription pain relievers. Arizona has also seen a corresponding, and dramatic, increase in opioid-related cases in emergency departments and drug poisoning deaths involving prescription drugs (Arizona Department of Health Services, <http://azdhs.gov/plan/index.htm>).

The Arizona Governor's Office for Children, Youth, and Families and the Arizona Criminal Justice Commission hosted a prescription drug expert panel in February 2012 that involved local experts from law enforcement, the prevention field, and the medical community. Using the strategies proposed by the National Office of Drug Control Policy (ONDCP) (<http://www.whitehouse.gov/ondcp/prescription-drug-abuse>) as a starting point, the attendees formulated a set of data and research-driven strategies to be used in a multi-systemic, multi-agency approach to reduce prescription drug misuse in Arizona and improve the health of Arizona's communities and families. The proposed strategies will be conducted as a feasibility study or pilot project implemented in three counties. Counties were selected based upon the following criteria: (1) the severity of the prescription drug misuse in each geographical area as indicated by the prevalence and consequence data; (2) the willingness of each county to use a data-driven decision making approach and for their efforts to be evaluated; and (3) the county's capacity for strategy implementation. Based upon these factors, Yavapai, Pinal, and Pima counties were selected as pilot sites. The start date will be staggered to allow for lessons learned to be incorporated into the next county. Both process and outcome measures will be tracked as a way of monitoring success, and for determining the feasibility of implementing the model statewide.

The Arizona Alliance for Drug Endangered Children (DEC) is part of ASAP's connection with child welfare. The 2012 Arizona Alliance for DEC goals are:

- Increase the number of training presentations to state and local law enforcement agencies - The Arizona Alliance for DEC will focus more attention on training law enforcement agencies in order to identify more at-risk children, improve the use of DEC investigative techniques, and encourage better reporting to CPS and county attorney offices.
- Increase membership and participation in Arizona Alliance for DEC and bi-monthly meetings - The Arizona Alliance for DEC will continue to meet on a bi-monthly basis to work toward the fulfillment of its goals and to identify additional goals and action items.
- Release new guidelines and continue to promote creation of county and tribal DEC programs – The Arizona Alliance for DEC will continue outreach activities to counties and tribal communities in an effort to provide “Train-the-Trainer” sessions to meet the goal of establishing formal DEC Alliances in each county and within each tribe in Arizona.

Activities of the Alliance in SFY 2012 included the following:

- The DEC and the incarcerated parents initiative merged their training materials and created an exercise in which participants discuss the steps their agencies would take in a drug-endangered child scenario. The exercise sparks a group discussion about how treatment services would be determined and administered, and how systems could determine the presence of other children in the home and other reasons to report to CPS.

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- The DEC Alliance established work groups to create a Law Enforcement Risk Assessment Tool, created a memo of understanding between represented agencies, and will revise the DEC protocols. The DEC Alliance's proposed child risk assessment and placement report for use by law enforcement was resubmitted to CPS, after incorporating changes suggested by CPS Child Abuse Hotline management. The Arizona Alliance for Drug Endangered Children is awaiting approval by CPS for use of the form by law enforcement. The form includes the relatives name, address, and phone number, to allow CPS to easily locate the children.
- The National Guard continued to provide the DEC Alliance with a full time employee to act as a DEC coordinator.
- Funding and donations were secured to maintain the DEC recreational vehicle (RV) and provide necessary supplies (videos, games, snacks, diapers, formula, extra clothing) to maintain the children in the RV until CPS can arrive and take custody.
- The DEC Alliance continues to offer training to tribal communities and organizations. For example, DEC training for tribal CPS case workers was delivered in May 2012 at the Arizona Inter-Tribal Council office.

Arizona Promoting Safe and Stable Families/Family Support and Family Preservation

Since 1995, Arizona Promoting Safe and Stable Families (APSSF) Family Support and Family Preservation programs have collectively served at least 113,648 families and their children. In FFY 2011 (October 2010 – September 2011) APSSF program resources were used to support 754 families (with 1,508 children) to participate in the in-home services program. Please see the In-Home Children Services section for more information.

2. Child Protection, and Child Abuse and Neglect Intervention and Treatment Services

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline (Hotline) is the Division's first point of contact for all concerns or allegations of abuse, neglect, abandonment, or exploitation of a child within Arizona. The Hotline receives telephoned, faxed, and written communications from mandated and non-mandated sources, including parents, relatives, private citizens, law enforcement agencies, judicial entities, and anonymous sources. Trained CPS 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 CPS report for investigation, and whether there is indication of present or impending danger of harm to a child. Hotline staffs use the state's Child Safety Assessment and Strengths and Risk Assessment tools 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.

Hotline Specialists assign all CPS reports to a local office CPS Unit Supervisor and notify the supervisor or standby staff of situations that require an immediate response. In addition, calls that do not meet the criteria for a CPS report but allege criminal activity or contain information that a child may be at risk of harm are reported to law enforcement. All communications about abuse or neglect of a child that are

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determined to *not* meet the statutory criteria for a CPS report for investigation are reviewed within 48 hours, excluding weekends and holidays, by a Quality Assurance Specialist. Communications may not meet the criteria for investigation for reasons such as the concern: (1) does not meet the statutory definition of child abuse or neglect; (2) is outside of CPS jurisdiction (such as when the perpetrator is not a parent or primary caretaker); or (3) includes insufficient information to locate the child. The Hotline also receives many important calls that are not about abuse or neglect of a child, such as calls to seek or share information on a current CPS case, to alert the Division to foster parent or group home facility license violations, to request copies of CPS reports, or to request community resource information.

In addition to CPS Specialists and CPS Unit Supervisors, the Hotline employs one Hotline Quality Assurance Specialist, one Practice Improvement Specialist, one Regional Automation Liaison, three management staff, and four support staff. Hotline support staff process all requests for copies of CPS reports from parents or custodians, court personnel, pre-adoption certification or foster home licensing agencies, and other persons entitled to confidential CPS report history. When requested by a person who is entitled to receive report information, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the investigation finding decision. Hotline support staff also answer the Hotline triage queue. This queue is for Hotline customers who have short questions or requests, such as requests for community resource information.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Call volume is the total number of calls received at the Hotline (this includes *all* calls, including thousands of calls that do not involve a report of maltreatment or a current CPS case, abandoned calls, and any other call into the call center). “Direct calls” refers to calls answered immediately by a Hotline Specialist, which do not wait in queue for any length of time. The abandonment rate is the percentage of calls where the caller hangs up while in queue, prior to speaking with a specialist. Queue wait time is the number of minutes a caller must wait in queue to speak with a specialist. The following table provides Hotline data from CYs 2008 through 2011:

	Call Volume	Direct Calls	Abandonment Rate	Queue Wait Time (Minutes)
CY 2008	131,175	73.45%	10.19%	5.8
CY 2009	123,059	71.98%	12.15%	4.9
CY 2010	134,523	53.41%	20.32%	6.4
CY 2011	144,098	53.60%	17.03%	5.9

Call volume increased by 9,575 calls in CY 2011. Although call volume increased, the percentage of direct calls remained the same and the abandonment rate decreased by 3.29 percentage points. There was a significant change in Hotline intake procedures in July 2010, which required adjustment by Hotline staff. Hotline staff were more proficient with the new procedures in CY 2011, which increased their ability to answer directly and more quickly.

To address queue wait time and call abandonment, the Hotline has a call triage option that callers with short questions select so they are not in queue with callers who have concerns about a child. Hotline management also provides quick response to Specialists who need supervisory consultation while a caller is on hold. To increase efficiency with this process, Hotline Specialists now use a supervisory queue when supervisory assistance or consultation is needed. Additionally, Specialists are required to take successive calls when calls are in queue, rather than completing documentation before taking the next call; and Hotline Supervisors are required to take calls when call volume or queue wait times are high.

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All training on Hotline functions is internally created and provided by Hotline management and the Hotline trainer. Hotline trainings provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Semi-annual ongoing training was added in January 2005 to address the current and long-term needs of Hotline Specialists. Routine training for Hotline staff regarding safety and risk assessments occurs during the initial Hotline training program and in ongoing training. In October 2011, all Hotline staff (except support staff) received four hours of ongoing training to strengthen safety decisions and assessments made at the Hotline. This training focused on the Hotline Safety Decision Tool to gain a better understanding of present and impending danger within the CPS Response System. This training also focused on specific family conditions, such as domestic violence and mental health issues, and how these conditions impact child safety. As a result of this training, staff are prepared to gather more specific information, so they are better able to identify present and impending danger and make more clear determinations about child safety. The interview cue questions and safety and risk assessment training provide continuity in policy and language throughout the Division, from the Hotline to completion of the CPS intervention with a family. Hotline staff also attend conferences and other training offered by the Department and community, when available and funded.

The Division's CFSR Program Improvement Plan (PIP) and Child and Family Services Plan 2010 - 2014 (CFSP) included a strategy to align child abuse report acceptance and prioritization procedures with the Division's Child Safety Assessment (CSA) and Strength and Risk Assessment (SRA) tools and decision-making processes. The Child Abuse Hotline received technical assistance from the National Resource Center on Child Protective Services (NRCCPS) to better align the current report acceptance and prioritization procedures with the Division's CSA and SRA model and decision-making processes. New Hotline cue questions were developed to assist Hotline staff in the collection of more relevant and comprehensive information about the circumstances surrounding the maltreatment and family dynamics that impact child safety. All the information gathered at the Hotline is available to the CPS Specialist who conducts the initial assessment, thereby assisting the CPS Specialist with the collection of sufficient information to accurately assess safety and risk. Revised report prioritization procedures assign an initial response timeframe based on an assessment of present or impending danger, rather than the severity of the reported incident. Children in situations that have resulted in or are likely to result in serious or severe harm at any moment require an immediate response. An initial response is required in 48 hours if serious or severe harm is not occurring in the present, but is likely to occur in the near future. Reports that do not describe an unsafe child require an initial response within 72 hours or seven days, depending on whether the report describes an actual incident of abuse or neglect versus risk, and the length of time since the reported incident. Implementation of the new procedures occurred in July 2010. During SFY 2011, further technical assistance was received to evaluate implementation of the new procedures and the effects on Division outcomes. The evaluation report was published in a report by the NRCCPS in February 2011. The evaluation concluded that the quality of information collection was "sufficient at reasonable levels" at this early implementation phase, and "provided a better understanding of family dynamics that represent possible safety threats to children." As intended, the new response system resulted in report assignment based on indication of present or impending danger. In September 2011 the NRCCPS conducted a second post-implementation evaluation. This evaluation found a decrease in the sufficiency of information collected since the prior evaluation, and an improvement in the accurate assignment of response priorities 1 and 2.

Program improvement activities continue at the Hotline. In January 2012, the Child Abuse Hotline received consultation services from the Change and Innovation Agency to examine current Hotline procedures and practices, and identify changes to improve efficiencies. The primary goals are to increase capacity to answer more calls, thus reducing customer queue wait time and the abandonment rate, and to

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provide better outcomes for the Hotline's external and internal customers. Thirteen ideas were recommended and approved. Examples include development of different interview scripts for reporting source types, revision of the written format for CPS reports and Hotline communications, creation of an on-line reporting option for mandated reporters, implementation of an alternative investigation process at the point of the Hotline, and enhancements to the CHILDS database system. The action planning process has started and the goal is to implement the majority of the recommended changes by September 2012.

Comprehensive Child Safety Assessment (CSA) and Strengths and Risk Assessment (SRA)

Arizona law identifies the primary purposes of CPS as (1) to protect children by investigating allegations of abuse and neglect; (2) to promote the well-being of children in a permanent home; (3) to coordinate services to strengthen the family; and (4) to prevent, intervene in and treat child abuse and neglect. To achieve these purposes, CPS 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.

The Division's integrated CSA-SRA-Case Planning and clinical supervision process is designed to provide CPS Specialists with a mechanism for assessing present and impending danger of serious or severe harm to children and determining the need to take action to ensure child safety. The process includes concepts such as the six fundamental questions and safety threshold analysis, which aid critical decision making for accurate safety assessment. Use of this comprehensive safety assessment, risk assessment, case planning and clinical supervision process has a direct impact on achievement of all 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 Division's safety and risk assessment tools assist CPS Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future maltreatment. The initial CSA is completed within 21 days of case opening, and again prior to case closure. If a child in the case is removed for any period of time or the case is opened for ongoing services, the SRA is completed within 45 days of case opening or prior to case closure, whichever occurs first. 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 assessments, the Division 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 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 CPS Specialist considers the family's recognition of the problem and motivation to participate in services without CPS oversight,

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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 can not 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.

In-Home Children Services

In-home children services focus on families where unresolved problems have produced visible signs of existing or imminent child abuse, neglect, or dependency; and the home situation presents actual or potential risk to the physical or emotional well-being of a child. In-home children services seek to prevent further dependency or child abuse and neglect through provision of social services to stabilize family life and preserve the family unit. These services are available statewide and include voluntary services without court involvement and court-ordered in-home intervention. Services can include parenting skills training, counseling, self-help, and skill building activities. Families can also receive referrals for services provided by other Divisions within the Department or other state agencies, including behavioral health services and other community resources.

Services provided through the Division's Family Support, Preservation, and Reunification Services contract, known as the "in-home service program," are available statewide. This integrated services model includes intensive and moderate level family support and reunification services, provided in accordance with the needs of the child and family. The model is provided through collaborative partnerships between CPS, 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.

Services include, but are not limited to: crisis intervention counseling; family assessment, goal setting, and case planning in accordance with the results of the child safety assessment; individual, family, and marital therapy; conflict resolution and anger management skill development; communication and negotiation skill development; problem solving and stress management skill development; home management and nutrition education; job readiness training; development of linkages with community resources to serve a variety of social needs; behavioral management/modification; and facilitation of family meetings. 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 model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives. 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.
- Services are crisis-oriented, thus initial client contact is made within four to twelve hours of receipt of the referral for an intensive case and within two business days for a moderate case.

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- In-home services are available to clients twenty-four hours per day, seven days per week, for emergencies.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be available 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 when permanency is established.

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 CPS 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 CPS Specialist, and representatives from the behavioral health network, Healthy Families Arizona, the Family Preservation/in-home service program, and Arizona Families F.I.R.S.T. programs.

The Division has several methods to monitor in-home service quality and outcomes. Data reports that measure in-home service outcomes continue to be given to the providers quarterly. Providers are responsible for achieving the following outcomes:

- 90% of families receiving in-home services will not have a report of abuse or neglect during program participation.
- 90% of families will not have a child enter into the Department's custody during program participation.
- 80% of families that successfully completed services will have no new CPS reports made within six months of closure.
- 85% of families that successfully completed services will not have a child placed in custody within six months of closure.

In-home service outcomes are exceeding these performance goals. Of families that received in-home services between January and September 2011, 93.2% did not have a new CPS report within six months of service closure and 96.2% did not have a child enter the Department's custody within six months.

Family client and CPS Specialist satisfaction surveys also 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 annually to the Division. The CPS Specialist satisfaction survey is administered annually to measure satisfaction with the responsiveness of the provider to CPS and the family, the provider's ability to meet the needs of the family while addressing the safety and risk factors identified by CPS, and overall service delivery. This survey also provides an opportunity for CPS to give qualitative feedback to the providers.

3. 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 educational, outpatient, intensive outpatient, residential treatment, and aftercare 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 an aftercare phase to manage relapse occurrences. More than 47,000 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 4,954 individuals were referred in SFY 2011 for substance abuse screenings or assessments and an estimated 3,298 clients received treatment and supportive services. Despite continuing funding reductions, the number of referrals in SFY 2011 was 15% higher than referrals in SFY 2010. AFF contractors made initial contact with families within an average of one day, a decrease from 1.4 days in SFY 2010. However, the average amount of time for clients to accept AFF services increased from five days in SFY 2010 to 14.7 days in SFY 2011.

There continue to be no waiting lists for AFF services. Services are available in all areas of Arizona, with the recent and temporary exception of Pinal and Gila counties. The former Pinal and Gila County AFF Provider non-renewed their AFF contract effective February 29, 2012. Resolicitation of the AFF contract is expected to occur in early SFY 2013. In the meantime, staff have been instructed to refer clients potentially requiring substance abuse treatment services to Regional Behavioral Health Authority (RBHA)-contracted agencies in both counties that are Substance Abuse Prevention and Treatment Grant (SAPT) providers. Full contact information for each agency has been provided for staff use.

During 2011, changes were made to improve the quality of data used for the annual AFF evaluation. These changes improved the ability to match client information from provider agencies with CHILDS data. As a result, unmatched client data rates reduced from 8.3% to 4.1%, providing a considerable increase in data accuracy regarding child permanency and maltreatment recurrence. In addition, the process to determine annual child permanency rates was changed to condense the permanency categories, eliminate non-permanent exit reasons, and eliminate duplication. Interim quarterly data reports have also been modified so they directly address current key outcome areas, including time from referral to first outreach, average number of drug screens per client, time to client acceptance of AFF services, and client level of care. Data meetings/webinars have been held with the contracted AFF providers to give technical assistance and ensure continued accurate data submission. All AFF providers have been instructed in using the three reports on missing data that are available through the web portal, and are strongly encouraged to use these. For agencies that transmit data, upload reports are available for review, to ensure data transmission accuracy. Web portal spot checks have been conducted with most AFF providers to ensure that client file data match the client monthly reports and web portal entries.

AFF providers continue to improve and enhance substance abuse services. For example:

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- TERROS, the Maricopa County AFF Provider, has put much effort into improving services by increasing the frequency of outreach and engagement contacts with new AFF clients through phone calls and home visits. In addition, in November 2011, TERROS implemented a new Motivational Enhancement (MOVE) Group, which provides an in-depth orientation of the AFF program to new clients, including review of program components, the role of child welfare, and efforts by TERROS staff to reduce participant fear and improve continued client engagement. As a result of these efforts, 70% of clients who attended a MOVE group kept their initial intake appointment, compared to 48% who did not attend. Client surveys upon completion of the MOVE groups strongly indicate the support and optimism they felt in beginning treatment. In addition, TERROS has started a letter campaign to improve participation rates, sending written confirmation of upcoming intake appointment details to all new clients.
- “Childless adult” reductions to AHCCCS coverage effective July 8, 2011, adversely affected many AFF clients. In response, TERROS has increased training of their outreach, case management, and Recovery Coach staff regarding Title XIX eligibility and application requirements. This training stresses increased follow-up with clients regarding their submitted applications. The goal has been to keep as many AHCCCS-eligible clients as possible from being dropped for lack of timely response to initial or renewal paperwork requirements.
- The Parent to Parent Recovery Coach Program has been successfully incorporated into the AFF program in Maricopa County. This program has maintained the four main original goals, which are to: (1) engage parents into treatment; (2) encourage parents to remain in treatment; (3) assist parents in navigating through the child welfare system; and (4) guide parents through the process of their individual recovery. In August 2011, a Continue Recovery Environment and Transitional Education (CREATE) group was piloted by TERROS, the goal of which was to provide a continued care environment for clients and peers to join together, share resources, and support each other in the recovery process. This is accomplished by providing a link to continued care via the exploration of community resources while demonstrating evidence of recovery in action. The group has since become available through two of TERROS' subcontractors as well. Several clients have graduated from the program.
- In October 2011, TERROS Recovery Coaches began co-facilitating treatment groups. This has proven to be invaluable for clients in early recovery, as Recovery Coaches provide firsthand knowledge and experience of the recovery process, and prepare clients for the challenges as well. They also provide information on 12 Step support groups and other community resources. A new Recovery Coach Distribution Model has been adopted, which was designed to address the high demand for Recovery Coach services. Under this model, Recovery Coaches are now being assigned to TERROS and subcontractor sites, rather than being assigned to specific cases, in order to maximize services to a larger number of AFF clients. This allows the use of Recovery Coaches in all phases of treatment, beyond the initial stage.
- The Substance Exposed Newborn Safe Environment (SENSE) Program expanded into Yuma in SFY2012. This is a specialized, highly-coordinated, and intensive response system for families of substance-exposed newborns. The program closely coordinates Family Preservation, AFF, professional nursing, and Healthy Families services. Since July 2011, ten SENSE cases have been referred to Catholic Community Services (CCS)/AZPAC, the Yuma County AFF Provider. SENSE has not yet begun in La Paz County.

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- In Yuma County, the AFF provider attends TDMs and conducts monthly staffings with AFF clients, case managers, and support service agencies. CPS referrals to the AFF Program have increased dramatically over the past 12 months, more than doubling the number of AFF clients compared to FY2011.
- Attendance by community stakeholders at the monthly Yuma AFF Collaboration Meeting has greatly increased during the past year. These meetings are the vehicle to discuss program successes, barriers, and challenges, and to refine collaborative efforts – particularly with Yuma’s RBHA-contracted treatment providers.
- In Northern Arizona, the AFF providers routinely attend TDMs, Child and Family Team (CFT) meetings, and Adult Recovery Team meetings. The AFF provider in Yavapai County continues to attend approximately twenty TDMs per year, the AFF provider in Coconino County attends twenty-four, and the AFF provider in Apache and Navajo Counties attends an average of fifteen per year. In addition, Northern Region providers continue to coordinate services with CPS, the local RBHA-contracted providers, and other community agencies. Weekly meetings with CPS and local RBHA providers throughout the region enhance communication among all, to ensure families are receiving quality services.
- In northern Arizona, AFF/AZPAC merged with the Empower U program to provide clients with financial education and the tools to move forward economically and socially. Additionally, the Family Drug Court in Yavapai has collaborated with AFF to coordinate engagement and treatment efforts to increase success rates. AZPAC is also providing women’s empowerment and anger management groups to AFF clients to provide comprehensive services and decrease barriers of receiving those services elsewhere.
- Staff from the Mohave and La Paz County AFF provider, WestCare AZ, continue to attend approximately thirty CFTs or TDMs per month. WestCare continues to expand their range of available services. For example, WestCare AZ provided trainings to the Department’s Jobs staff, increasing the total number of Jobs referrals to the AFF program and encouraging Jobs’ regular participation in quarterly AFF Collaboration meetings. In addition to job skill and preparation classes, WestCare trains AFF clients in retail operations through the use of their thrift store. In the store, clients are able to complete court-ordered community service hours and learn the value of volunteerism, while gaining a marketable skill and work experience. Clients can also receive vouchers to obtain needed items from the thrift store. Weekly domestic violence victims groups for females have been added at the request of the courts. Successfully-recovering male and female alumni continue to manage several of WestCare’s halfway and sober-living homes, helping prior clients to transition to substance-free and recovery-supported employment. WestCare also continues to organize sober social and community events on a regular basis to help clients support each other in embracing and maintaining recovery. To further enhance the support available from and to alumni, WestCare has expanded formal alumni activities to the Mohave County area. This effort has been led by a committed core group of AFF alumni, who are following a proven alumni curriculum to become supports for each other and role models for clients still completing their substance abuse treatment. Lastly, WestCare has become an AmeriCorps site this year in Mohave County, utilizing two retired military veteran volunteers to provide peer-to-peer outreach to those who have served in the military and their family members. Some of these veterans are also AFF clients.

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- All Southeastern Arizona Behavioral Health Services (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 (RSS) and family support partners (FSP), 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.

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. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits, and utility arrearages. Housing assistance payments can only be made if other community resources are not available. Eligibility requirements include that at least one child in the family is involved in an open CPS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the U.S.

This program is available statewide, following verification of the applicant's citizenship. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. The maximum amount of money available to individual families through this program is \$1,800. In SFY 2011:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 905 children within 346 families, statewide. This was a notable increase from the 511 children and 206 families served in SFY 2010.
- The total amount expended statewide increased from \$193,176.89 in SFY 2010 to \$474,178.42 in SFY 2011.
- An estimated \$3,801,235.30 would have been expended by the Division for foster care maintenance if the 905 children who benefited from Housing Assistance during SFY 2011 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SFY 2011 Housing Assistance Program Expenditures of \$474,178.42 there is a cost avoidance of \$3,327,056.88.

4. 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 CPS. CPS Specialists engage parents, children, extended family, and service team members to facilitate the development and implementation of a family-centered, behavior-based, written case plan. The family-centered case plan is developed jointly with the family, linked to the safety threats and risks identified through the child safety and risk assessment process, and written in behavioral language so the

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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 Division's clear policies on the selection of permanency goals, including timeframes for consideration 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 the Adoption and Safe Families Act.

Timely permanency hearings within twelve months of the child's removal support achievement of the Division'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 Strengths and Risks Assessment Interview and Documentation Guide* provides questions for CPS Specialists to ask families when gathering information to assess strengths and functioning in each risk domain. 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. CPS Specialists arrange and monitor services to address risks within the home, maintain family relationships, and 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 Division 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 Division involvement. Follow-up and support services are put in place to ensure a safe and successful reunification.

Concurrent permanency planning is required in cases where there is a poor prognosis of reunification within twelve months of the child's removal. Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within twelve months is poor. 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 Division'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.

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A permanency plan 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 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 shall not be initiated when it has been determined that such action is not in the child's best interests and this decision is 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 another planning permanent living arrangement. The Division has clearly communicated statewide that long-term foster care is a goal of last resort. Division policy requires management approval of the long-term foster care goal, which is the state's version of alternative planned permanent living arrangement (APPLA) for children younger than sixteen. Many regions also require management approval for a goal of independent living, which is the Division's APPLA 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.

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 Division:

- place children in the least restrictive placement available, consistent with the needs of the child;
- place children in close proximity to the parents' home and within the child's own school district;
- 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;
- place siblings together unless there is documented evidence that placement together is detrimental to one of the children; 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 Division 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 CPS 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

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contact information about certain relatives is unavailable, the CPS Specialist can use the state's Parent/Relative Locate program for a professional search by a contracted agency.

The CSA-SRA-Case planning process, Team Decision Making (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, CPS 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.

Policy requires that the Division 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 CPS. Among other information, the written case plan identifies the child's educational, physical health, and mental health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

- ensuring every child in out-of-home care has an individualized out-of-home care plan included in the case plan;
- 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 child's placement needs and whether additional services to the 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. Legislation was recently passed specifically for foster parents. 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;

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- 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 Native American 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 IV, 8. Services to Address Children's Educational, Physical Health, and Mental Health Needs.

Kinship Caregiver Identification, Assessment and Support

When out-of-home placement is necessary, preference is given to placement with relatives and persons who have a significant relationship with the child. Staff are reminded that kinship relationships are not necessarily blood relationships, and required to identify all of the child's important emotional connections. Kinship placements provide the best possible method 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 Division's flexibility to manage its foster family resources so that homes are available for sibling groups when needed. The Division 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 supports provided to kinship caregivers, including licensure.

Division policies require that within thirty days of a child's placement in out-of-home care, the Division exercise due diligence to identify and notify all adult relatives and persons who have a significant relationship with the child of the child's out-of-home placement and of their option for being considered as a placement for the child. Two forms are sent to each relative. The first provides notification of the child's removal, information about the Division's child placement policies, and instructions for contacting the CPS Specialist. The second form is completed and returned by the relative, to request consideration as a placement for the child now or in the future, involvement with the child in other ways (such as visits), and/or contact by the CPS Specialist to discuss the child. This form also requests the relative provide information about the identity or location of other relatives.

The assessment of a relative or significant person who expresses an interest in being a placement option must be initiated within ten working days of their request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's 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 Division'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 relatives' names and contact information be gathered from the parents and children, as well as any other potential sources (such as each located relative). Arizona juvenile court rules also 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

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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 integrated CSA-SRA-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 also 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 Division 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 CPS Specialist can make a referral to the Division's Parent/Relative Locate Unit.
- TDM meetings are a helpful resource for locating kin. In SFY 2011, a relative attended 63% of emergency removal TDMs and 68% of TDMs where removal was being considered.
- Exhibit 12 of the Division's on-line policy manual, *Relative Search Best Practice Guide*, provides theoretical information about the importance of finding and involving relatives in child welfare cases, and describes practice standards for conducting diligent and comprehensive relative searches.

The Division 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 CPS Specialists and service providers. The Division 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 2012 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 the kinship families, particularly given the current economic crisis and cuts to Temporary Assistance to Needy Families (TANF). In SFY 2012 the Division continued to actively encourage kinship caregivers to become licensed so they can receive financial benefits, the support of a licensing worker, 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 requires staff to review with the kinship caregiver a form that provides 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 benefits for the child(ren). If the children are benefit-capped or the caregiver encounters problems associated with obtaining TANF benefits for the child, the Division's Kinship Specialist is available to resolve case specific barriers. The Division has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers.

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- Kinship caregivers are not required to be 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 Division works with the OLCR and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. From July 2011 through March 2012, 180 kinship foster families were able to become licensed due to a waiver for non-safety related standards. 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.
- The Division's HRSS contract providers assist the Division to train and license relatives as resource families. Two providers in the greater Phoenix area have developed specialized units dedicated to licensing kinship foster caregivers. Staff from these units give specialized supports in consideration of the unique needs of kinship caregivers. Child care is offered during class times and specially trained licensing workers assist the kinship 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 2012, two agencies had staff dedicated solely to working through the licensing process with kinship caregivers. Their outreach and support have contributed to a substantial increase in the number of licensed kin. One agency has five units solely dedicated to serving kinship families (located in Phoenix, Tucson, Yuma, Apache Junction and Prescott). From July 2011 through April 2012, this agency had 80 families complete the licensure intake and orientation. Of those, 50 families completed the training to become licensed and 35 are currently in the process and will complete licensure in June 2012. Currently, this agency has 70 licensed homes where 143 children are placed. The second agency has one unit with thirteen employees serving the Phoenix area. From July 2011 through April 2012, 159 families completed the licensure intake and orientation. Of those, 104 families began the training and 66 completed the training and are licensed. An additional 28 families are in the process of becoming licensed. Currently, this agency has 163 licensed kinship homes where 207 children are placed.
- The Division continues to distribute its *Kinship Foster Care for Relatives Caring for Children in CPS 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 Division'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
 - case plans and permanency plans.

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- 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 provision of information about local services and supports.
- A ninety minute kinship module, updated annually to reflect current information and resources, is provided during CPS Specialist core training. Community professionals, kinship caregivers, and the DCYF Kinship Specialist co-facilitate the training to educate new CPS Specialists on topics specific to kinship care, including support services and resources for kin, role and boundary issues, permanency for children placed with kinship families, and feelings associated with kinship caregiving. From July 2011 through April 2012, 248 CPS Specialists were trained in the kinship module at initial CPS Specialist core. The kinship module has also been adapted for supervisors. In SFY 2012, 37 participants received this training in supervisor's core.
- A computer-based training on kinship laws, policies, and forms is available for staff. From July 2011 through March 2012, 377 DCYF staff completed that training.
- The Division 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 subcommittees that address issues of importance to kinship families. A Division staff person co-chairs the Coalition and serves on the Coalition's training and education team, which assisted to update and deliver the core training kinship module and developed and delivered training on the CPS system for kinship caregivers. The Coalition publishes an informational pamphlet for kinship caregivers, including those who are caring for children who are not involved with CPS. This pamphlet provides essential information to help kinship caregivers access services and supports. The Coalition also developed a client-led and client-only board of directors. The Coalition has identified four priority goals for CY 2012: (1) collaboration and base-building to include state-wide exposure, (2) advocacy and marketing, (3) outreach to unconnected kinship caregivers, and (4) work to increase financial and other resources for kinship caregivers.
- 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.

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- 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.

On June 30, 2011, there were 3,643 children placed in 2,206 kinship foster homes. Of the 3,643 children, 383 were placed in licensed kinship homes and 3,260 were placed in unlicensed kinship homes. Of the 2,206 kinship homes, 224 were licensed and 1,982 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, 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 1,427 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2011; 100 more than the 1,326 requests in FFY 2010. In FFY 2011, Arizona made 1,232 requests to other states for home studies, which was almost 200 more than in FFY 2010.

5. 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: 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. Adoption promotion and support services also include post-adoption individual, group, or family counseling services for adoptive children, adoptive parents, and the adoptive parents' other children. These counseling services supplement the services that are available through the title XIX behavioral health system. 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

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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 Division and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The Division 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 Division will continue to encourage staff to use this resource.

Arizona was awarded \$1,083,779 in federal adoption incentive payments in FFY 2011. 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. This service was a recurring request from adoptive parent focus groups. There are no planned changes for the use of incentive funding next year.

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.

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 14,559 on September 30, 2010, to 16,314 on September 30, 2011. In FFY 2011, 1,755 new special needs adoptions were subsidized and the Department reimbursed \$2,055,904 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 Division's internet and intranet sites.
- 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.

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- A Mental Health Specialist position was recently established in the Adoption Subsidy program. This position will provide adoptive parents with support to obtain behavioral health services for the children with special needs they adopted. The Division anticipates that the Mental Health Specialist will be onboard by August 2012.
- Adoption subsidy staff participated 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 Division continues to identify new community resources for all children eligible for adoption subsidy.

More information on the Division's programs and activities to promote and support adoption is located in Section V, 8. Foster and Adoption Home Licensing, Approval, Recruitment, and Retention.

Inter-country Adoption Act of 2000 (ICCA)

The ICCA seeks to ensure that inter-country adoptions are in the child's best interests and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system receive the same services as any other child in out-of-home care.

Case information was reviewed for each child who entered out-of-home care during FFY 2011 and was identified in CHILDS as having been previously adopted. This review did not identify any children who entered out-of-home care in FFY 2011 and were the subject of an inter-country adoption ending in dissolution. There was one child who entered out-of-home care who had been adopted from a Russian orphanage. Efforts to return this child to the adoptive parent have not been successful and the plan has been changed to severance and adoption, but the parent's rights have not yet been terminated.

6. 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 ruled out 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 exiting out-of-home care to permanent guardianship. The average number of children per month receiving guardianship subsidy benefits during FFY 2011 was 2,442, which was a 3.2% increase over FFY 2010, and a 6.7% increase over FFY 2009.

Independent Living and Transitional Independent Living

Provision of services to support young adults is most directly related to the percentage of cases rated strength during the PICR on other planned permanent living arrangement, but effective services also improve placement stability, reduce foster care re-entry, increase the percentage of youth placed with siblings and relatives, reduce the number of youth in out-of-home care, and increase the number and percentage of youth who exit to permanency rather than at age of majority. Youth and Division 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 and 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. Just over 10% of children in out-of-home care on September 30, 2011, had a permanency goal of independent living. This percentage has remained stable at 10% to 13% over the last several years. The number of youth served by Arizona's Young Adult Program has decreased slightly, from 1,343 in CY 2010 to 1,319 in CY 2011.

State policy allows youth to continue to receive Division services and supports to age twenty-one 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, ages eighteen through twenty, 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 and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2011, 158 former foster youth received assistance from this program – a decrease from the 201 former foster youth served in CY 2010

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.

Stakeholders have reported the need for more timely and accessible services to address the unique needs of families with teenagers. The Division and the Department of Health Services/Division of Behavioral Health Services (DBHS) continue to provide and develop services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists children who will be moving from the children's behavioral health system into the adult system. A representative from the adult behavioral health system is required, upon request, to attend the youth's CFT beginning when the youth is

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seventeen years and six months, to provide information on available services and facilitate transition into the adult system.

- The ACEC Clinical Subcommittee has completed the first two development phases of a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol. 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. This training is a collaborative effort between local RBHAs, the Division, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. In the first phase, the subcommittee developed the training content and identified the presentation medium. In the second phase, the subcommittee developed and completed the initial pilot presentation of the webinar. Based on the pilot, the subcommittee will now make necessary changes and begin planning for the broader roll-out to system partners.
- Some child services continue to age twenty-one, when appropriate. This is supported by a special capitation rate for youth ages eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services, although budget reductions and a multiple five percent rate decrease have constrained the providers' ability to offer 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 of four, five, or six (indicating high needs). These youth will also be assigned an intensive/dedicated case manager to provide support in the delivery of services.

More information about youth and stakeholder involvement in program evaluation and development, the Division's activities to improve outcomes for young adults, services and systems to support young adults, and related accomplishments is located in Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2012*.

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. Approximately 500 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 age eighteen to twenty-one 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 age sixteen or older; or
- was participating in the state ETV program at age twenty-one.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2012*.

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

Family-Centered Child Protective Services Case Management

CPS case management services are available statewide to address child safety, permanency, and well-being. A family-centered behavioral case plan is 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. CPS Specialists use the *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to formulate interview questions that engage and motivate family members while gathering information on safety threats, risks, protective capacities, and strengths.

Family members are encouraged to participate in the development of a family intervention plan that identifies strengths that will help them achieve the goals in their case plan, behaviors that need to change to reduce or eliminate the identified risks and threats to child safety, and services and supports to achieve the behavioral changes. The case plan communicates to all parties the permanency goal, the required behavior changes, and the services and supports necessary to achieve behavioral changes. When applicable, the document includes an out-of-home care plan; child specific health, education, and independent living plans; a concurrent permanency goal and plan; and a contact and 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. The family intervention plan can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. CPS Specialists are to ensure 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 Division. Family-centered practice principles and techniques

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are trained to new staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs, and activities. For example:

- Family-centered approaches are provided throughout the state policy. Many of these focus on areas evaluated during the CFSR, such as tips related to preservation of connections to family and culture.
- Arizona's case planning policies require full disclosure about the reasons for CPS 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; to have any verbal, written, or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS 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.
- State statute and Division policy require an exhaustive search for all adult relatives of each child in care, and notification that the relatives can request to be considered for placement of the child or to otherwise be involved in the child's life.
- Parents, children age twelve or older, and people who are a support to the family are encouraged to attend all case plan staffings, CFT meetings, TDM meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into the case plan.
- The statewide *Engaging and Assessing Families – A Guide to Comprehensive Family Assessment* training was first delivered to staff statewide in 2008, by national consultants through the Family to Family initiative. The training develops engagement skills for conducting comprehensive family assessments using the integrated child safety and risk assessment process. Concepts from this and previous engagement trainings are now embedded in CPS Specialist core training.
- The Division's supervisor core training includes a two day course on clinical supervision. The session includes coursework on best practices in group and individual clinical supervision,

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modeling strengths-based family-centered practice, and use of the parallel process during supervision.

- The Division continues to promote shared birth and resource family parenting of children in out-of-home care. Requirements are defined in the resource family HRSS contract and trained through the PS-MAPP training for resource parents.

Team Decision Making

Team Decision Making (TDM) meetings provide a forum in which family, friends, natural supports, Division staff, community partners, and providers discuss the strengths and needs of the family, and identify the best placement to keep the child safe and connected to family and community. By engaging family members, friends, and natural supports in decision making and the identification of safe placement options, TDMs achieve permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, and preservation of the child's important connections. Team Decision Making is also a primary strategy to improve child and parent involvement in case planning, including contact with fathers, which can also lead to the identification of paternal relatives for placement or support of the child.

The Division encourages staff to hold a TDM meeting prior to removal when the child's safety can be assured through a short-term protective action such as an in-home safety monitor. In other cases the TDM occurs within a few days of the child's removal. Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry, or to reunify with birth family as quickly as safely possible when removal is necessary. In some cases the family and team are able to identify a sufficient in-home safety plan. During SFY 2011, the Division integrated the CSA into TDM practice. TDM policy now clarifies that the final decision regarding the child's safety plan and safety monitors rests with the initial assessment CPS Specialist and CPS Unit Supervisor. TDM procedures and practice guidance help TDM Facilitators and CPS Specialists work hand-in-hand toward shared goals of child safety and selection of the best placement for the child.

TDM meetings continue to be held in all regions and counties. Approximately 37% of these meetings were held prior to the child being removed. Statewide, 2,654 initial removal TDM meetings were held in CY 2011, impacting 5,068 children. This is a significant decrease from the 4,651 TDM meetings held and 8,557 children impacted in CY 2010. This decrease was initially caused by a temporary suspension of TDMs from April 14 through June 20, 2011, due to excessive initial assessment caseloads and to allow staff to be trained on new TDM policy and forms. The TDM process resumed statewide June 20, 2011, and the Division received approval to fill several TDM Facilitator positions. Thirty-nine TDM Facilitator positions have been allocated statewide and thirty-four of them were filled as of April 2012. However, because initial assessment caseloads remain excessive, many TDM Facilitators are conducting initial assessments and assisting the field with other case related responsibilities. This assistance is necessary to achieve the Division's paramount goal of child safety, but reduces the number of TDM meetings being held.

The Division is currently conducting an evaluation of the statewide TDM process to determine the overall effectiveness of the changes that were implemented in June 2011. This evaluation will include facilitated "solution finding" sessions, focus groups, and staff input. Recommendations stemming from this evaluation will be implemented in SFY 2013.

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Case Manager Contacts with Children and Parents

CPS Specialist contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; and give parents, out-of-home care providers, and children (including children younger than twelve) opportunities to identify their strengths, needs, progress, goals, and services. Division policy requires that face-to-face visits between the CPS 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. CPS 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. Division policy and an extensive policy exhibit provide guidance on the content of contacts with children and out-of-home caregivers.

If the permanency goal is remain with family or family reunification, the CPS 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 CPS Specialist to gather information to inform the ongoing safety and risk assessment. If the child's permanency goal is *not* family reunification or remain with family, the CPS Specialist consults with the CPS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. At minimum, the CPS 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 reviewed with the parents, team members, and the supervisor at the time the case plan is developed and revised.

For information about the Division's use of monthly caseworker visit funding and action steps to ensure that the total number of monthly caseworker visits meets the federal goal, see Section VI, 2. SFY 2012 Accomplishments.

Parent Locator Services

The Division 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 parent locator services is especially important for locating missing parents, who are most often a father. 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.

The Division's Parent 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), BG01, Motor Vehicle Division records, and internet search sites including the Social Security death index. Additionally, the Division's Parent Locate unit collaborates with Interpol, Mexican Consulate, and the U.S. Immigration and Customs Enforcement in an effort to strengthen search efforts and results. For the location of parents, the unit also uses the services of the Arizona Parent Locator Service (APLS) through the Division of Child Support Enforcement. If the unit's and APLS searches are unsuccessful, the Division refers to a contracted agency for a search of automated databases such as

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national credit bureaus, driver's license bureaus, birth and death records, criminal records, social networking sites, and other appropriate resources.

On July 1, 2010, Parent Locate Services was designated a centralized, statewide program. During SFY 2012, there were eight Parent Locate Specialists located throughout the state. Also during SFY 2012, the unit developed an abbreviated referral process for CPS Specialists and other CPS staff to assist with processing a backlog of CPS reports. This process includes searches of DES information systems, to locate families who are participating in DES services outside of the Division. These referrals are processed within twenty-four hours of receipt.

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

Each child's CPS Specialist cooperates 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 Division 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 Division's safety assessment, risk assessment, and case planning process and tools guide the CPS 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

CPS 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 CPS Specialist and parent, and special education meetings initiated by the child's school. The case plan for children in out-of-home care includes an education case plan, and education related tasks may be included in the case plan for children served in-home. The case plan for every child in out-of-home care specifies: (1) the child's educational status, (2) services provided to the child or out-of-home caregiver to address the child's educational needs, and (3) indication of whether the child is attending the home school district. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS 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. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and DBHS.

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 Division 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)

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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 X, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2012*. 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 CPS 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 2012, for example:

- Arizona participated in the November 2011 convening of child welfare, education, and the courts, creating an action plan that is currently being implemented and monitored. This plan identified two short-term and two long-term goals, to be fully implemented by November 2012. The short term goals focus on gathering and disseminating school information in a timely manner. The long term goals are to clarify processes around educational surrogacy and to fully implement provisions under the McKinney-Vento and Fostering Connections Acts to secure transportation to the home school.
- The Pima County Model Court Educational Working Committee maintains a document called the Passport to Adulthood that assists judges and agencies in their efforts to prepare youth to transition out of foster care. Areas critical to this transition to adulthood include education, employment, housing, physical health, mental health, life skills, and relationships with supportive individuals. The Passport is to be reviewed in court for youth whose cases enter and exit the Young Adult Program. The Passport was piloted with four judges. Final rollout is planned to occur in SFY 2013.
- In November 2011, the Department's northern Arizona Education Specialist attended the "College and Career Readiness: Succeeding in Today's Educational Climate" conference at Northern Arizona University. The conference joined colleagues and various educators from across the state to participate in discussions and share ideas in an effort to further student educational success. Arizona educators and state officials examined and discussed tools and strategies to overcome obstacles to effectively supporting students pursuing higher education.
- In July 2011, the Department's Education Specialists facilitated an interactive education workshop, "Who Wants to be a College Student?," for youth across Arizona participating in the Annual State Youth Conference held in Flagstaff, Arizona.
- In February 2012, Pima County held a Career Day at Pima Community College to explore education options. Youth from probation and foster care learned about financial assistance and educational opportunities available to them.

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- The two day “College Goal Sunday” was held in Arizona 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 2012-2013 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 Division’s Education Case Management Unit also provided assistance at this event.
- In April 2012, OCJ Kids (Off Campus Jams) held a Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Division’s Education Specialists provided a workshop at the fair. 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 is a member of the Northern Arizona Youth in Transition Group. The Youth in Transition Group is co-facilitated by the Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Division. A goal of this group is 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.
- The Division’s Education Specialists continue to communicate and consult 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.
- The Education Specialists completed and began to distribute a State Reference Guide to Arizona scholarships, grants, and financial aid information for current and former foster care youth, foster care providers, and community partners.

The Division 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. In SFY 2012, board representatives planned to work with the agency’s Forms & Graphics Unit to create and distribute an informational brochure for educators. This work has been postponed to allow the inclusion of other education related information that is being produced by other work groups.

See Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2012* for additional information about the Division’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 Division’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

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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 Division, 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 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 uses just under 13,000 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 include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, 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 CPS Specialist and out-of-home caregiver are responsible for ensuring necessary follow up of recommended care. Each child's health and medical needs are to be reviewed as part of the case planning process, and the case plan includes a health care plan with outcomes and tasks to meet the child's medical needs.

Division 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 then included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The CPS Specialist is then able to provide medical history information to the out-of-home caregivers through the medical summary report.

No changes are anticipated in geographic areas served by CMDP. CMDP has observed membership growth over the past six months. In CY 2011, 19,468 children in foster care were enrolled in CMDP, up 6% from CY 2010.

During the 2007 CFSR stakeholders praised the services of CMDP, noting that most services are readily available and easily accessed. Case reviewers continue to receive similar feedback during interviews with caregivers for the PICR. One of the most important factors supporting this area of strength is the inclusion of the health care program, CMDP, within the child welfare agency. This arrangement allows close coordination between the health care program and other child welfare programs and provides flexibility to respond to the unique health care needs of foster children. CMDP is staffed with a full complement of clinical positions, including four full-time nurses, a board certified pediatric nurse practitioner serving as the Director of Medical Services, and a board certified pediatrician as the Medical Director. This allows CMDP to provide more care coordination and work closely with CPS Specialists on complex cases.

The Division's CMDP Health Care Services Plan Update 2012 is located in Section XI.

Physical Health Services Coordination and Outreach

In SFY 2012, CMDP maintained its system of outreach and reminder notifications. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the CPS Specialist, out-of-home caregiver, and PCP. CMDP outcome data suggest that these intensive outreach efforts are effective. As in SFY 2011, CMDP's SFY 2012 outreach activities included the following:

- Monthly immunization reminders were sent to CPS Specialists and PCPs of infants and toddlers ages twelve and eighteen months who were in out-of-home care, notifying them of immunizations that were due or past due according to Arizona State Immunization Information System (ASIIS) reporting. In addition, the number of EPSDT visits recorded in claims data was compared with the number the infant should have had by his or her age, and this information was reported to the PCP and CPS Specialist.
- Each month, all new CMDP members' CPS Specialists and PCPs were notified of those children and youth that had immunizations due or past due according to ASIIS reporting.
- EPSDT reminder cards were sent twice a year to each member's placement or the member's CPS Specialist (if no placement address is available) for all members age two through seventeen years. All members eighteen and older are mailed the reminder cards directly.
- Special quarterly immunization and EPSDT visit reminder cards were sent to the placement or CPS Specialist for all members who were twenty-four months or younger. These cards identify the number of EPSDT visits and immunizations necessary by the time the member reaches age two.
- Dental visit reminder cards were sent to the member's placement or CPS Specialist twice a year for members ages one through seventeen. All members eighteen and older are mailed reminder cards directly.
- The "All about Me and EPSDT" poster (English and Spanish) was sent to the caregivers of all members under twenty-four months. The poster is designed to go with the child in the event of a placement change, and outlines all of the required EPSDT visits and immunizations prior to age two. It includes places for photographs and other milestones. This poster was recently updated to reflect several changes in the 2011 Center for Disease Control Immunization Schedule.
- The CMDP Handbook for CPS Specialists and probation/parole officers, the Member Handbook, and the Provider Manual all include sections on EPSDT requirements. Articles and information about EPSDT exams are also included in CMDP's quarterly provider and member newsletters, custodial agency newsletter, the *Arizona Statewide* newsletter for foster and adoptive families, and on the CMDP website. The handbook is also available on the CMDP website and is updated on an annual basis.
- Regularly scheduled training programs for CPS staff and foster caregivers on EPSDT requirements are conducted by the program development and medical services staff.

The Division will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities described above to increase CPS Specialist, out-of-home caregiver, and PCP

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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 Division is the shared responsibility of the Division of Children, Youth and Families and the Department of Health Services' Division of Behavioral Health Services (DBHS). 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-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 has an IGA for State Subvention Services. 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 Division's Comprehensive Medical and Dental Program (CMDP) 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 CPS custody, they are enrolled in a RBHA based on their court of jurisdiction.

CPS Specialists refer children who have been removed from their homes to the RBHA's 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 CPS Specialist to present to the court at the Preliminary Protective Hearing, where the initial case plan and services are determined. The CPS 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 RBHA's initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's CPS 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 RBHA notifies the child's CPS 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 CPS 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 professional recognize mental health and developmental challenges in young children,

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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 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.

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- **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.
- **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, ADHS/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 helps 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.

ADHS/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 Division, 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 in formulating 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.

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

Section V

Systemic Factors

Systemic Factors

1. Statewide Information System Capacity

Since February 1998, Division 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, case management, adoption, eligibility determination, staff management, provider management, and payment processing; and 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. In 2009 the automation of the child welfare appeals process was added to CHILDS.

The CHILDS system is available statewide to Division 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 Division 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 six days in CPS 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 Division'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, and is highly successful in this regard. In SFY 2012 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 migrations. Migrations typically include fifteen to twenty system changes requested by field staff, administrators, state policy and program development staff, or CHILDS staff.

A priority of the CHILDS project over the last year has been development and continuous improvement of the automated Child Safety and Risk Assessment (CSRA) process, which guides decision making and improves documentation of holistic safety and risk assessments. The automated CSRA provides several features to assist CPS staff, including built-in instructional text and hyperlinks to related web sites. In SFY 2012 the CHILDS project continued to revise the automated CSRA in response to needs identified

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by staff and Division management. These changes are viewed as a priority, so they happen quickly. Recent changes, such as implementing a case copy process, further automated the process to reduce data entry.

Other recent updates to CHILDS improve documentation, reduce AFCARS errors, and increase collection of data required for program improvement and strategic planning. For example:

- The ability to upload external files into a secure case note is now possible for any document in Microsoft Office and PDF formats. CPS Specialists can use this function to include psychological assessments, court minute entries, and other documents as part of the electronic record.
- Previously, CHILDS only allowed one safety plan for each child safety assessment. This was problematic because a change to the safety plan might be required before a formal reassessment of child safety is needed (such as when the child's safety monitor changes). To accommodate this scenario, CHILDS now allows multiple safety plans for one child safety assessment.
- The foster care provider electronic billing process was enhanced to save an additional fifty hours per month of staff time in the Division's payment processing unit.
- The process to request services of providers was enhanced and standardized. Previously, several different request forms were used within the Division, which caused confusion among our providers.

The Division participated in an AFCARS review in September 2009. An AFCARS Assessment Review Improvement Plan was submitted to the U.S. DHHS in April 2010, to have all changes implemented by December 2012. Arizona immediately made several of the identified changes to the AFCARS data extraction program. In SFY 2012 the following changes were implemented according to the submitted improvement plan:

- allow multiple selections of special needs for adopted children,
- allow multiple relationships of adoptive households, and
- add a primary indicator for one adoptive special need when multiple needs are selected.

2. Case Review System

Arizona's case review system includes policies and processes to meet the federal requirements for development of written case plans, periodic review of the status of each child, permanency hearings for children in foster care 12 months or more, and termination of parental rights according to Adoption and Safe Families Act requirements.

Written Case Plan

The Division's policies and procedures require written case plans, addressing 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 this case plan be developed with family and child input. The CHILDS alert system provides case managers an early reminder of case plan reassessment due dates. TDM, CFT, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

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The Division's case plan includes sections that address the child's physical health needs and the child's educational needs. These and other specialized sections (such as the out-of-home care plan to describe needs and services for the out-of-home caregiver and the child, and the independent living plan to describe services to youth age sixteen or older) prompt CPS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Staff are fully trained about the need to provide case plans to the court and Foster Care Review Board (FCRB). Case plans are attached to reports to the court, and discussed at Court and FCRB hearings. The Division's court report outlines require the CPS 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.

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. More information about these policies and practices is located in Section VI, 7. Case Planning and Case Manager Visits with Children and Parents.

Periodic Reviews and Permanency Hearings

Periodic review requirements are met through juvenile court hearings and Foster Care Review Board (FCRB) meetings. In most cases a court or FCRB hearing is held more frequently than once every six months. 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.

During the 2007 CFSR On-Site Review, Item 26 on court or administrative review no less frequently than once every six months, and Item 27 on court or administrative permanency hearings no later than twelve months from foster care entry and every twelve months thereafter were identified as strengths.

Termination of Parental Rights

Division policy requires that the Division file a motion for TPR when the child's permanency goal is adoption. The Division assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Division policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Division 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. The regional Program Manager or designee must approve any Division recommendation that TPR is not in the child's best interests if ASFA TPR

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requirements apply. For children who are initially placed in out-of-home care under a voluntary foster care agreement, the first sixty days of placement is not 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. The statewide average time from filing to decision decreased from 311 days in 2005 to 164 days in SFY 2009. The average time has remained at 164 to 168 days in SFYs 2010 and 2011 (data provided by the Administrative Office of the Courts, Court Improvement Program).

In FFY 2011 Arizona continued to exceed the national 75th percentile on CFSR measures C2-4 and C2-5, which measure timely termination of parental rights and timely achievement of permanency for legally free children. Arizona's performance on measure C2-4 was double the national 75th percentile. More information about the Division's performance related to these measures is located in Section VI, CFSR Item 9.

Notice of Hearings and Reviews to Caregivers

Foster parents, pre-adoptive parents, and relative caregivers of dependent children 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 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 also plays a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the judge and other team members. CASA reports are disseminated to the juvenile court and the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend CPS 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.

3. Quality Assurance System

Practice Standards

The Division's safety, permanency, and child and family well-being outcomes, goals, and performance measures are listed throughout this report. These are the same as those evaluated through the Child and Family Services Review, with the addition of a few goals added by the Division. The Division's policies and procedures set practice standards that operationalize the Division's outcomes and performance measures. For example, the outcome 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 policies are frequently based on best practice standards. The Division's policy manual is available to all staff through CHILDS and the intranet, and to the public on the internet. The Division's policy unit annually reviews and revises policy based on new laws and best practices. After significant revisions, statewide training is conducted for Division staff. The Division also proposes or supports new laws that set standards to promote safety, permanency, and well-being outcomes.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect;
- Removal Review Team reviews within seventy-two hours of removing a child and before filing a dependency petition to ensure all alternatives to continued out-of-home placement have been explored;
- case plan staffings held within sixty days of case opening and at least every six months thereafter to review services and permanency goals;
- 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 CPS Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide easily accessible 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 Performance Improvement and Accountability Section

The Division established the Performance Improvement and Accountability (PIA) Section in January 2012, to ensure compliance and accountability for the Division's Title IV-E Foster Care and Adoption Assistance Program, contract management system, and provider payment operations. As the PIA group evaluates targeted areas, recommendations will be developed to assist with:

- the refinement of existing functions,
- the identification of opportunities to improve performance, and
- the establishment of measurable performance goals and objectives within the target areas.

Although in its infancy, the PIA group has been able to:

- develop an internal audit tracking tool to monitor federal and state audit outcomes and corrective actions;
- assign tasks and duties related to recent Auditor General performance reviews to ensure implementation of corrective measures within required timelines;
- identify, recommend, and coordinate access of locate tools/processes to reduce Division costs, expedite actions, and improve outcomes (i.e. Facebook, Accurint, internal DES systems); and
- develop a IV-E pre-audit work plan that will assist in achieving consistent compliance with IV-E foster care requirements.

Performance based contracts are one method used by the Division to monitor the quality and outcome of contracted services. These contracts include goals, objectives, payment points, and reporting requirements that align with the Division's strategic plan. Performance based contracts motivate provider agencies to work in concert with the Division toward shared outcomes and provide the Division a method to gather data beyond that available in CHILDS. The Home Recruitment, Study, and Supervision contract provides an example of performance based contracting.

The Quality Improvement System

The Division's Quality Improvement (QI) System identifies and addresses systemic improvement needs by gathering information from internal and external sources; analyzing the information to evaluate the child welfare system's performance; communicating the information to administrative and field staff, communities, family members, and youth; and developing action plans to address identified needs. All Division staff have the opportunity to participate in the Division's QI system in one or more capacities. In addition, the Division has Practice Improvement Specialists in all regions, who lead case reviews, provide data and performance information to management and workgroups, and monitor regional practice improvement activities. Regional Automation Liaisons identify and facilitate correction of data errors and assist regional staff to develop and use data reports to manage and monitor their day-to-day work. Dedication of staff to quality improvement functions has enabled the Division to more closely monitor performance related to CFSR and other key child welfare outcomes, more fully understand underlying issues hindering achievement of positive outcomes, and identify effective practices to improve outcome related performance.

Each element of the Division's QI system is described below.

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- *Aggregate Data Analysis* – Regional and Central Office staff continuously identify, monitor, and analyze aggregate data relevant to the Division’s safety, permanency, and well-being goals, service utilization, and other Division operations. The administrator of the Division’s Data and Technology Administration consults with the regional Program Managers and others to identify priority data reports for the Division. The Central Office Reports and Statistics Unit ensures timely distribution of data reports, and provides training and technical assistance to staff on data development and analysis. The Division’s Regional Automation Liaisons ensure timely distribution of data within the regions and lead the regions’ data integrity activities. Data is provided through the Business Intelligence Dashboard, ACCESS databases, and hard copy reports. The Division has been providing an increasing number of reports and related data tables electronically rather than hard copy, which improves accessibility and flexibility for regions to summarize and organize the data in the way that best meets their needs.

The Business Intelligence Dashboard is an online analytical reporting tool that helps regions and units monitor and manage their caseloads by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The Dashboard currently provides data on: timeliness of initial response to reports of child maltreatment; timeliness of investigation completion and recording of investigation findings; frequency of in-person contact with children, parents, and out-of-home care providers; and child entries and exits from out-of-home care. Staff may also view data by variables such as ethnicity and child removal zip code. “Top – Bottom” performance reports are available on some KPIs, so management and supervisory staff can identify the highest and lowest performing units in their respective regions, areas, and units. In February 2012 a Tableau area was added to the Dashboard, where staff can view data on timely initial response, timeliness of finding entry following investigation, the percentage of exits to reunification that occur within twelve months, the percentage of exits to adoption that occur within twenty-four months, absence of foster care reentry within twelve months of reunification, and CPS Specialist monthly contacts with children.

- *Practice Improvement Case Review* – The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona’s child welfare system. Regional and Central Office staff review a random sample of initial assessment, in-home services, and out-of-home cases from each region to measure the rate of outcome achievement and gauge current practice related to the Division’s safety, permanency, and well-being goals. Staff are provided with individualized and practice-specific feedback and supports, to increase staff knowledge of policies and practice standards, and competency in the consistent application of these standards. Review of initial assessment cases focuses on implementation of the integrated CSA-SRA-Case planning process. Review of in-home and out-of-home cases is limited to Division goals that cannot be measured through CHILDS or other quantitative data. Item ratings are based on a review of the CHILDS record and hard file, and interviews with case participants on some cases. Using the PICR process, the Division:
 - identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
 - provides Division management 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.

The PICR Instruments include substantial item rating guidance to improve inter-rater reliability. This includes instructions from the CFSR On-Site Review Instrument and guidance based on

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state policy and best practices. Case review instruments are completed by the region's Practice Improvement Specialists, or by a team of regional staff. The regional Practice Improvement Specialists ensure the accuracy of all completed instruments. The state's Practice Improvement Manager reviews a random sample of the completed instruments to ensure accuracy and statewide consistency.

The Division's Practice Improvement Specialists led the review of 237 initial assessment cases and 193 in-home service or out-of-home care cases in CY 2011. Distribution and discussion of case review results occurs in all regions. Clinical discussions among regional staff focus on practice strengths and training needs, to facilitate professional growth and skill development among CPS Specialists, supervisors, program specialists, and Assistant Program Managers. Review results are distributed and discussed at regional leadership meetings, group supervision meetings or Supervision Circles, and within unit meetings. Case specific review results are provided to the assigned CPS Specialist and unit supervisor, in a meeting often attended by the Assistant Program Manager.

- *Clinical Supervision* - Clinical supervision is a cornerstone of the Division's Quality Improvement System. Clinical supervision provides a means to ensure consistent application of practice standards and achievement of positive outcomes for each and every family served. Clinical supervision conferences between each CPS Specialist and his or her CPS Unit Supervisor are required at defined intervals, dependent on the case and employee needs. The integrated assessment and case planning process provides guidance and a location for supervisors to document clinical supervision at each key decision point in the initial assessment process.
- *The Citizen Review Panels* – Regional Citizen Review Panels (CRP) evaluate the extent to which the Division is effectively discharging its child protection responsibilities. In 2011, Citizen Review Panels met in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions to review CPS policies and procedures, current practice, pertinent data, and case record information. In 2012, the CRPs reviewed cases that involved a child fatality or near-fatality, or that demonstrated a specific practice theme of trauma informed care of children, sustaining placements in foster care, chronic neglect, or youth transitioning from foster care. In performing their functions, the CRPs evaluate the Division's child safety assessment and safety planning practices, and submit an annual report to make recommendations to CPS for system changes and improvements. 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 Division. The Division's Practice Improvement Specialists and other Division representatives attend the meetings and use the information gained to improve practice in their areas. More information about the Citizen Review Panels, their recommendations, and the Division's response to the most recent recommendations is located in Section X, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report 2012*.
- *Critical Incident Conferences* – The Division holds critical incident conferences to evaluate critical incidents involving a child fatality or near fatality, or any significant event that would impact the safety or well-being of a child or other person involved in a CPS investigation or ongoing case. Information is presented and discussed at the conference, which is attended by the Division's crisis response manager, the regional Program Manager or designee, other appropriate staff from the involved region, the CPS Program Administrator or designee, the Division's

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Assistant Director or designee, an Assistant Attorney General, and a representative from the DES Risk Management Unit.

If the initial review of the case information indicates a need, a level II review is conducted to evaluate the case more deeply and assess:

- the relevance and sufficiency of the information gathered during current or prior CPS investigations and case planning;
- the outcome of safety assessments and safety planning;
- the outcome of the strengths and risks assessment, if applicable;
- the determination of the need for intervention;
- whether services offered and/or provided addressed the identified safety threats and risk factors;
- the outcome of services, if applicable;
- the case status;
- the applicable policy and procedures;
- clinical supervision at key decision points; and
- barriers or other systemic concerns.

Following the Level II review, the Crisis Response Manager or designee develops and monitors an action plan, if appropriate, that identifies corrective action steps and due dates. Some of the cases are selected for in-depth follow-up and review, which is most often conducted by Central Office staff and the regional management staff responsible for the case. Through the Critical Incident Review process, the Division has identified policies, processes, and other issues that can be addressed to prevent future similar incidents. More than 100 cases were evaluated through the Critical Incident Review process in CY 2011.

In SFY 2012 the Division continued to strengthen self-evaluation in the regions. Examples of activity in SFY 2012 include the following:

- The Division's executive leadership has maintained several Division performance measures to be the focus of regional improvement efforts. These include timely initial response to reports, timely entry of investigation findings, timely exit to reunification, absence of re-entry following reunification, timely exit to adoption, and CPS Specialist monthly contacts with children in out-of-home care. Identifying this small set of priority performance measures has helped the regions to focus their data analysis activities. CPS Unit Supervisors were provided detailed information about these performance measures at the statewide supervisor's conference in September 2011. Following a presentation of current performance data, the supervisors and managers broke into regional groups to develop action plans for improving performance. For example, the Northern Region has worked to maintain a timely initial response rate of above 90% by holding regularly scheduled discussions about performance with the region's leadership team; conducting training on the new Tableau feature on the Business Intelligence Dashboard so that staff have the skills to access regional, area, unit, and individual performance data; disseminating a "Report Card" while engaging staff in discussions about the underlying meaning of the data and the importance and value of timely response and the other performance areas; and by providing individualized feedback during Practice Improvement Case Review sessions.
- Performance data is routinely provided to all regions. Data on each of the Division's measures is available through the Business Intelligence Dashboard or Tableau. Data on the CFSR measures for timely adoption and timely reunification is available on the Division's intranet site.

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- The Southwest Region's Automation Liaison compiles and presents outcome data at quarterly meetings of Assistant Program Managers (APMs) and supervisors. The regional Program Manager, APMs, and CPS Supervisors discuss the data and identify units or sections that are having improved outcomes. Successful techniques and strategies are shared with the group. The data discussed in these meetings include: (1) the number of CPS reports received by section and priority levels; (2) the percentage of reports with an on-time response; (3) the percentage of reports with a missing finding; (4) the number of children entering custody; (5) the number and rate of removals by area; (6) the numbers of children who entered care and exited care; (7) placement stability; (8) length of time to reunification. For ongoing units, data is also presented on the percentage of children who received an in-person contact and the five CPS Specialists with the highest performance. The data charts and graphs are emailed to the supervisors, APMs, and other staff. Many supervisors in the Southwest Region display their unit's data on erasable poster boards, so CPS Specialists can track their unit's progress toward goals and performance in relation to the region as a whole.
- The Northern Region has a committee of CPS Supervisors and Practice Improvement Specialists to analyze outcome data, particularly data related to the Division's performance measures. The committee is currently focusing on timeliness of adoption, to coincide with the region's participation in the Permanency Round Table project. The Northern Region maintains a "KPI Snapshot" report that includes regional performance data for the Division's performance measures. This report is routinely discussed at regional leadership meetings. The region's Practice Improvement Specialists and Automation Liaison also gather and organize data for the regions' Program Manager, upon request. Recently, these staff have been gathering and analyzing unit level data on the number of reports received, the number of children removed, and the number of dependencies filed.
- The Division's Practice Improvement Manager periodically analyzes data and presents the findings to the Division's executive leadership, regional managers, regional supervisors, and/or stakeholders. In SFY 2012, the Practice Improvement Manager presented information about the Division's performance measures at the supervisor's conference in September 2011, presented data on permanency outcomes for children who entered out-of-home care for the first time at less than age one to the Division's management staff and external stakeholders, and provided data on permanency outcomes at Arizona's CFSR PIP close-out meeting.
- With funding from Casey Family Programs, Arizona continues to participate in Chapin Hall's Multistate Foster Care Data Archive. 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 methodology 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. In SFY 2012, Casey Family Programs provided technical assistance to develop a dynamic report that provides summary data from the Chapin hall state specific website and allows the user to view the data by county.
- The Practice Improvement Manager began receiving technical assistance from Casey Family Programs' Data Advocacy section in May 2011. This assistance includes training and assistance to develop a report of key data elements, including longitudinal data on first entry cohorts and capacity measures such as the reporting rate, victimization rate, and foster care entry rate per 1,000 children in Arizona's child population. In SFY 2012, meetings were held with staff from Casey Family Programs, Division managers, and external stakeholders to further define this

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report. The goal is to create a dynamic report that will be available on to the general public on the internet.

- The Practice Improvement Manager, Practice Improvement Specialists, representatives from the Child Welfare Training Institute, and representatives from the Division's policy unit continue to hold monthly meetings to discuss PICR results and other practice and outcome data, and identify opportunities to support practice and outcome improvement through policy clarification, training, or other means.

4. Staff and Provider Training

Staff Training

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

- Pre-core/new employee orientation training
- CPS Specialist core training
- On-the-job/field training and support
- Supervisor core training and advanced courses for supervisors and managers
- Parent aide and case aide core training
- Specialized one-on-one training refreshers on CHILDS and the CSA-SRA-Case planning process
- Specialized and advanced training, including workshops and conferences on topics such as gangs, mental health issues, and methamphetamine abuse
- CHILDS training
- Policy training
- Region offered training
- Out-service training (conferences and seminars in the community)
- The Arizona State University School of Social Work MSW stipend and BSW scholarship programs
- The part-time MSW program for permanent status agency employees residing in Maricopa or Pinal County
- Training to other child welfare community partners, including the FCRB, Juvenile Court, contracted service providers, and Native American tribes

Foster and Adoptive Parent Training

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 was modified in 2009 to better reflect Arizona's needs. AZPS-MAPP Certified Leaders must complete an eight day, fifty-four hour training session led by two of the state's four Arizona PS-MAPP Trainers. 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). A brief version of this training has been part of the CPS Specialist core training, to ensure all staff are exposed to the program philosophy.

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During 2012, a more extensive version of the AZPS-MAPP and content on effective partnership will be added to the CPS Specialist core training as an in-service module.

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
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

All licensed foster parents 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 number of licensed foster and kinship parents trained is between 5,800 and 6,300, with approximately 65% of the foster homes headed by married couples. In-service training is conducted by the provider agencies or through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the provider agencies when they determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home. During 2011, an eighteen hour advanced pre-service curriculum on caring for medically fragile children, developed in collaboration between the Division and provider

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agency staff, became available to the provider agencies. The provider agencies have the option to use this curriculum.

For a more detailed description of the Division's staff and provider training program, see the Division's *Child and Family Services Plan – Fiscal Years 2010 - 2014*, which was submitted to the Department of Health and Human Services in June 2009.

Accomplishments Implementing the 2010 – 2014 Training Plan Objectives

During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of training, achieving the highest overall rating possible and a rating of strength in relation to all three of the training items: operation of a staff development and training program that provides initial training for direct service staff, provision of ongoing staff training, and provision of training for current or prospective out-of-home caregivers. To maintain this level of excellence, the CWTI continually reviews the training system to identify opportunities to improve the content, delivery, and extent of initial and ongoing training. The Division's training plan is fully aligned with the Division's practice improvement priorities to directly support the Division's safety, permanency, well-being, and systemic improvement strategies. Continuous improvement also occurs within the training system, to improve its accessibility and quality. The remainder of this section describes the Division's training related progress and activity in SFY 2012.

Primary Strategy: **Provide timely ongoing training on the statewide information system (CHILDS) when significant changes are made to CHILDS and as needed throughout employment**

Goal: Increase agency efficiency, staff morale and documentation by providing all staff with the knowledge necessary to efficiently use CHILDS to guide practice decisions and thoroughly document case activity

Action Step 1: Continue to provide staff and supervisors with updated user guides, tutorials and hands-on CHILDS training, to keep up with changes in the system

Action Step 2: Provide staff with advanced training in documentation, utilizing CHILDS and following best practices for social work documentation in child welfare

Throughout SFY 2012, the CWTI has provided staff and supervisors with updated user guides and hands-on CHILDS training, as needed. Each significant migration in the CHILDS system has been accompanied by a clearly written user guide, so that staff and supervisors can understand and use the new functions in CHILDS. The CWTI CHILDS Training Supervisor is very involved in the development of changes to CHILDS, to ensure his understanding of the changes and his ability to write user guides in clear and understandable language for field staff.

Training in accurate and relevant social work documentation for child welfare is a regularly provided segment of the CPS Specialist core training, and is available upon request to all existing staff.

In SFY 2012, the CWTI and CHILDS project partnered with the software vendor to provide training and support in the use of Dragon Speak software. The Division has made Dragon Speak software available for more than two-thirds of its employees, to increase documentation quality and decrease the time

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required to document case information. In SFY 2013 the Division plans to purchase another six hundred units, which should make Dragon Speak available to any Division staff who wish to use it.

During SFY 2012, the Division contracted with Change and Innovation Agency to work directly with field staff and supervisors to identify ways to streamline the work of child safety assessment, to create efficiencies in time expenditure, and to improve meaningful documentation of assessments. A format was created and piloted in SFY 2012, and statewide roll out will be completed in early SFY 2013. An additional work group has been making a similar assessment to streamline ongoing case management and case planning. Changes in the CHILDS system are being made to accommodate the recommended changes to practice and documentation. CWTI training supervisors participated in both workgroups and will provide training on the streamlined practice and documentation as the changes are implemented statewide.

Primary Strategy: **Explore and employ alternate methods of training delivery**

Goal: Increase training accessibility and quality while reducing travel, staff time and other training costs

Action Step 1: Continue to explore and pilot the use of alternate training delivery methods (such as computer based training)

Action Step 2: Identify training needs that can be met through alternate delivery methods and develop curricula in the delivery format

In SFY 2011 the CWTI received approval to hire staff for an enhanced Field Training Program. This program is matrix-managed by the CWTI and regional Program Managers and provides one to two field training officers (FTOs) for each region. The FTOs' primary function is to support newly hired CPS Specialists during the approximately twenty-two weeks in training status, including the pre-core period, field week, and post-core period. This program was fully implemented during SFY 2012. The Field Training Program makes a local trainer accessible to all newly hired staff, to provide support and enhance transfer of learning during this critical learning period. A part-time position dedicated to coaching and mentoring CPS Supervisors was added in SFY 2012. Arizona State University (ASU) is assisting the Division to formally assessment of these activities. If successful, the coaching and mentoring position may expand to full-time.

During SFY 2012, in collaboration with its University partnership at ASU, the Division's CWTI continued to augment the computer-based training (CBT) available to staff, using this resource to introduce the new employee evaluation (PASE) method to all staff. Feedback from the surveys remains very positive, indicating that 96% of staff feel positive about this mode of delivery for selected courses and believe they learned skills they can apply to their job. During SFY 2013, the Division will be transferring its CBT to the statewide Knowledge-Presenter system, and future CBT modules will be produced through that method. This is attached to a formal learning management system for state employee training, and will improve the Division's ability to track and evaluate all training.

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Primary Strategy: Collaborate within the Division's University Partnership to provide, expand and improve staff training

Goal: Increase the number of Division staff with a social work degree and increase staff competency and advanced skills

Action Step 1: Continue, as resources permit, to recruit and train MSW and BSW students for child welfare work through the title IV-E child welfare specialization program

Action Step 2: Continue, as resources permit, to assist current staff in obtaining advanced education degrees in the field of social work

Action Step 3: Continue to evaluate training and explore other advanced means of training evaluation

Action Step 4: Continue, as resources permit, to develop curricula for pre-service, core and advanced staff training with input from experts available through the University Partnership

In SFY 2012, ten BSW students and twenty MSW students were interviewed for selection for the IV-E child welfare specialization programs. It is expected that most of the students will meet the criteria for selection. The Division expects to hire twenty-seven MSW graduates and seven BSW graduates by July 2012. Twenty MSW students are currently still enrolled in the two year program.

A committee of Division and ASU staff collaborated to create a part-time MSW program for employees, using eligible IV-E funds. Through a partnership with ASU, the Division is continuing a part-time long-term training program for selected full time employees, to strengthen the agency's child welfare practice. This program uses IV-E funds to support a part-time course of study in an MSW program for permanent status agency employees who reside in Maricopa or Pinal County. Staff can complete the program in either three or four years. Initially, fifteen staff members began studies in the fall of 2011. An additional fifteen staff members were added in the spring of 2012, and the program was made available to four Pima county staff members in 2012. The intent is to add staff members to the program annually,

All CWTI training is currently accompanied by a Level 1 evaluation. Evaluations are completed on-line following CPS Specialist core training and all computer-based trainings. Survey Monkey is also used to gather feedback about some trainings. During SFY 2012, the CWTI began to implement Level 2 evaluations in its CPS Specialist core training. Evaluations for the CPS Specialist core, CPS Supervisor core and case aide core are created, tallied, and managed through the website shared by ASU and the Division, via a contract with an ASU professor. In SFY 2013, these functions will be transferred to the learning management system, centrally operated for all Department employees.

Throughout SFY 2012, the Division continued to develop, update, and deliver curricula with assistance from university partners:

- A Supervisor core class in clinical supervision, which was created through the University Partnership, continued to be offered throughout SFY 2012 as a regular part of supervisor core.
- The Division has contracted with the University Partnership to help the CWTI create an Advanced Training Academy. This project will continue to develop a menu of advanced training

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courses for CPS Specialists, CPS Supervisors, and Assistant Program Managers. The first advanced course was a two-day class on Secondary Trauma for supervisors. Two classes were provided in May 2011, and nine more were delivered during SFY 2012. The project also created a Leadership Academy for regional Assistant Program Managers in cooperation with ASU's Certified Public Manager program. Fifteen APMs attended in SFY 2012.

- During SFY 2012 the University Partnership has assisted the Division in an extensive review of the content and structure of all three core trainings. ASU will make recommendations for changes in content and/or structure in early SFY 2013.
- During SFYs 2010 and 2011, the CWTI revised its entire case aide core curriculum. The initial module has been delivered to all new case aides, and to existing case aides upon request. Modules two and three were delivered during SFY 2012, and will continue on a regular basis for all new case aides in CPS. When resources and space are available, the Division will also make these training modules available to contracted provider parent-aides.
- In SFY 2012, the Division and the University Partnership created a website to serve as a portal to a multitude of internal and external training resources, the child welfare training schedule, a list of available classes, and other information. This site has been created and is currently in the implementation stage. Content and use of the site may be linked with ASU's overall recommendations for Division training.

Primary Strategy: **Provide training that prepares foster and adoptive parents to meet the well-being needs of children within a safe environment, and increases staff skills to support foster, resource, and adoptive parents**

Goal: Develop the ability of new and existing resource, foster, and adoptive parents to meet the well-being needs of children in their care

Action Step 1: Enhance the foster and adoptive provider training curriculum (PS-MAPP) to include specific information related to the Arizona child welfare system, enabling foster and adoptive parents and provider agencies to utilize service continuum resources more quickly and effectively

Action Step 2: Provide training to supervisors and staff relative to support for resource parents

The Arizona PS-MAPP initial preparation curriculum is revised and updated as needed to meet Arizona's foster and adoptive parent training needs. The Arizona PS-MAPP curriculum, as revised in 2009, is not required under the existing contract with the contract providers; however most contracted providers desired and requested the content change and now use the Arizona PS-MAPP curriculum. All agencies will be required to use the updated Arizona approved training curriculum after the next HRSS contract renegotiation, which should occur in 2013. The Spanish Arizona PS-MAPP curriculum materials that are used by the potential resource parents were given to the provider agencies in June 2012.

In 2012, the *Go-To Guide*, which is now part of the Arizona PS-MAPP curriculum, will be updated, revised and delivered to current PS-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

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licensed foster parents by the contract providers. In March 2012, a workshop on anger and behavior management was presented by two Arizona PS-MAPP trainers to foster parents at the Maricopa County KIDS training blitz.

Between 2009 and 2011, an advanced pre-service eighteen hour *Medically Complex Foster Care* curriculum, developed collaboratively by Division and provider agency staff, was piloted with provider agency staff. By the end of 2012, enhanced curriculum on medication administration will be added. This curriculum is provided in addition to the thirty hours of Arizona PS-MAPP.

In September and October 2012, the Division will hold three one-day conferences for resource parents in three geographic areas of the state. At each conference, AZPS-MAPP trainers will offer a three hour workshop to resource parents on managing the anger of children in their care. Linked to the three conferences, AZPS-MAPP Trainers propose to offer a workshop to current AZPS-MAPP and PS-DT Leaders to provide training updates and obtain feedback on training needs.

To increase staff skills, an in-service training on building partnerships with resource parents, including information about the AZPS-MAPP program for preparation and training of resource parents, is being offered starting in June 2012. An abbreviated version of this workshop will be added to CPS Specialist core training.

Primary Strategy: **Provide advanced professional learning opportunities in a variety of topics relevant to the job functions of CPS Specialists and supervisors**

Goal: Increase staff competency and advanced skills, and promote a culture of life-long professional learning.

Action Step 1: Provide trainings that increase cultural competence and address disproportionality in the child welfare system

Action Step 2: Provide advanced and targeted skills trainings relevant to the job functions of staff assigned assessment/investigation, ongoing, in-home, young adult and adoption cases

Action Step 3: Obtain technical assistance from the child welfare National Resource Centers to build Division capacity to provide advanced training

To increase cultural competency, the Division collaborated with Casey Family Programs in SFY 2010 to train Division staff as certified facilitators and provide staff training on *Knowing Who You Are...Helping Youth in Care Develop Their Racial and Ethnic Identity*. The training engages staff to understand the challenges faced by youth of color who are in care, how the youth experience disparate outcomes, and what child welfare staff can do to support them. Delivery of this training by CWTI was temporarily suspended in SFY 2011 due to high vacancy rates and caseloads. In SFY 2012, CWTI provided two sessions. Maricopa County staff and CASA program volunteers continue to participate in workshops that are a pre-requisite for becoming a *Knowing Who You Are* certified facilitator. Potential facilitators attended a workshop in April 2012 and another session will be held in July. These workshops focus on institutional racism, understanding a healthy racial and ethnic identity, the influences on racial and ethnic identity, and the building blocks to help youth's well-being for a successful transition into adulthood. The workshops help participants to begin to have courageous conversations when confronted with

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stereotypes and institutional racism, and ask participants to write down how they will bring this new information into their day-to-day practice with youth and families on their caseloads. As the pool of certified facilitators grows, the Division is hopeful that *Knowing Who You Are* training will fully resume in SFY 2013.

Due to budget and staff reductions in SFYs 2010 and 2011, the Division has not yet been able to routinely deliver advanced and targeted skills training, but the Division began its Advanced Training Academy during SFY 2011, in collaboration with its ASU partnership. Because resources remain limited, the initial target audience is Assistant Program Managers and CPS Unit Supervisors, statewide. Training for all CPS Supervisors and APMs on secondary trauma was delivered in SFY 2012. Additional advanced trainings will be provided following a needs assessment and the comprehensive assessment of all Division training.

In October 2011, the Division held a two day supervision conference for all CPS Unit Supervisors and Assistant Program Managers. Topics included sibling connections in child welfare, working with LGBTQ youth in CPS care, working with families impacted by incarceration, working with fathers involved in the child welfare system, workplace violence, human trafficking, and assessing and managing regional performance measures and outcomes. In addition, ASU partnered with the Division to deliver training at the Supervisor's Learning Summit in May 2012. The topics for this summit were identified through the Division's recent extensive self-evaluation. Topics included joint investigations, assessing chronic neglect, enhanced clinical supervision, and workload management.

Primary Strategy: **Provide training in accordance with 2008 Fostering Connections Act to other identified training groups**

Goal: Access IV-E funding for short-term training to qualified court personnel, attorneys, child welfare staff, CASA staff and relative guardians, as requested

Action Step 1: Implement IV-E reimbursement for this short-term training and work with other qualified entities to provide IV-E reimbursement for short-term training as described in the Act

The Division has implemented the provision of the Fostering Connections Act that allows access to IV-E funding for eligible short-term training by entering into an Interagency Service Agreement with the CASA program at the Administrative Office of the Courts, and developing a form that those eligible for the reimbursement can complete and submit to the Division's Contracts Unit for reimbursement. Reimbursement is limited to training specific to IV-E related activities.

An initial CBT for all staff on the Fostering Connections Act and related Arizona legislation was released in the summer of 2010. In SFY 2012, the CWTI implemented this same training as part of its CPS Specialist core. The Division has held regular meetings with the Arizona Association of Human Service Providers, quarterly meetings with our HRSS Licensing Agencies, and periodic meetings with the Court Improvement Program Manager regarding the provisions in Fostering Connections. Within these meetings, information is provided about foster home licensing standard waivers for relatives who wish to become licensed as foster parents; the new windows of eligibility for Title IV-E Adoption Subsidy Agreements; and increased use of GIS Mapping to address the educational stability of children entering foster care.

5. Service Array and Resource Development

The Child and Family Services Continuum

The Division 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 Sections III and IV of this report:

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management, and permanency planning
- In-home service continuum
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Parent aide
- Parent skills training
- Behavioral health services, including referral to the title XIX behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out-of-home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources

Services are provided directly by Division and other 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, service methodology proposed and rate of conformance to the submittal requirements.

The availability of services provided by the Division has been recovering from the impact of the economic crisis that began in SFY 2009. However, impacts to Department programs continue to affect families served by the Division. For example, the lifetime benefit limit for low-income families receiving cash assistance has been reduced from thirty-six months to twenty-four months effective after July 1, 2011. The Department received a legislative exemption for kinship foster care child-only TANF cases, so that kinship foster caregivers who are providing out-of-home care for related court wards can

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receive TANF child-only cash assistance without the above mentioned limitation, but the benefit limit can increase risks within intact families..

In addition to services provided by Division staff or through Division contracts, the Division engages in active and meaningful collaborations with the behavioral health system, community agencies, faith-based organizations, and other stakeholders to maintain and strengthen existing services, fill service gaps, and continuously improve service quality. The Division's partnerships have allowed the Division to maintain or improve service provision and outcomes in many areas. Examples of the Division's success expanding and strengthening the range of existing services in SFY 2012 include the following:

- Beginning in April 2009, the voter-approved tobacco tax funded First Things First (FTF) initiative has provided funding to Healthy Families Arizona programs around the state. In SFY 2011, funding for the HFAz statewide system included just over \$6.5 million from the Department and \$6 million from First Things First (FTF), allowing for a total of thirty-four sites to provide the Healthy Families Arizona program. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant.
- The Division has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to 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 Public Television, First Things First, Arizona Partnership for Children, and many other organizations. In late 2011, forty-nine parents/caregivers participated in a Triple P intervention. Services continue to be delivered in several central and northern Arizona communities.
- Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows monthly in-home caseloads had dropped to 3,371 in July 2009 due to the state's budget crisis. During FFY 2011, the Division's monthly in-home caseload was between 5,000 and 5,600 cases, with the exception of April and May 2011 when the in-home caseload exceeded 6,800. This in-home caseload count includes in-home cases in which no child was ever removed during the current case episode. Cases that remain open for in-home services after a removal and reunification are not counted.
- A new contract for the In Home Services Program is expected to start July 1, 2012. The new service is a combination of family preservation, family reunification, intensive/moderate level and family support services. The In Home Services Program includes these five components:
 - intensive family preservation – to be used when conditions within the home represent a threat to child safety and the children are at significant risk of out-of-home placement
 - moderate level – to be used when conditions represent no safety threat, but a high to moderate risk of abuse and/or neglect
 - family support – short-term family supportive intervention services to be used when conditions represent potential or low risk of abuse and/or neglect
 - clinical family assessment – an assessment conducted by a master's level clinician to assist in identifying family dynamics, treatment needs, and services that might best be utilized to address the identified needs
 - family reunification and placement stabilization – to safely expedite the return of children who are in out-of-home placement or in voluntary foster care back to their family, and transition a child from a more restrictive placement back to the community, such as from a residential treatment center to a foster or family home or from a foster

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home to a family home; or assist in the stabilization or safe maintenance of a child in a relative/kinship or adoptive home.

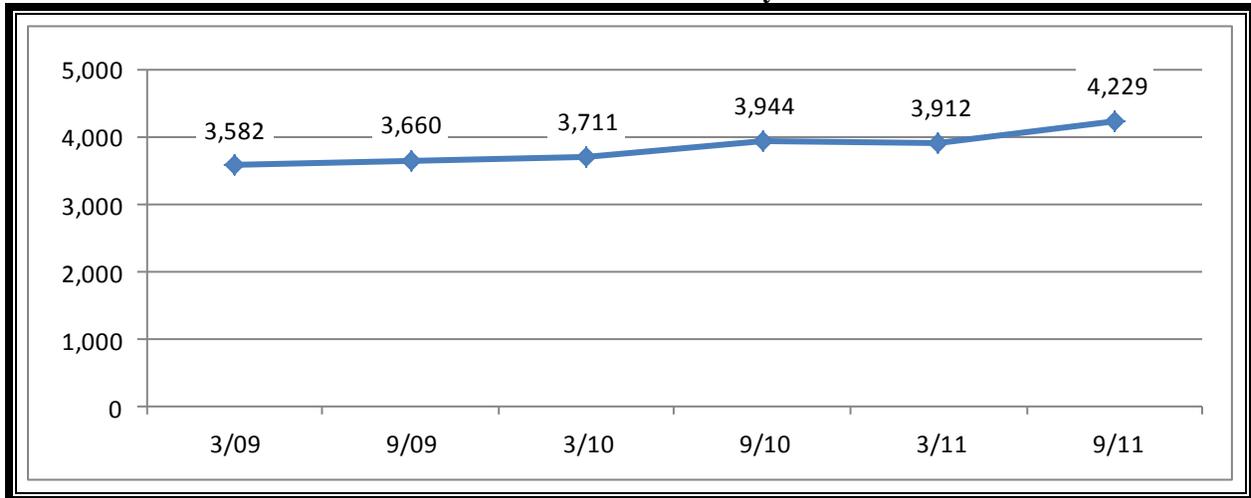
- Child care services for children involved in open CPS cases, whether in-home cases or out-of-home placements, continue to be provided by the Department's Child Care Administration. During SFY 2011, the monthly average number of children involved in in-home or out-of-home cases in which child care services were provided was 6,696. During SFY 2012, the average number increased to 7,491 children per month.
- More than 47,000 individuals have been referred to the Arizona Families F.I.R.S.T program since its inception in March 2001. In SFY 2011, 4,954 individuals were referred for substance abuse screenings or assessments and an estimated 3,298 clients received treatment and supportive services. The number of referrals in SFY 2011 was 15% higher than referrals in SFY 2010.
- The Parent to Parent Recovery Coach Program has been successfully incorporated into the AFF program in Maricopa County. This program has maintained the four main original goals, which are to: (1) engage parents into treatment; (2) encourage parents to remain in treatment; (3) assist parents in navigating through the child welfare system; and (4) guide parents through the process of their individual recovery. In August 2011, a Continue Recovery Environment and Transitional Education (CREATE) group was piloted by TERROS, the goal of which was to provide a continued care environment for clients and peers to join together, share resources, and support each other in the recovery process. The group has since become available through two of TERROS' subcontractors as well. Several clients have graduated from the program. In October 2011, TERROS Recovery Coaches began co-facilitating treatment groups.
- The Substance Exposed Newborn Safe Environment (SENSE) Program expanded into Yuma in SFY 2012. This is a specialized, highly-coordinated, and intensive response system for families of substance-exposed newborns. The program closely coordinates Family Preservation, AFF, professional nursing, and Healthy Families services.
- In SFY 2011, the Housing Assistance Program provided financial support for the reunification or permanent placement of 905 children within 346 families, statewide. This was a notable increase from the 511 children and 206 families served in SFY 2010.
- The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the Adoption Subsidy program grew from 14,559 on September 30, 2010, to 16,314 on September 30, 2011. In FFY 2011, 1,755 new special needs adoptions were subsidized. 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.
- Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody and control of the Department. This program is available statewide to children exiting out-of-home care to permanent guardianship. The average number of children per month receiving guardianship subsidy benefits during FFY 2011 was 2,442, which was a 3.2% increase over FFY 2010, and a 6.7% increase over FFY 2009.
- Area churches continue to support children in foster care by hosting toy drives around the holidays and supplying CPS offices with emergency care kits for children throughout the year.

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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. On September 30, 2011, this number had grown to 4,229 children. In the past two federal fiscal years, this population has grown by about 280 children per year (*Child Welfare Reporting Requirements Semi-Annual Report*). Therefore, the Division projects that this segment of the out-of-home care population will increase to 4,510 on the last day of FFY 2012 and 4,790 on the last day of FFY 2013.

**The Number of Children under the Age of Five,
in Out-of-Home Care on the Last Day of the Month**



The Division has several reports that provide a method of tracking these children and their demographics and characteristics. The Division's out-of-home report is electronically distributed each week. This report provides detailed and summary information on every child in out-of-home care on the previous Saturday. All AFCARS elements are included for each child, including age, gender, ethnicity, permanency goal, removal date, and placement. The Chapin Hall State Data Center also provides data on the number of young children entering care, their length of time to achieve permanency, the type of permanency achieved, and the percentage of each entry cohort that is still in care. In addition, the Division's adoption movement report is electronically distributed each month. This report identifies children with an adoption goal, and each child's legal status and adoptive home identification and placement status. The report allows regions to identify children who may be experiencing delays to finalized adoption. For example, the report is used to identify children who do not have an identified placement resource and require child specific recruitment, and to identify legally free children with a plan of adoption who require case transfer to the adoption unit. This report provides the age, ethnicity, and gender of each child.

In CYs 2009 and 2010, of children who were under the age of 1 year at the time of first entry into out-of-home care, about one-third exited to reunification within twelve months of entry. In these same years, of children who were age one through five at the time of first entry, 40% to 45% exited to reunification (Chapin Hall State Data Center, State Specific Profile). Other children in these age groups reunify shortly after this twelve month timeframe. When the prognosis of reunification within twelve months is good, services are provided to maintain the parent-child relationships and achieve reunification. These 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 to better meet the demand.

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Historically, of children who were under the age of one year at the time of first entry into out-of-home care, more than 40% exit to adoption, and of children who were age one through five at the time of first entry, about 25% exit to adoption. 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 V, 8. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention for a description of these general and targeted recruitment activities. The Division addresses the developmental needs of these children by providing services to maintain placement stability and placing the child with a permanent family as soon as possible.

The Division 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 CPS 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 CPS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by 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 CPS Specialists when determining if a safety threat is present. Services have also been designed to meet the developmental needs of young children. For example:

- CPS Specialists refer children who have been removed from their homes to the RBHA's 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. 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 RBHA's initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AZEIP), notifies the child's CPS 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 RBHA notifies the child's CPS 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 CPS 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 includes checklists for identifying relationship problems, psychosocial, and environmental stressors.
- A Best for Babies workgroup has developed a Checklist of Services for infants and young children. Once approved, CPS Specialists in Maricopa County will complete or update the

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checklist and submit it to the court prior to each hearing. A standardized format for the Checklist, with each county's local resources and providers, is being developed by the Arizona Attorney General's Office. The Checklist is used by the court and other team members to ensure timely comprehensive services are provided, including EPSDT exams, dental exams, visitation with parents and siblings, behavioral health assessment, and any necessary treatment services.

- The Maricopa County juvenile court has recently committed to open a specialized center near one of the court facilities, where visitation and visitation coaching can occur. The center will provide visitation, coached by trained volunteers and some trained staff. The center will also have community coordinators, who will address barriers to timely service provision on a case by case basis, find resources, and keep cases moving toward permanency. This center is part of Maricopa County's Best for Babies/Cradles to Crayons initiative, and will serve children under age five.

Staff and foster parent training include instruction on the needs of young children. CPS 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. 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 toddler, 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 2 and ½ year boy from day of placement to six months in their home

Services to Populations at the Greatest Risk of Maltreatment

Children ages birth through five are at the greatest risk of maltreatment. According to the Chapin Hall State Data Center, in CY 2011 the rate of entry into out-of-home care per 1,000 children in Arizona's population was 13.70 for children under one year old, 4.62 for children ages one through five, 2.80 for children ages six through twelve, and 3.45 for children ages thirteen through seventeen. Clearly, infants are at the greatest risk of maltreatment, followed by children ages one through five.

In addition to the services targeted to this population that are described in the preceding section, the Division has developed the following services to assist the families of young children and prevent maltreatment, removal, or reentry:

- 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

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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. See Section IV, 1. Child Abuse and neglect Prevention Services for more information about Healthy Families Arizona.

- 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 CPS 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 CPS 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.

6. Agency Responsiveness to the Community

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 local regional levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. According the CFSR Final Report, stakeholders "indicated that the state has many collaborative efforts in place that serve as a forum for DCYF to obtain input into its efforts to meet the needs of children and families." The following are some of the many committees and activities through which stakeholder input was received in SFY 2012:

- *The Child Safety Task Force* – In November 2011, the Department of Economic Security's Director, Clarence H. Carter, was appointed Vice Chairman of Governor Janice Brewer's Child Safety Task Force. According to a press release issued by the Governor's Office, the task force was "charged with reviewing child-safety policies in Arizona and recommending comprehensive reforms to improve the way in which the state oversees children under its care and investigates potential cases of abuse and neglect." The task force included the Maricopa County Attorney (who served as the committee chair), an Arizona Supreme Court justice, a Maricopa County Superior Court judge, a crime victim's advocate, a pediatrician, the Vice President of ChildHelp, the Director of the ASU School of Social Work, the Assistant Director of the Division of Children, Youth and Families, two Arizona State Senators, two Arizona State Representatives, the Director of Arizona's Administrative Office of the Courts, a community leader, a Court Appointed Special Advocate Program volunteer, a lieutenant from the Glendale Family Advocacy Center, and a foster parent. The task force held public hearings to receive testimony from experts on CPS investigations and case management, law enforcement investigations, the administrative office of the courts, social services, foster care, crisis shelters and group homes, and child welfare advocacy. On December 30, 2011, the Child Safety Task Force submitted recommendations to Governor Brewer. These recommendations include much of the work described in this report and can be viewed at: www.azgovernor.gov/cps and http://www.azgovernor.gov/CPS/documents/CPSTFRecommendations_123111.pdf.

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- *The Director's Forums* – The Director has traveled to communities across the state to meet with a variety of Department stakeholders, many of whom are stakeholders of Arizona's child welfare system. The Director has hosted individual meetings, town hall meetings, and attended a variety of community and faith-based organization meetings. At each of these meetings, the Director discusses the Department's mission and vision, and gathers input from the attendees to help increase transparency and to inform the Department's decision making through public input. As another avenue for direct engagement with the Director and the Department, the Director created a blog in February 2012.
- *Change and Innovation Agency Process Improvement Teams* - The Change and Innovation Agency (CIA) facilitated an assessment of the investigation process with a core team of internal staff. This core team was comprised of field office supervisors and key staff in the areas of policy, training, and technology, and focused on mapping the investigation process from the time a report is assigned until it is closed or opened for ongoing services. The core team's recommendations were informed by a series of eight focus groups with over forty CPS Specialists, CPS Supervisors, judges, FCRB members, attorneys, providers, and other stakeholders from across Arizona. The focus group participants were asked questions related to child safety assessment, risk assessment, case plans, dependency petitions, and court reports. A second core team was convened to evaluate the ongoing case management process, and another set of focus groups was held in December 2011 with foster and kinship parents, foster youth, urban and rural service providers, foster care licensing agencies (HRSS providers), case aides and parent aides, judges, FCRB members, CASA volunteers, attorneys, and the Central and Southwest Region Service Referral and Placement Resource Specialists. These groups provided input about case planning, placement processes, CPS Specialist visits with children and caregivers, parent-child visitation, service referral processes, and court reports. The ongoing team met between February and April, and produced a final action plan in May, 2012.
- *The Citizen Review Panels* – Regional Citizen Review Panels (CRP) evaluate the extent to which the Division is effectively discharging its child protection responsibilities. In 2011, Citizen Review Panels met in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions to review CPS policies and procedures, current practice, pertinent data, and case record information. In 2012, the CRPs reviewed cases that involved a child fatality or near-fatality, or that demonstrated a specific practice theme of trauma informed care of children, sustaining placements in foster care, chronic neglect, or youth transitioning from foster care. In performing their functions, the CRPs evaluate the Division's child safety assessment and safety planning practices, and submit an annual report to make recommendations to CPS for system changes and improvements. 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 Division. The Division's Practice Improvement Specialists and other Division representatives attend the meetings and use the information gained to improve practice in their areas. More information about the Citizen Review Panels, their recommendations, and the Division's response to the most recent recommendations is located in Section X, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report 2012*.
- *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

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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 CPS. The CPS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding CPS policy, protocol, and practice; and provide information about prior CPS 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 CPS 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 also allows the Division to identify child fatality trends and methods to prevent similar child deaths. In addition, CPS representatives 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 ASU School of Social Work, foster and adoptive parents, citizen advocates, attorneys, and the Division. Thus, the 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. Recently, members of this committee have been assisting the Division to identify agency data to be included on a public website.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence in Arizona since 1964, is a 501c-3 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and justice services. Many of the services provided by the Council's member agencies are carried out in conjunction with the Division, 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 Division provides information to the child welfare committee as requested. Division staff attend the committee meetings to gather input and information from providers, ensuring a seamless transfer of information between the public child welfare system and its community provider partner agencies. In addition, the Council CEO participates in monthly meetings with the Division's Assistant Director and other key partners.
- *Interagency Meetings with County Attorneys and Children's Justice Coordinators* – In SFY 2012 the Division began to hold quarterly meetings with each County Attorney and to periodically attend MDT meetings and meetings with the Children's Justice Coordinator in each jurisdiction. These meetings are an avenue to identify, discuss, and resolve issues and systemic barriers within child maltreatment investigations. See Section VII for more information about these meetings and other communication with stakeholders about initial safety and risk assessments.

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- *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 Division’s consultation activities with the state’s Native American Tribes, see Section V, 7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers is a partnership between the AOC, the Division, and Prevent Child Abuse Arizona. County juvenile court judges work together with a team of infant and toddler specialists, Child Welfare Specialists, mental health representatives, attorneys, and CASAs to improve the timeliness, quality, and integration of services to infants and toddlers in the child welfare system. The Court Teams for Infants and Toddlers are built on a highly successful model created by the Zero to Three National Center for Infants, Toddlers and Families. In June 2012, twelve of Arizona’s fifteen counties have a Court Team for Infants and Toddlers, including: Apache, Coconino, Cochise, Gila, Graham, Greenlee, Maricopa, Mohave, Navajo, Pima, Santa Cruz, and Yavapai.
- *Resource Family Recruitment Liaisons and Councils* – All five regions have recruitment liaison positions to develop Community Recruitment Councils and actively engage their communities in efforts to recruit new foster and adoptive families. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in Section V, 8. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Division 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 meets monthly and is comprised of all agencies with a contract to provide foster care in Maricopa County. The purpose of the Consortium is to be uniform in the provision of orientations to community members and to share recruitment strategies.
- *The Healthy Families Arizona Program Steering Committee* – 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 Division has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona.
- *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 – Division for Substance Abuse Policy, and chaired by the Governor’s Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies (including the Division), federal entities, and community organizations. ASAP serves as the

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single statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts. It is ASAP's mission 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. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending.

ASAP includes four subcommittees and a Community Advisory Board that work on five strategic focus areas: prescription drugs, underage drinking, child welfare (focusing on treatment, drug endangered children, and children of incarcerated parents), law enforcement, and prevention/community partnerships. These focus areas are identified in ASAP's strategic plan. Clear action steps carried out by the member agencies help to guide the body, its subcommittees, and member agencies in focusing their efforts efficiently and effectively on selected priorities.

The subcommittees include:

- Arizona Underage Drinking Committee
 - Community Advisory Board
 - Methamphetamine Task Force
 - Substance Abuse Epidemiology Work Group
- *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. During SFY 2012, the Coalition's leadership changed, with facilitative responsibility recently assumed by one of the Coalition partners, Florence Crittenton, Inc. Since this change, the Coalition has been conducting focus groups and engaging in strategic planning activities to better direct efforts to improve the transition from foster care to adulthood.
 - *The Community Network Teams* – These teams, located across the state, are self-reliant, self-sustaining community organizations that mobilize local, state, and federal resources to improve the quality of life for children and their families. There are currently fifty Community Network Teams (CNTs) in Arizona, covering most Arizona counties. The Network Teams are each unique in their representation, which may include representatives from the Department and other state agencies, local government officials, community providers, families, educators, tribes, courts, domestic violence victim advocates, faith-based and philanthropic organizations, and businesses. The teams use an asset-based community development approach that identifies existing services, assets, resources, and children/family supports within the local communities, and develops plans to address gaps in services. Community Network Teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Communities themselves are changed intentionally; their strengths are recognized and developed so that conditions that affect children and families improve, while extending the availability and efficiency of resources. Ending hunger, poverty, and violence; or improving transportation, health care, child safety, and career training; are just a few of the issues CNTs work collaboratively to resolve.

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- *Surveys, Focus Groups, and Community Forums* – The Division conducts focus groups, surveys, and community forums with families and stakeholders when input is needed on an identified issue. For example:
 - Throughout SFY 2012, many focus groups were conducted with staff and stakeholders to inform the process improvement work for investigations, the CPS Hotline, and ongoing case management.
 - Several surveys and focus groups were conducted through the Division’s University Partnership, including:
 - A survey of Citizen Review Panel members was conducted in October 2011 to measure member satisfaction and obtain suggestions for CRP program improvement and strategic planning. All panel members were encouraged to complete the survey, including members who do not regularly attend the meetings.
 - A needs assessment survey of CPS Unit Supervisors, APMs, and Division administrators was conducted in January 2012 to obtain their input about the skills and knowledge needed to perform the APM function, in preparation for training development. These surveys were followed by focus groups in May 2012 with a diverse group of supervisors, to obtain more detailed information.
 - A Community Advisory Team meeting was held in May 2012 to obtain the insights, ideas, and suggestions of community experts about the Division’s training for CPS Specialists, supervisors, and Hotline staff. More than twenty-five external stakeholders were invited to this meeting.
 - A workload management survey of CPS Supervisors was conducted prior to the May 2012 Leadership Summit, to gather suggestions for a workload management workshop.
- The Division developed an exit survey to learn why foster parents close their licenses, with the goal of reducing the number of license closures. The Division contacted 694 families who had closed their licenses from January 2011 to July 2011. The surveyed population did not include families whose licenses were closed due to a corrective action plan, by OLCR, because the family moved out-of-state, or due to the death of a foster parent. Of the 163 total respondents, 46% indicated they had been foster parents for two years or less and 23% had been foster parents for more than five years. The main concerns cited by these families were related to communication. Forty-nine percent stated they were no longer foster parents because the child was adopted or in legal guardianship. About half of the respondents indicated they would or might consider reopening their licenses. These families are being contacted individually. This foster parent exit survey will be conducted quarterly.

Collaboration with the Courts

The Division is fortunate to have a history of substantial, ongoing, and meaningful collaboration with Arizona’s juvenile court. Outcome focused collaboration with the courts has been continual and

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productive, occurring at the state and county levels. At the state level, the Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities. The Division's Deputy Child Welfare Program Administrator, the Division's Practice Improvement Manager, and a CPS Supervisor 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 Division. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Division 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 Division provided input into the Court Improvement Program's strategic plan for FFY 2012 and will continue to collaborate with Court Improvement to achieve CI's objectives for improving outcomes for children and families involved in dependency cases. The Arizona Court Improvement FFY 2012 Strategic Plan includes the following outcomes and activities:

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

- Evaluate the process by which youth involved in dependency & other systems (“crossover youth”) are managed. The evaluation will inform future efforts to improve collaboration and data exchange between the court & other stakeholders (e.g. child welfare, behavioral health, education).
- Ensure that, through the use of a checklist of essential services, the court is provided available & appropriate information regarding behavioral health services for children & parents involved in juvenile dependency matters. The focus of this effort will be on the youngest children in care.
- Work with stakeholders to improve communication/ collaboration between courts & outside agencies when parents are detained by ICE.
- Collaborate with educational stakeholders to improve court processes for asking education-related questions, timeliness of school records availability, educational surrogacy policy & procedures, school transportation & educational advocacy.
- 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 & improve dependency court processes to create efficient court hearings, effective representation of all parties, & a service-oriented court environment. The changes made will support timely & appropriate permanency for children.

- Work with county dependency courts to evaluate calendaring systems & provide technical assistance to county courts as appropriate.
- Implement dependency attorney practice improvement initiative.

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- 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.

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. The Division continues to work with county juvenile courts and the state’s Court Improvement Program to improve permanency and well-being outcomes. Much of the focus in SFY 2012 has been on timely reunification, timely adoption, visitation of children in care with their parents and siblings, the age zero to three population, and involvement of stakeholders from the educational system. Examples from SFY 2012 include the following:

- County level Dependency Caseflow Management Teams were initiated statewide in 2006 and continue to lead the court-agency collaboration and improvement efforts. Each team includes the county’s Presiding Juvenile Court Judge (or judicial designee), child welfare representatives, dependency attorneys, and may also include representatives from behavioral health, education, and juvenile probation.
- Court Improvement (CI), the Division, and the CASA program continue to work together to address the issue of racial disparity in the juvenile dependency process. After offering *Knowing Who You Are* (KWYA) cultural sensitivity training in 2010 to a diverse group of dependency stakeholders, including Division representatives, CI secured a contractor to work with seven counties to develop a strategic plan that focused on disparity within the dependency process. The contractor, Peter Dahlin and Associates, completed a report titled *Strategic Planning to Serve the Disparate Needs of Children and Families in Arizona*. This document included copies of the county plans, as well as findings and recommendations on next steps. To support the county strategic plans and address the report’s recommendations, the Committee on Diversity and Inclusiveness (CODI) was formed. CODI includes members from various county CASA programs, system partners such as CPS, education, Arizona Universities, the CI and CASA Program Managers, and other valuable community stakeholders. CODI recently completed work on a statewide plan “blueprint” to guide county teams in their efforts to address the disparate needs of children in foster care and allow the professionals and volunteers to advocate for these children in a culturally sensitive manner. One item being addressed by CODI is the need to provide KWYA training to several requesting counties and organizations. Several individuals are becoming certified to provide the KWYA training.
- Court Teams for Infants and Toddlers that include members of the court, the Division, and local behavioral health providers have been meeting in several Arizona counties, including Apache, Cochise, Coconino, Gila, Greenlee, Graham, Maricopa, Mohave, Navajo, Pima, Santa Cruz, and Yavapai. See Section VII, 2. Accomplishments in SFY 2012 for more information on Court Teams for Infants and Toddlers.
- In April 2012, the Administrative Office of the Courts convened the first meeting of the Arizona State, Tribal & Federal Court Forum – Indian Child Welfare Act Committee to identify the

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group's goals and priorities. This committee, which includes the Division's Indian Child Welfare Specialist, will meet monthly to address and seek solutions to issues in the provision of Indian child welfare services.

- Both the Division I and Division II Courts of Appeals continue to make efforts to expedite the processing of juvenile dependency matters brought before the court on appeal. The statewide average time from filing to decision has reduced from 267 days in SFY 2007 to 168 days by the end of SFY2011 (data provided by the Administrative Office of the Courts, Court Improvement Program).
- The Division continues to be involved in judicial training events sponsored by the CI Program. A Division representative addressed judges new to the dependency bench during the annual Dependency 101 training for judges, to ensure their clear understanding of Division role and practice and to answer a list of questions that the judges provided prior to the training. In addition, the Division's CWTI and the Administrative Office of the Courts collaborated to develop and deliver a training in Phoenix and Tucson for new FCRB volunteers on the Removal Review process.
- The CI Program continues to partner with staff from the Office of the Attorney General in the planning and delivery of training for attorneys involved in juvenile dependency matters. These day long trainings engage local attorneys on issues critical to the role and responsibility of counsel for children and parents in juvenile dependency matters and are frequently also attended by Division, juvenile probation, and behavioral health staff and volunteers. These trainings offer a dependency overview and case law update, education and discussion on attorney role and ethical duties, and information about topics important to child welfare, such as bonding and attachment, substance abuse, talking to children, and immigration law
- A subcommittee of the CI Advisory Workgroup, which included a representative from the Office of the Attorney General, developed a proposal for new standards for attorneys representing children in juvenile dependency matters. This proposal was, at first, adopted as an Administrative Order signed by the Chief Justice in January 2011, and then as a Rule of Juvenile Court Procedure in September 2011. Among the new requirements is the need for new attorneys to attend a six hour training on the Arizona dependency process. CI staff, CMDP's Medical Director, an attorney from the Office of the Attorney General, and other dependency experts have developed and begun to deliver this training, *Introduction to Child Representation*, for attorneys statewide.
- Maricopa County CPS Court Liaisons are located at the Maricopa County juvenile court buildings.
- The first annual Yuma/La Paz self-evaluation meeting was facilitated in August 2011. Judge Stocking Tate was present, as were representatives from the CASA program, the FCRB, contracted provider agencies, the Office of the Attorney General, Arizona Families FIRST, RBHA providers, and the Division's Yuma/La Paz management team. The area's APM described the challenges faced by the Division in these counties, and the region's Automation Liaison facilitated a data discussion. Data was presented on topics such as disproportionality, the number and ages of youth who entered and exited care, length of time in care for an exit cohort, and rate of monthly CPS Specialist contacts with children.

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- In Maricopa County, the Court Teams for Infants and Toddlers initiatives, known in Maricopa County as Best for Babies and Cradles to Crayons, have been the primary focus for court collaboration. All Southwest Region supervisors and managers have attended presentations on Best for Babies and Cradles to Crayons. Home Recruitment, Study, and Supervision contractors, group home and shelter providers, in-home service providers, and CPS unit psychological consultants have also been trained. The Central and Southwest Region Program Managers sit on the Steering Committee for Cradles to Crayons. Both regions have appointed staff to the Court Team, which meets monthly to address day to day operational issues. As part of the Cradles to Crayons initiative, the court is providing a facility for visitation. Visitation will be supervised by CASA and FCRB volunteers and some trained staff. See Section VII, 2. Accomplishments in SFY 2012 for more information on Court Teams for Infants and Toddlers.
- A monthly teleconference is held between the Assistant Attorney General 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 court issues.
- The Southwest Region Program Manager serves on the newly formed "Juvenile Detention Alternatives Initiative" Committee. This committee is using data to track the number of youth in juvenile detention, observe related trends, and identify methods to decrease this population. This Maricopa County committee includes representatives from the county's juvenile detention facilities, court personnel, the county attorney's office, the legal defender's office, and the regional behavioral health authority.
- The Foster Care Review Board presents and solicits feedback at every Southwest Region quarterly ongoing supervisor/Assistant Program Manager meeting.
- The CASA program joined with the Southwest Region to develop additional trainers for *Knowing Who You Are* and sponsored an Undoing Racism workshop for six staff. This workshop is a pre-requisite for becoming a certified *Knowing Who You Are* trainer.
- The Pima County Model Court Working Committee continues to be active. Division management and other staff attend the monthly meetings and participate in its committees, subcommittees, and workgroups. The meetings are opportunities to share information about Division trends, changes, and areas for strategic improvement focus. The Pima County Model Court Working Committee currently has two goal areas:
 - Domestic violence - The Pima County Model Court Working Committee is focusing on the incidents and effects of domestic violence in the lives of the children and families involved with the court and CPS. Subcommittees under this goal are working on education, assessment, and intervention. The National Council is providing technical assistance, and a training for court and CPS staff will be held in August 2012.
 - Back to Basics - Three Pima Region staff are members of the Back to Basics goal subcommittee. This subcommittee is focused 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.

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- The Pima County Model Court Working Committee also has three standing committees: Courts Catalyzing Change, Education, and Calendaring and Case Planning:
 - The Courts Catalyzing Change Committee is exploring ethnic disproportionality and disparity related to children in care. This committee has three subcommittees with Division representation:
 - The African American subcommittee continues to explore the trends and factors associated with the less favorable outcomes for African American youth. African American youth in Pima County are aging out of care at a higher rate, and are more likely to be dually adjudicated than youth of other races. Data collection, including a targeted case review, is complete and the subcommittee members are analyzing the data to identify trends.
 - The American Indian subcommittee was created to examine data related to American Indian children in care. American Indian youth are in out-of-home care at a disproportionate rate, reunified at a lower rate, and tend to be younger than children of other races in out-of-home care. The judicial committee chair and representatives from a foster care licensing agency visited one of the local tribes in April 2012 and there has been focus on improving relationships with two of the local tribes, Pasqua Yaqui and Tohono O'odham. Pima Region has identified four CPS Specialists to work primarily on ICWA cases. The identified staff received training from the attorney general's office and attorneys from two of the local tribes.
 - The Engaging Refugees subcommittee held a brown bag training on Engaging Refugees in April 2012. The speakers were themselves once refugees.
 - The Education sub-committee coordinated a Career Day in spring 2012 at Pima College. A group of youth were introduced to the opportunities for post-secondary education and given a tour of the campus. The committee is planning a forum for the education community, to be held in Fall 2012. This forum will present information on trauma and how it can manifest in behaviors in the classroom. The committee members also participated in a webinar on well-being measures for courts, sponsored by the National Center for State Courts, and discussed how the committee could obtain data and action plan for improved educational well-being. Furthermore, two of the committee's members attend monthly meetings with the School District Homeless Liaisons to share information and discuss issues affecting youth involved with the court.
 - The Calendaring and Case Processing subcommittee is currently reviewing information on contested severances held during March 2011, 2010, and 2009 to compare the amount of calendar time used and outcomes.
- There has been great support for the Court Teams for Infants and Toddlers initiative from Presiding Juvenile Court Judges throughout the Northern Region's five counties. Dependency teams have been exploring ways to bring this initiative to northern Arizona to improve outcomes for the birth to five population and their families. Meetings have been held or are being convened in each county, attended by the county's Presiding Juvenile Court Judge, CASAs, Division management, CPS Specialists, First Things First staff, Department of Health representatives, and

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other representatives from key community stakeholder groups. The meetings have included a presentation by Rebecca Ruffner, Executive Director of Prevent Child Abuse Arizona.

- In June 2012, the Mohave County Presiding Juvenile Court Judge, Division representatives, and other stakeholders met to discuss implementation plans for a Mohave County Baby Court. Mohave County currently has three CPS Specialists designated to act as liaisons to the Baby Court. The Presiding Juvenile Court Judge orders supervised visitation for children age zero to five to occur, in general, three times per week. At the June meeting, participants discussed procedural and practice issues, such as court calendaring, service provision, ICWA, visitation, case plan development, and parental engagement.
- Mohave County's APM and a Program Specialist are active members of the Steering Committee for the Mohave County Children's Action Team (MCCAT), which includes 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 meets monthly to review dependencies and determine the needs for upcoming training. The MCCAT continues to provide trainings for Division staff, attorneys, CASAs, and others to enhance knowledge about child development, parent-child visitation, and evidence-based practices. For example, MCCAT arranged training for parent aides on parent-child visitation, delivered by Dr. Lorenzo Azzi of Southwest Human Development. Parent aides attended training one day per month, for six months, to develop skills in interpreting body language and facial expressions, interpreting parent-child interactions, determining whether a parent is picking up on the child's cues, and effective documentation of observations. The training used recorded visits and examples brought by the parent aides to allow application of theory to real-life situations. The MCCAT also holds an annual Symposium for Child Abuse and Neglect and the Dependency Process. In addition, Mohave County's APM, Program Specialist, and assessment CPS Unit Supervisor attended the National Conference on Child Abuse in Washington, D.C. in April 2012. Presentations included Safe Babies, Baby Court, and permanency. This information adds to the ongoing implementation of Baby Court in Mohave County.
- Navajo and Apache County Superior Courts hold quarterly Dependency Team meetings. These meetings are attended by representatives from the Division, the CASA program, and 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 is in the process of bringing Best for Babies into the courtroom. Presentations have been provided by Prevent Child Abuse Arizona and Healthy Steps, which is the county's new 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 has implemented a version of Best for Babies and is now paying special attention to cases involving children ages birth to three.

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, CPS Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2012 to discuss

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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 CPS Specialists, and other areas. In SFY 2012, a major activity of the SYAB was to plan the July 2012 statewide youth conference for approximately seventy foster youth age sixteen and older. The conference agenda includes workshops on budgeting, rights of youth, and programs and opportunities for transitional youth.

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 board have actively participated in the county-wide group home provider meeting. They were able to state their concerns, establish contacts, and discuss their idea of providing storage lockers for youth in group homes to help protect their personal property.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section X, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2012*.

Collaboration with the Behavioral Health System

Collaboration between the Division and the DBHS is one of the most important factors supporting achievement of child mental health outcomes, which in turn affect achievement of safety, permanency, and other well-being outcomes. In addition to meetings between Division regional staff and local mental health agencies, Division and DBHS staff meet regularly at the state level. An important avenue for strategic collaboration has been the Division'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. Division 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 RBHAs 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 CFTs, promotion of an adolescent substance abuse screening tool (CRAFFT), and development of the ACEC strategic plan. The Division participates in the following ACEC subcommittees:

- *The Clinical/Adolescent Substance Abuse Subcommittee* – The Clinical Subcommittee and Adolescent Substance Abuse Subcommittees were merged this past year. The new subcommittee is charged with addressing direct supports in Residential Treatment Center (RTC) settings; review of out-of-state placements; Home Care Training to Home Care Client (HCTC, formerly known as therapeutic foster care) transition challenges; inventory of substance abuse providers to learn how many are using evidence based practice; and use of the CRAFFT, which is a six question screening tool developed to screen adolescents for high risk alcohol and other drug use disorders. In SFY 2011, this subcommittee began to develop Transition Training for system partners, youth, and parents. This training is being developed with participation from child welfare, behavioral health, the administrative office of the courts, and the RHBAs. The training

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content and medium through which it will be presented was developed first, in collaboration with the Division, local RBHAs, DDD, AOC, the Department of Education, and behavioral health providers. The subcommittee also completed a pilot webinar presentation. The subcommittee will now make necessary changes identified through the pilot and plan for the broader roll-out to system partners. The training's purpose is to build understanding among all partners of DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority

- *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 child's life, 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. In SFY 2011, the subcommittee developed the training manual (for participants). The manual has been reviewed by education representatives and committee members, and presented to the ACEC members for approval. In SFY 2012, an instructional guide (for trainers) was drafted and shared with the public. The subcommittee is now working on a guide for using the instructional guide to train, and translation of all materials into Spanish.
- *The Family Involvement Subcommittee* – In SFY 2011, this subcommittee began addressing integrated healthcare by reviewing facilities that provide medical and behavioral health services in the same location. In SFY 2012, the subcommittee continued to review integrated healthcare facilities that are currently available in Arizona, and began to identify next steps to expand the use of integrated healthcare facilities as proposed in the Affordable Health Care Act. The subcommittee has also field tested the forty Developmental Assets® from the Search Institute to evaluate their usefulness in the CFT process. The Developmental Assets® are forty common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults. Families have expressed interest in this tool and options for its use are being discussed. Members of this subcommittee also developed a resource guide that includes websites that provide information on fitness, nutrition, and other wellness activities that will benefit those with behavioral health issues.

The Division 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. The Division's Statewide Behavioral Health Coordinator was appointed to the Council and had been the chairperson for the Council's Planning and Evaluation Committee, which is responsible for overseeing the review of the state plan for the Council. The Division's Statewide Behavioral Health Appeals Coordinator has been serving on the Council most recently, due to a vacancy in the Behavioral health Coordinator position. The Division also participates on the Council's Children's Committee which has completed a white paper on psychiatric boarding of children with mental health problems in hospital emergency departments. This paper contains recommendations that have been presented to DBHS for consideration.

The DBHS Support and Rehabilitation Services Steering Committee has been discontinued. Guidance for support and rehabilitation services will be 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:

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- Increase awareness and utilization of the Support and Rehabilitation Services listed in the ADHS/DBHS Covered Services Guide.
- Create a flexible, community-based workforce that is able to be molded by Child and Family Teams 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 with 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 Division's Office of Prevention and Family Support Program Manager, Statewide Behavioral Health Coordinator, and Statewide Behavioral Health Appeals Coordinator also meet regularly with DHS/DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing, and data reports. DBHS has implemented its Outcomes Framework and Dashboard. This system reports on several elements, which are listed below with data current as of April 3, 2012:

1. Quality of life is defined by whether the child:
 - with a history of substance use is now abstaining from drugs (50.5%);
 - is now employed (4.4%),
 - attends school (87.0%),
 - is not homeless (99.7%),
 - has no recent involvement in the criminal justice system (96.5%).
2. Access to recovery and resiliency oriented services as defined by whether the child:
 - is satisfied with access to services (86.0%),
 - receives timely services (89.3%),
 - lives within 15 miles of an outpatient clinic (98.5%).
3. Services delivery is defined based on whether they are provided based on the individual needs of the child by determining:
 - if they participate in treatment planning (94.1%),
 - if they have current and complete service plans (40.3%),
 - if they receive services identified on their service plans (82.6%).
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 (68.3%),
 - returns to a psychiatric hospital (9.5%),
 - average length of stay in a psychiatric hospital (8.3 days)

Additional data is being gathered through joint case reviews with DBHS, to identify or explore trends in systemic barriers to services. A review process and form was developed in 2008 that uses a root-cause

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analysis approach. The Division and DBHS have also jointly reviewed cases involving issues in out-of-state placements, HCTC placements, and behavioral health services for children with developmental disabilities. In SFY 2012, sixty cases of post-adoption removals from 2010 were reviewed to analyze the impact of behavioral health. Through this analysis, it was discovered that behavioral health of the child was a factor in 49% of the removals, and the parents requested the removal and refused reunification in 43% of the cases. Of the children removed, only 20% required a behavioral health placement to address their needs, and only two of those required the highest level of service (Residential Treatment Center). The case review resulted in the following actions: *Smooth Sailing in Behavioral Health: A Guide to the Behavioral Health System in Arizona for Adoptive and Guardianship Families* was rewritten and updated to be more empowering for adoptive parents and guardians, and to assist them to be more proactive in addressing their children's behavioral health needs. The Division also wrote a resource guide for adoption subsidy workers, which increases their ability to help adoptive families who call for assistance. In addition, the *Understanding the Unique Behavioral Health Needs of Children and Families Involved with CPS* training is being updated, with completion expected in summer 2012. This training is required for all public behavioral health providers.

In SFY 2012, the Division provided its comments on several DBHS policies including, but not limited to, General and Informed Consent to Treatment, Comprehensive Assessment and Treatment of Adults with Substance Use Disorders, Securing Services and Prior Authorization, Psychotropic Medication-Prescribing and Monitoring, Transition to Adulthood, and Youth Involvement in Children's Behavioral Health System. .

In SFY2010, DBHS determined that it could not feasibly monitor the RBHAs compliance with the numerous required elements of all its practice protocols. Therefore, DBHS classified several protocols as being "without required elements," thus carrying no compliance monitoring requirement. These protocols are still applicable as guidance documents. There are now 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 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. Division 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 CPS 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 Division also provides services to treat behavioral health issues that contribute to safety threats or risks to children. The Division's in-home services program provides therapeutic support for families, and the Comprehensive Medical and Dental Program 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

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provides substance abuse assessment and treatment services. The Division 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 CPS services was developed to help staff better utilize clinically necessary title XIX funded services. A training regarding this crosswalk was developed and added to the CPS Supervisor core curriculum. This content continued to be provided in SFY 2012, to show CPS staff how to maximize the use of title XIX monies by using the child's Individualized Service Plan and medically necessary title XIX services to achieve the CPS case plan goals.

Stakeholder Input into Annual Report Development

Stakeholder input is 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 Children's Action Alliance's Child Welfare Committee, and meetings facilitated by ITCA 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 Division's program improvement strategies, thereby having further input into the design of Division policies and programs. Forums for ongoing stakeholder consultation have been described previously within this report.

The Division's outcome and goal related data is shared with staff and stakeholders so they have information about the Division's strengths, areas needing improvement, and progress when providing input for strategic planning. The Division publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year, data from which has been included throughout this Child and Family Services Annual Report. These reports and the Division's CFSP, APSRs, and CFSR PIP are available to staff and stakeholders on the Division's internet site. Reunification and adoption timeliness data is available on the Division's intranet site. The Division also presents outcome and goal related data to staff and external stakeholders during committee, workgroup, and other meetings. For example, in SFY 2012 Division staff and external stakeholders attended a CFSR PIP close-out meeting, in which CFSR composite and other outcome data was provided. The Division also held a series of meetings in which data on entry rates, re-entry rates, and permanency outcomes for infants was provided. These meetings were attended by juvenile court judges, behavioral health representatives, child advocates, regional Program Managers, and other stakeholders.

The input gathered from stakeholders assists the Division to identify system strengths and needs, service gaps, promising practices, barriers to outcome achievement, and strategies for outcome and system improvement. Arizona's Child and Family Services Plan and this Child and Family Services Annual Progress Report describe the goals, strategies, and activities that are selected and implemented through this system of committees, workgroups, and information sharing meetings. The Division's activities in SFY 2012 and strategies and action steps for SFY 2013 have been most heavily influenced by stakeholder consultation that occurred within Governor Janice Brewer's Child Safety Task Force, the Change and Innovation Agency Process Improvement Teams, and the Court Teams for Infants and Toddlers initiative. Major initiatives resulting from the input received through these forums include Child Abuse Hotline process improvements, expansion of mandatory reporter training, increased capacity for the multi-disciplinary approach to child abuse and neglect investigations, the Office of Child Welfare Investigations, revision of the child safety and risk assessment documentation process, development of the Social Work Assessment Team (SWAT), improvement of the written case plan and court report formats, and revisions to initial case manager core training.

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Coordination of CFSP Services with Other Federal Programs

The Division 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, 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 Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Force
- The Court Improvement Program
- The Pima County Model Court Working Committee

The Division 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 Division coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security. Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the Department's TANF program. The Department's Child Support Enforcement Administration assists the Division 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's Child Care Administration.

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

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:

- Investigative CPS Specialists are co-located with law enforcement and other agencies in child advocacy centers throughout the state. In Maricopa County, CPS 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, CPS Specialists are co-located with Pima County Sheriff's Department and Las Familias counseling agency staff at the Southern Arizona Children's Advocacy Center. CPS Specialists are assigned to partner with law enforcement and other agency staff at several other advocacy centers across the state. CPS Specialists are also co-located at local law enforcement agencies in Maricopa County (Peoria and Chandler Police Departments) and evaluation is occurring at local law enforcement agencies across the state to determine if co-locating CPS Specialists at other local law enforcement agencies should occur.

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- Some communities have co-located CPS and behavioral health staff, such as RBHA and AFF staff. In Maricopa County, AFF staff are currently housed in nine CPS offices across the Southwest and Central Regions. Co-location efforts now also include offering substance abuse recovery groups within four CPS offices. Co-location has increased communication among the providers and CPS, and improved service delivery.
- Maricopa and Pima Counties have Division staff co-located at their county court buildings. A court liaison is placed at the Pima County court. CPS liaisons are placed in each of the juvenile courts in Maricopa County, 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, the Maricopa County court has furnished a building to be used as visitation center serving the South Mountain and Glendale Offices. The visitation center is expected to open on July 1, 2012. Visits will be monitored by FCRB and CASA volunteers. A CPS Program Specialist will oversee the center and coordinate the visits. Two CPS Case Aides will also be assigned to the center, to provide transportation. The visitation center will serve children in the Maricopa County juvenile court's Cradle to Crayons program, which includes children ages birth to five.
- Staff from CPS and the Division of Developmental Disabilities are co-located in some areas. In Pima County, three DDD staff are co-located in an eastside CPS office to allow for greater collaboration on cases where CPS and DDD are both working with a family and/or child. In the Southwest Region, DDD staff are co-located at the Avondale, Thunderbird, Peoria, and Glendale offices. DDD staff are co-located in the Central Region's North Central, Tempe, Gilbert, and 19th Avenue offices.

See Section V, 5. Service Array and Resource Development for more information on services that are provided in coordination with other state and community agencies.

7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance

Consultation and Collaboration Activities

The Division 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 Division's 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. In addition, the Division continues to contract with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to the 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 initiatives. ITCA also sponsors the annual Indian Child and Family Conference and Child Protective Services training on ICWA. The annual conference has proven to be an effective way to keep tribal programs informed of new child welfare practice and policy.

Division compliance with ICWA is continually evaluated through a tribal consultation process that began in 1996. Each year, the Division 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. The following events were held with Indian tribes in SFY 2012:

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- In April 2012 the Arizona State Tribal and Federal Court Forum - Indian Child Welfare Act Committee held its inaugural meeting to set an agenda for 2012 and beyond. The mission of the forum is to model and promote communication and interaction between state and tribal courts. In particular, to advocate for practice improvement and legal understanding of the ICWA by state juvenile court judges and court appointed officials. Membership consists of the Administrative Office of the Courts, Court Commissioner/Judges, the Division's Indian Child Welfare Program, tribal judges, state/tribal attorneys, and the Inter-Tribal Council of Arizona, Inc. The Committee will meet quarterly to talk about ICWA related issues.
- In March 2012 the Fort Mojave Indian Tribe sponsored a second annual cultural awareness seminar for the Division's northern region CPS staff. The event attracted over one hundred tribal and state child welfare personnel from California and Arizona to hear about the tribe's culture, traditions, customs, and historical events significant to current tribal and state relations. The seminar was well received. The Division's Indian Child Welfare Specialist, the Human Services Director from the Inter-Tribal Council of Arizona, and representatives from the California Department of Children and Family Services participated on a panel discussion pertaining to the various components of successful tribal-state relations.

Other meetings were held throughout the year to obtain input into the Division's ICWA related strategies and activities, build relationships between state and tribal social service staff, and resolve barriers to ICWA compliance. In October 2011 and February 2012 the Division and ITCA held the annual planning meetings with Tribal Social Services Directors and child welfare case managers. All twenty-one Indian tribes in Arizona were sent a letter of invitation and the meeting agenda. The meeting was attended by social service representatives from the Tohono O'odham Nation, Gila River Indian Community, Ak-Chin Indian Community, Hualapai Indian Tribe, Camp Verde Yavapai Tribe, Tonto Apache Tribe, San Carlos Apache Tribe, Pascua Yaqui Indian Tribe, and White Mountain Apache Tribe.

The Navajo Nation is a non-ITCA member tribe that requires separate consultation. In September 2011, the Navajo Nation Division of Social Services held its annual tri-state meeting in Window Rock, Arizona, with children and family services administrators and managers from Utah, New Mexico, and Arizona. Participants exchanged information and success stories related to their collaborative efforts in achieving positive outcomes for Navajo children, and reflected on ICWA related matters. Discussions with the Navajo Nation also occurred in February 2012, to finalize the revision of the 1997 State and Navajo Nation intergovernmental agreement; and in April 2012, to confer on the Title IV-B State and Tribal Child Welfare Services Plans and Title IV-E foster care maintenance payments.

The primary purpose of the ITCA annual meeting and the meetings with the Navajo Nation was to discuss and receive comments concerning last year's strategies, action steps, progress, and barriers to accomplishing ICWA goals and objectives. The meetings included a discussion of the FFY ICWA data report, which describes characteristics and trends concerning American Indian children in out-of-home care on September 30, 2011. Tribal input concerning the Department's Indian child welfare services and activities is described in the remainder of this section.

Consultation with Indian tribes also occurs in the Division's regions. For example, in November 2011 Northern Region staff met with child welfare representatives from the White Mountain Apache Tribe, to work in partnership on case management practice issues and exchange information about available resources for special needs American Indian children.

Compliance with the Five Major ICWA Requirements

Since Native American Indians are citizens of the states in which they reside, local government agencies and entities have the responsibility to serve the Native American Indian population that resides in their city, county, or state. The Division receives and responds to reports of maltreatment involving Native American 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 Division. Native American families residing on tribal lands are served by the tribal social service agency. The Division is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state.

In addition to the Maricopa County specialized case management unit (ICWA), Pima County has four ICWA Specialists who carry ICWA cases. The ICWA Specialists received extensive training from state and tribal attorneys prior to accepting cases. In other regions of the state, there are no special units or ICWA Specialists due to the small number of ICWA cases. When questions and concerns arise, CPS Specialists who do not specialize in ICWA consult their assigned attorney or contact the Indian Child Welfare Specialist when information and guidance is needed.

The Department's Indian Child Welfare Act compliance standards remain unchanged. Compliance continues to be achieved through several tools and steps. The Division's ICWA policy and procedures were developed in consultation with tribal representatives to provide guidance and instructions specific to: (1) identification of any child as an American Indian child, (2) tribal involvement prior to filing a dependency petition, (3) removal and temporary custody of a American Indian child, (4) voluntary consent to foster care placement of an American Indian child, (5) providing services to facilitate family reunification, (6) American Indian child placements and placement preferences, (7) permanent guardianship, (8) termination of parental rights and adoption, (9) consent to adoption, (10) foster care as a planned living arrangement, and (11) providing independent living services and supports. Policy and procedures for these eleven steps have been in place for several years and provide effective guidelines for CPS staff.

Tribal feedback and other information concerning the Division's current compliance with the ICWA requirements is described below:

- *Identification of Indian children by the state child welfare services agency*

Identification of an Indian child can be achieved at different stages of the investigation and dependency proceeding. During the initial CPS investigation, state CPS Specialists are required to ask every parent whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the CPS Specialist gathers from the parent and other sources identifying information of maternal and paternal extended family such as names, dates of birth, addresses, certificate of Indian blood and tribal affiliations, including the name and location of the Indian Reservation with which the person is affiliated. 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

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the Act. The dependency proceeding will not continue until all ICWA requirements have been met.

The ICWA report shared with the tribes showed that over 50% of children in out-of-home care identified as an American Indian child did have their tribal affiliation listed. Tribal representatives felt 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, especially Arizona Indian tribes. While the Division's goal is identification of tribal affiliation for 100% of American Indian children, identification is sometimes hindered by issues such as 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.

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

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 when the Indian child's tribal affiliation is not known but there is reason to believe that the child is of American Indian descent.

Tribal affiliates continue to express varying opinions about receiving legal notification from the Office of the Attorney General. Most tribes agree that notices are timely, but notices are sometimes sent to the wrong person within a tribe when the tribe's internal tribal ICWA policy and procedures are not clear. Indian tribes continue to report that their policy prohibits involvement at an early stage of the dependency process when a child's enrollment status is not yet known. Enrollment or eligibility for enrollment must be either established or verified by the tribe's enrollment official before the tribe is allowed to take a position concerning a dependency petition. Verification of enrollment and/or membership determination processes take time. Indian tribes are aware that a delayed tribal response to legal notice from the Office of the Attorney General has ramifications, such as lack of immediate access to case related information, missed opportunity for participation in decision-making, and loss of the child to the tribe when the state court allows an Indian child to be adopted by a non-Indian family because the tribe's motion to request transfer of jurisdiction was filed at a late stage of case proceeding.

Concerns related to timely identification of Indian children are being continuously addressed through cross-training between regional Division and tribal child welfare program staff. The Navajo Nation Division of Social Services – ICWA Program is an example of a tribal program that diligently works with their tribal enrollment office to verify membership and/or determine eligibility for membership in a timely manner. In addition to the Navajo Nation, tribal representatives from the Tohono O'Odham Nation, Pascua Yaqui Indian Tribe, and the Gila River Indian Community have acknowledged the need to work more diligently with their enrollment offices to verify children's enrollment statuses and children's eligibility for tribal membership in a shorter turnaround. Tribes are also willing to make appropriate internal adjustments to their tribal child welfare policy and practices so timely intervention may occur. The Division and tribal ICWA liaisons discuss these issues at their regional levels.

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- *Special placement preferences for placement of Indian children*

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. Nearly one third of American Indian children are placed with extended family members. Of 537 Indian children in out-of-home placement on September 30, 2011, 84% were placed in a family setting, down from 86% on the last day of FFY 2011. Of the 537 children, 32.4% (174) were placed with an unlicensed relative, 2.6% (14) were placed with an unlicensed non-relative (generally a significant person to the child), and 47% (250) were in foster family homes (some of which may be licensed relatives). The remaining 16.2% of Indian children in care on September 30, 2011, were in a shelter, correctional facility, group home, detention, independent living, residential treatment facility, or were on runaway status. State and tribal case managers continue to collaborate in identifying and locating potential extended family member caregivers who reside on Indian Reservations. In addition, Indian tribes and the Department share licensed resource families for children who cannot be placed with extended family members.

Tribal affiliates continue to express concern about the number of Indian children that come into care because of state CPS intervention, especially the number of Indian children placed with unrelated caregivers and the number of Indian children being adopted by non-Indian families. Terminating the rights of Indian parents to achieve permanency for Indian children is not supported by Indian tribes because the concept is not culturally accepted, especially when an Indian child is being adopted by a non-Indian person. Tribal affiliates are acutely aware of the Division's duty, as required by state statute and policy, to make diligent efforts to locate and identify relatives who may be considered as potential placement of Indian children. Indian tribes acknowledge the importance of working together with the Division in locating relatives who reside on or off tribal land. Indian tribes are also aware that state courts have discretion to find good cause to deviate from ICWA placement preferences when efforts to locate relatives are unsuccessful. Contributing factors that lead to deviation from placement preferences include the lack of an identified relative who is willing and able to provide care, tribal intervention at a late stage of case development, lack of tribal resources to meet the child's special needs, and unsuccessful joint search for potential Indian caregivers.

The Division, in collaboration with the 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. The Division 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. To prevent out-of-home care episodes of six months or longer, Indian tribes are repeatedly encouraged by the Division to actively participate in the decision-making processes from the date an Indian child is removed and placed in out-of-home care. Several tribes are able to attend or participate by telephone in TDM meetings, case plan staffings, case conferences, and permanency planning hearings to preserve the child's best interest. Other tribes seek to participate, but other priorities make it difficult.

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- *Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or adoption*

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, Native American ceremonial and religious practices, and tribally operated programs that reflect Native American values and beliefs about the family and child rearing practices. When appropriate, the Indian Child Welfare Specialist is asked to coordinate and facilitate the identification of culturally appropriate services in coordination with tribal social services staff.

Data on Indian children in out-of-home placement on September 30, 2011 (ad hoc report, extraction date March 06, 2012) demonstrates that the majority have a goal of family reunification:

- Of 537 Indian children in out-of-home placement as of September 30, 2011, 36.5% (196) had a permanency goal of family reunification or remain with family, down from 54% on the last day of FFY 2010. Twenty-six percent (138 children) had a permanency goal of adoption, up from 22% on the last day of FFY 2010. Of these 138 children, 41.3 % (57) had a goal of adoption by a relative and 58.7% (81) had a goal of adoption by a non-relative or the foster parent.
- Thirty-four Indian children in out-of-home care on September 30, 2011, (6.3%) had a permanency goal of guardianship by a relative or non-relative. Six children (1%) had a permanency goal of long-term placement with a relative or non-relative. Thirty-nine children (7.3%) had a goal of independent living. One hundred and twenty-five children (23.3%) did not have a permanency goal assigned.
- Of the 537 Indian children in out-of-home placement on September 30, 2011, 56.4% (303) had been in out-of-home care for less than 12 months, up from 47.5% on the last day of FFY 2010. Another 22% (118) had been in out-of-home care for 13 to 24 months.

Child welfare practices and policy implemented in SFYs 2009, 2010, and 2011 are significant to permanency outcomes for Indian children and families. For example, concurrent case planning and expedited permanency hearings affected all children in out-of-home care, including Indian children. Expedited hearings are especially relevant to Indian children because they require earlier identification of tribal affiliation and earlier intervention by tribes. Delayed intervention by Indian tribes to official notification from the Office of the Attorney General continues to be a factor.

- *Use of tribal courts in child welfare matters, tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe*

The Division 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. The Division's regional ICWA liaisons, CPS Specialists, and the Indian Child Welfare Specialist continuously collaborate and assist tribal child welfare staff to accept and transfer custody. Division policy and procedures fully support tribal intervention and transfer of jurisdiction of Indian children to tribal court, providing the motion to transfer

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jurisdiction is received within a reasonable timeframe. A motion to transfer after a child has been in out-of-home placement for twelve months or longer is considered untimely by the state courts. State-tribal practices and intergovernmental agreements (IGA) support Division funded transition services during the transfer of an Indian child to tribal courts. This support enables the tribe to transition the child and family into local child welfare services. The Division continues to remind tribal child welfare staff about the importance of timely intervention to ensure their participation in decision-making activities such as TDM meetings, case plan staffings, Preliminary Protective Hearings, and other court hearings. These discussions have occurred at workshops, ICWA training, ITCA tribal social services directors work group meetings, special meetings, and on-going quarterly meetings with the Navajo Nation Division of Social Services.

ICWA Compliance Strategies, Goals, Action Steps and Accomplishments

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 Division and tribal affiliates are conducted on a frequent basis, as previously described. In SFY 2012 the Division and Arizona's Indian tribes continued to support the identified strategies and action steps to improve Indian child welfare services. The strategies were reported in the June 2009 CFSP, and remain unchanged for SFYs 2012 and 2013. The following accomplishments were achieved in SFY 2012:

Indian Child Welfare Strategy: Deliver cultural awareness and ICWA training to tribal and state child welfare personnel

Goal: Increase cultural awareness and knowledge of the ICWA among Division child protective services personnel

Action Step 1: Collaborate with ITCA regarding scheduling and delivery of ICWA policy and procedures training at three different sites, to accommodate Division and tribal CPS personnel

Action Step 2: Deliver ICWA training as a component of the Division's supervisor core training for the benefit of Division CPS Supervisors

Action Step 3: Deliver ICWA training to Arizona State University Public Programs student interns twice during the school year

The Inter-Tribal Council of Arizona, Inc., under a contract with the Department, continues to deliver a two day ICWA training and a two week CPS Academy for interested tribal and state child protective services staff. During SFY 2012, approximately 250 state or tribal CPS Specialists completed the ICWA seminars and the annual CPS academy. In addition, core training is provided twice a year for new supervisors, including content on the Indian Child Welfare Act (ICWA). As a training team member, the ICWA Specialist continues to provide a three hour training on the Division's ICWA policy and procedures.

ICWA training is also available twice a year for social work student interns. During SFY 2012, approximately sixty student interns completed the training. The Division, ITCA, and the Arizona State University Office of American Indian Project collaborate in the delivery of ICWA training seminars and CPS Specialist core training. At the end of each training episode, each participant provides comments and evaluation of the curricula content, presenter training style, and training techniques. Participant

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types for Indian children, and the number of Indian children being adopted and/or placed with non-Indian foster homes.

Tribal leadership and Division staff continue to confer and consult on all areas pertaining to Indian child welfare, as previously described in this section. Of particular importance to tribes are the effects of preliminary protective hearings (held within five to seven days of removal) and expedited permanency hearings on American Indian families. Tribes contend that these hearings conflict with the ICWA timelines and that expedited permanency hearings do not provide sufficient time and opportunity for Indian families to complete reunification services. Using the courts as a platform, tribal ICWA liaisons and tribal leadership plan to bring attention to the adverse effects of the timing of these hearings on American Indian families and children. In addition, tribal leadership plans to advocate for the waiver of the expedited permanency requirement for American Indian children. The Division will continue to consult with tribal leadership about this very important issue.

In April 2012, the first meeting of the Arizona State, Tribal & Federal Court Forum – Indian Child Welfare Act Committee was convened by the Administrative Office of the Courts to identify the group's goals and priorities. The committee will meet monthly to address and seek solutions to issues. Suggested goals and priorities included:

- Increase communication between tribal and state courts at the local level
- Address the overlap between family and juvenile court issues, including child custody and support
- Increase the frequency with which attorneys raise ICWA issues on behalf of Indian parents and children, and define the role of guardian ad litem versus attorney for child
- Hold another Arizona ICWA conference
- Clarify who should serve as a "qualified expert"
- Clarify the Foster Care Review Board's role concerning ICWA
- Honor ICWA placement priorities
- Reassess the importance of child bonding
- Hold state and tribal leaders to resolving ICWA issues
- Seek consistency between ASFA, ICWA, and Arizona law

An ICWA case review process was planned in SFY 2012, but had to be delayed again because of competing Division priorities and workload issues. This activity will be reconsidered when the Division's budget and staffing resources allow.

In SFY 2010 the Division created a pool of qualified and trained expert witnesses comprised of state and tribal child welfare case managers. The Navajo Nation, Hopi Indian Tribe, Gila River Indian Community, Pascua Yaqui Indian Tribe, Tohono O'Odham Nation, San Carlos Apache Tribe, and Fort McDowell Indian Community consistently provide qualified expert witnesses to testify in state courts when a child tribal member is involved in a state court dependency proceeding. Other Arizona Indian tribes are encouraged to provide their own qualified expert witness to testify as well; however, not all tribes agree to provide testimony due to potential conflict of interest. When a child's Indian tribe is unable or is unwilling to testify as a qualified expert witness, the testimony is provided by the Division's Indian Child Welfare Specialist, a Division CPS Specialist from the Maricopa County ICWA Unit, or another Division CPS Specialist who qualifies as an expert witness. This approach is working well, although Indian tribes' preference is to use someone who is independent of the Division. Tribes also share a concern about the Division's practice of using a non-Indian person to testify as a qualified expert witness when the person is not familiar with American Indian child rearing practices, family systems, customs, and traditions of an Indian community. In most dependency cases, special knowledge of Indian

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life is not necessary when a professional person has substantial education and experience and testifies on matters not implicating cultural bias. Nonetheless, the Division uses an American Indian to provide expert witness testimony whenever possible. 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.

Indian Child Welfare Strategy: Revise Division contracts and assist contracted agencies to provide culturally responsive services

Goal: Increase the percentage of American Indian children in out-of-home care who are placed with an American Indian family and the percentage of American Indian parents who receive culturally responsive services

Action Step 1: Assist state and private agency efforts to recruit American Indian resource families to foster and/or adopt American Indian children under state custody

Action Step 2: Modify the Home Recruitment, Study, and Supervision contract scope of work specifications for contract providers to develop strategies that address cultural factors that hinder recruitment and licensure of American Indians resource families

Native American foster and adoptive home recruitment remains challenging. Adoption inquiries continue to be coordinated with AdoptUSKids and the Indian tribes of Indian children needing homes. Cultural barriers continue to hold back recruitment efforts. Examples of cultural factors include the time it takes for Indian families to make decisions, and the mistrust of private agencies asking invasive questions pertaining to household composition, background/fingerprint check, health and financial status, and living environment.

The Division 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 recently modified to include language that prompts providers to carry out targeted recruitment campaigns and raises the awareness of the need to match the needs of minority children. Lessons learned from previous efforts to recruit American Indian resource families were taken into consideration when modifications were made. Nonetheless, creating a pool of Indian resource families continues to be a need and the recruitment efforts will remain a challenge because of unique cultural considerations.

The recently developed Urban Indian Child Welfare Coalition of Arizona, led by the Phoenix Indian Center, may be able to help with American Indian foster care recruitment. The coalition was created in response to urban Indian Human Services professionals' concern about the number of American Indian children in out-of-home care under state custody because of child safety reasons. The mission of the coalition is to strengthen Indian families through early interventions that support keeping Indian children from entering child welfare systems. The coalition will assist with the identification, recruitment, and retention of American Indian resource families in collaboration and partnership with private, state, and tribal child welfare systems.

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Indian Child Welfare Strategy: **Confer with Indian tribes about intergovernmental agreements and memorandum of understanding as a method of achieving the goals of ICWA**

Goal: Ensure communication, coordination and collaboration between the Division and Indian tribes, to prevent break up of Indian families

Action Step 1: Confer with Indian tribes who express interest in developing an intergovernmental agreement or a memorandum of understanding with the Division

Action Step 2: Incorporate the purpose and intent of intergovernmental agreements in the ICWA training for the benefit of Indian tribes

The 1997 agreement between the Division and Navajo Nation was revised in February 2012 to make the content and language consistent with the nation's agreements with New Mexico and Utah. In addition, the San Carlos Apache Tribe has expressed an interest in an agreement and has begun the process of crafting an agreement with the Department. The tribe and State dialogue regarding a formal agreement will begin in the Fall of 2013. To promote the usefulness and value of written agreements, the Division's Indian Child Welfare Specialist continues to highlight the purpose, intent, terms, conditions, and procedural guidelines of formal agreements at training seminars, inter-tribal meetings, and local conferences. In addition, the Specialist continues to encourage Indian tribes to consider developing a written protocol with the Division. Tribal program staff collectively view formal agreements as viable tools, but feel their executive leaderships are cautious of boilerplate language contained in agreements, which are considered as compromising the sovereignty of Indian tribes.

Indian Child Welfare Strategy: **Support Indian tribes to gain direct access to title IV-E foster care maintenance payments from the Department of Health and Human Services**

Goal: For American Indian children removed for protective services, increase the rate of placement with American Indian resource families

Action Step 1: Disseminate ACF title IV-E information and instructions to Indian tribes and support tribes to access related technical assistance, resources or needed training

Action Step 2: Provide requested technical support and training to the Navajo Nation and the Hopi Tribe to facilitate implementation of title IV-E intergovernmental agreements with the Division

Action Step 3: Collaborate and assist ITCA to plan, schedule and deliver title IV-E consultation, and provide technical assistance and training for the benefit of Indian tribes

In collaboration with the ITCA, the Division 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. A title IV-E workshop was presented twice at the National Indian Child Welfare Association's "Protecting Our Children" national conference in April 2012. The Division also had two meetings/trainings with the Tohono O'Odham

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Nation to assist them in implementing their own title IV-E program. The Title IV-E Coordinator, Title IV-E Eligibility Supervisor, and Title IV-B Coordinator from the Tohono O'Odham met with their counterparts in the Division. Division staff shared title IV-E policy and eligibility information to with the Tohono O'Odham Nation, and held a question-and-answer period. Subsequent to these meetings, there was a brief telephone conference call with some follow-up issues. This process has been very productive. The Division is pleased that the Tohono O'Odham Nation appears to have the capacity and direction to implement their own title IV-E program. In addition, the San Carlos Apache Tribe is interested in submitting an application for a title IV-E planning grant before the end of CY 2012. The Navajo Nation and the Hopi Tribe are the only tribes who have a signed title IV-E agreement with the Department.

Nine tribes continue to receive direct title IV-B, subpart 1 & 2 funding from DHHS. These tribes include Navajo Nation, Hopi Tribe, White Mountain Apache Tribe, San Carlos Apache Tribe, Colorado River Indian Tribes, Salt River/Pima Indian Community, Gila River Indian Community, Pascua Yaqui Indian Tribe, and Tohono O'Odham Nation. The Division shares its State of Arizona Child Family Services Five Year Plan with Indian tribes and the Indian Child Welfare Specialist maintains copies of Tribal title IV-B Plans submitted by the nine tribes.

The Division is also working with the Navajo Nation, Tohono O'Odham Nation, and the Hopi Tribe to develop transfer of placement and responsibility procedures in response to the ACF January 06, 2012 Information Memorandum.

Chafee Foster Care Independence and Education and Training Vouchers Programs

The Division's Indian Child Welfare Specialist and Independent Living Specialist collaborate with the Inter-Tribal Council of Arizona, Inc., to provide information to the Tribal Social Services Directors work group about Chafee Foster Care Independence and Education and Training Vouchers Programs. American Indian youth between the ages of sixteen and twenty 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 providers to access these services for their eligible Indian youth.

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

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 CPS record check. Checks for CPS 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 Division monitor the compliance of licensed homes through annual license renewal home studies and home visits from a community agency Licensing Specialist.

All licensing and regulatory functions within the Department are consolidated within the Office of Licensing, Certification, and Regulation (OLCR). This single point of regulatory authority that is separate from the programmatic and child placement functions assures standardized application of all

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licensure and regulatory standards, has eliminated duplication, and expedites licensure. The OLCR ensures that the licensing standards are applied equally to licensed foster homes, licensed relative homes, and licensed child care institutions. Quick Connect is OLCR's 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 Division'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, CPS 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 CPS 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.

Diligent Recruitment of Foster and Adoptive Homes and MEPA

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 Division 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

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communities. The Division's foster and adoptive home recruitment strategy also continues to address the need for adoptive homes for children with special needs.

Geographical Information System (GIS) maps are developed semi-annually using CHILDS data and the list of open foster homes from the OLCR's 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 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 the Division target their foster home recruitment efforts in specific areas and customize their marketing strategies towards specific family profiles.

The Division also uses data reports to track the movement of children with a case plan goal of adoption through to adoption finalization. These reports identify cases in which child specific recruitment is needed to identify a suitable adoptive home for a waiting child, provide data to assess adoption timeliness and child specific recruitment needs, and assist adoption unit staff to ensure CHILDS data fields are completed accurately. State 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.

The Division 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 2012, the Division'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 Division collaborates with the Arizona Association for Foster and Adoptive Parents; the Office of Licensing, Certification, and Regulation; and the Comprehensive Medical and Dental Program to identify content for the newsletter. Each issue features "Shining Stars," who are children free for adoption without an identified placement. 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

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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 Division and its contracted recruitment agencies continue to participate in community outreach events. These events provide an opportunity for the Division to raise awareness among key demographics. This year, activities included membership in and attendance at the Greater Phoenix Black Chamber of Commerce meetings and participation in area Juneteenth celebrations; development of specialized recruitment pieces for the American Indian population and participation at pow-wow; and materials and training in Spanish, for our Hispanic population.
- The Division actively participates in foster care month activities to thank and honor foster families for their tireless care of Arizona children and youth in foster care, and to raise public awareness about the need for foster parents. The Division supports the Arizona Association for Foster and Adoptive Parents' annual Courage for Children Awards, honoring foster and adoptive parents. The Division also supports the Annual Blue Ribbon Event held at Thoroughbred Nissan in Tucson. Celebrating its fifth year in 2012, this event raises awareness of the need for additional foster and adoptive parents. Balloons are released at the grand finale – each balloon representing one child in foster care in Pima County. Smaller events to raise awareness and to celebrate and appreciate current resource families are held throughout the state. These events are supported by the Division through staff time and other resources, and many were hosted by the HRSS agencies that contract with the Division.
- Once again, Arizona celebrated Adoption Month in November 2011, throughout the state. The festivities began on Nov. 5th at Tucson's Udall Park where Pima County officials established "courtrooms without walls" in the park's ramadas. Throughout the day, 102 children were adopted by 68 families. Participants at the family-picnic setting also enjoyed a free picnic lunch, jumping castles, face painting, and a cakewalk. On Nov. 18th, 20 children were adopted into forever families during finalization hearings held at the Yuma County Juvenile Justice Center. On Saturday, Nov. 19th, 11 children who had been in foster care joined their forever families in Prescott. Nov. 19th was also Maricopa County's Adoption Day. The adoptions of 340 children were finalized at the Durango Juvenile Court Center in Phoenix, an increase of more than 10% from 2010. Maricopa County hosts one of the largest adoption day celebrations in the nation.
- 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 CPS 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, sex, and peers. One HRSS agency held a teen shopping event in December that paired prospective foster parent volunteers with teens for holiday shopping with the intent of opening the families to the idea of parenting teens.

The Division also contracts with community agencies to accomplish 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

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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 Division'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 2012 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; 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 Arizona Heart Gallery, AASK's *E-mail Blast*, and other cross-jurisdictional resources, such as regional exchanges. 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.
- Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas, and any other priority areas identified by the region. The Division 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.
- Semi-annual recruitment plans are submitted to the Division, 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 has been developed to recruit and license kin providers. This was developed to help license kinship families, which 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 with more information. The e-mails are sent to more than 550 families weekly, and the number of recipients continues to increase.

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- 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 CPS Specialist are required to request a CFT (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 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 2012, Division 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 Division 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 Division 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 between state agencies and faith- and community-based organizations, as well as develop new relationships. 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 Division: identifying strategies to encourage foster care participation, facilitating the provision of free or reduced cost child care services through existing licensed facilities, and providing supervised parent-child visits for families involved with CPS. In 2012, the focus has narrowed to children in foster care. In addition to providing downloadable resources for faith communities through www.arizonaserves.gov, the Division works closely with the ArizonaSERVES task force. This work has resulted in strong community support for the Yuma, Somerton, and Parker CPS offices. Relationships are also developing between members of the faith community and CPS staff at the Apache Junction, Gilbert, Avondale, South Mountain, Coolidge, and Florence offices.

Other recent faith based recruitment activities include the following:

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- The *Wait No More* Event, hosted by Focus on the Family, was held at Scottsdale Bible Church on February 11, 2012. Approximately 580 people attended, representing more than 290 families. Of those, 97 families (33.2% of families in attendance) initiated the process of adoption from foster care at the event. Three staff from the Office of Special Investigations were able to fingerprint 289 people with 44 additional people taking the packets with them. Six agencies and ministries were on site to answer participants' questions and help them start the process of adoption from foster care. More than 130 different churches were represented at *Wait No More*.
- The Department of Economic Security has been a partner with Open Table since the inception of the organization 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." The Table establishes goals and develops the overall plan. As Open Table develops its new focus on youth who have aged out of foster care, the Division is collaborating with contracted providers and Open Table to refer young adults to 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.
- Throughout 2011, the Division provided technical support to pastors in Maricopa and Pima Counties who formed the No Child Waiting Coalition. Currently comprised of eleven of the largest congregations in Arizona, area ministries, and three HRSS agencies, this coalition of Evangelical churches and non-profit agencies envisions a day when there is no Arizona child waiting to be placed in an adoptive home.
- In October 2011, Division staff returned to the regional conference of the Mesa Families Supporting Adoption Chapter (sponsored by LDS Family Services). Division staff hosted a booth and provided a twenty minute presentation. Nearly one hundred families already certified to adopt attended the conference.
- Area churches also continue to support children in foster care by hosting toy drives around the holidays and supplying CPS offices with emergency care kits for children throughout the year.
- Several Arizona congregations also received special Christmas offerings that were donated to the Arizona Friends of Foster Care Foundation to support the needs of children in care. Most notably, Central Christian Church of Mesa donated \$125,000 to the organization.
- Understanding that peer support and advocacy are especially important to kinship and resource parents, the Division continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Division 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.
- In August 2011, Casey Family Programs provided expertise, facilitation assistance, and catering for a two-day town hall event in rural Mohave County. The Division identified this effort as one of several opportunities to bridge the gap between resource parents, HRSS agencies, and CPS staff. Role clarification, effective communication, networking, and respect are all areas that were addressed during this event. A follow up event, "The Sweetness of Foster Care," was held in

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January 2012. A collaboration between Mohave and regional office CPS and HRSS agencies, this event recognized and acknowledged resource parents in Mohave County,

The Division has implemented a new statewide adoption selection process that was developed in collaboration with the National Child Welfare Resource Center for Adoption and community stakeholders. Feedback on the new process has been positive. The process has improved the selection of families who can best meet the needs of the children needing adoptive homes and has increased the community's understanding of the process. The Division and the National Child Welfare Resource Center for Adoption gave a presentation about development and implementation of the process at the national meeting of state adoption and foster care managers.

Number of Licensed Foster Homes

As of September 30, 2011, the Division had 3,496 licensed foster homes with a total capacity of 8,141 bed spaces. The Division has experienced a reduction in both the number of resource foster homes and the number of bed spaces available to CPS. The number of licensed foster homes decreased from 3,954 on the last day of FFY 2009, to 3,747 on the last day of FFY 2010, and 3,496 on the last day of FFY 2011. The number of bed spaces available to CPS increased from 8,625 on September 30, 2009, to 8,693 on September 30, 2010, but decreased to 8,141 by September 30, 2011. This is a 7% decrease in the number of available bed spaces (*Child Welfare Reporting Requirements Semi-Annual Report*).

During FFY 2011, 1,106 new homes were licensed to provide foster care and 1,357 homes left the system. In SFY 2012, the Division developed an exit survey to learn why foster parents close their licenses, with the goal of reducing the number of license closures. The Division contacted 694 families who had closed their licenses from January 2011 to July 2011. The surveyed population did not include families whose licenses were closed due to a corrective action plan, by OLCR, because the family moved out-of-state, or due to the death of a foster parent. Of the 163 total respondents, 46% indicated they had been foster parents for two years or less and 23% had been foster parents for more than five years. The main concerns cited by these families were related to communication. Forty-nine percent stated they were no longer foster parents because the child was adopted or in legal guardianship. The other reasons varied from marital and financial reasons to other commitments and priorities. About half of the respondents indicated they would or might consider reopening their licenses. These families are being contacted individually. This Foster Parent Exit Survey will be conducted quarterly.

Use of Cross-jurisdictional Resources for Permanent Placements

The Division 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 with the hope that this will bring about an increase in 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.

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Division 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 Division will continue to encourage staff to use this resource.

The Division’s HRSS contract describes the expectations for child specific recruitment. Within the first thirty days of receiving a child specific referral from the Division, 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
- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In FFY 2012 the Division featured sixty-seven children on AdoptUsKids who were legally free for adoption with no identified adoptive placement. 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 CPS Specialist or contracted Adoption Specialist.

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

The Division meets regularly with stakeholders to obtain input on the Division’s strengths, needs, and strategies to improve licensing, recruitment, and retention of resource families. The Division 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 HRSS contacted agencies, Division 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 Division’s Recruitment Specialist and a community partner from Catholic Social Services – St. Nicholas Adoptions. The Division 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.

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The Division also seeks input directly from resource parents on its foster and adoptive home licensing, recruitment, and retention policies, practices, and improvement strategies and actions steps. The Division 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 Division with valuable recommendations for system improvements. Input obtained from resource families and community partners informed the SFY 2013 action steps for improving foster and adoptive home licensing, approval, recruitment and retention. See Section VII, Primary Strategy 8, for a list of these action steps.

Section VI

Outcomes, Goals, and Measures

Outcomes, Goals, and Measures

1. Primary Data Sources

This report provides data from a variety of sources, including other reports published by the Division or 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 Division, 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 Division 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 Division, 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 Division 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; in-person contacts with children, parents, and out-of-home care providers; and child removals and returns. 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 State Data Center* – Arizona is a member of the Center for State Foster Care and Adoption Data (State Data Center). Arizona provides data on children in out-of-home care to Chapin Hall for inclusion in a multistate data repository. Chapin Hall organizes these 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* – 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. The CFSR On-site Review served as the state’s annual case review in 2007. Monthly reviews of initial assessment/investigation cases were reinitiated in October 2007. Monthly reviews of in-home and out-of-home cases were reinitiated in March 2009. More information about the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

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2. Safety Outcomes and Measures

To integrate the CFSR process and the Child and Family Services Plan, most of the Department's CFSP outcomes and measures match those used to determine substantial conformity during the CFSR. There have been no changes to these goals since the Child and Family Services Annual Report 2011. Baseline and progress data for Arizona's safety outcomes and measures is obtained from CHILDS and the Practice Improvement Case Review (PICR). The target percentage for the goals measured through the PICR is the standard for substantial conformity during a CFSR On-site Review (95% or more cases rated strength), and is therefore a long-range goal representing a very high standard of practice. More information about the PICR is located in Section V, 3. Quality Assurance System.

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

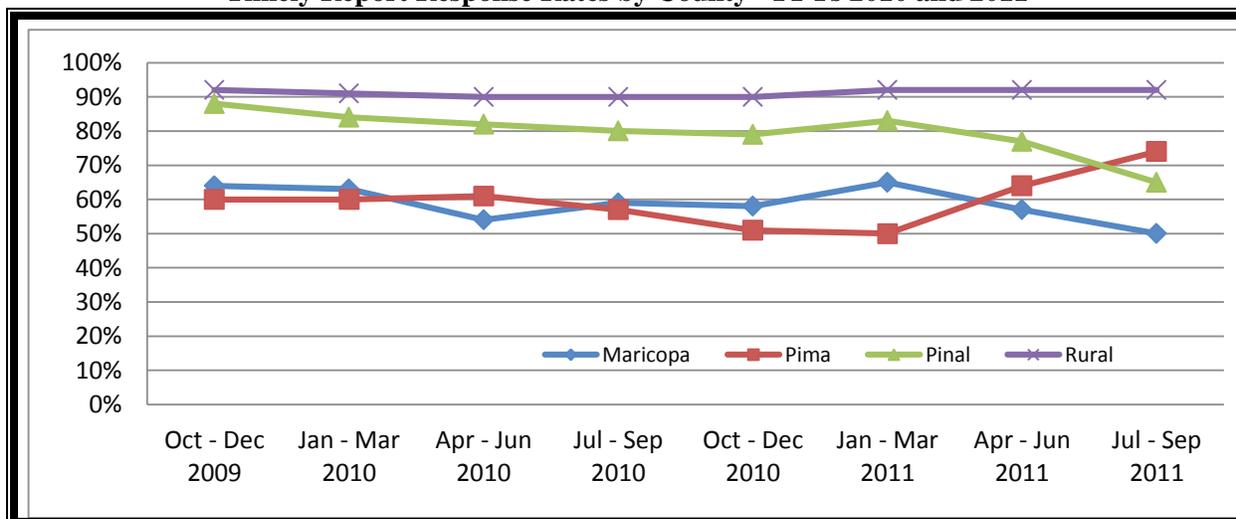
Safety Goal 1: The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, 6-2-12)

FFY 2008:	68.6%
FFY 2009:	69.9%
FFY 2010:	66.5%
FFY 2011:	64.5%

The Business Intelligence Dashboard provides the percentage of reports to which CPS responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded and confirmed a mitigated factor was present. There was a slight increase in timely response from FFY 2008 to FFY 2009. From FFY 2009 to FFY 2011 there has been a decrease in on-time response. In some cases where CPS responded late, the child was seen and confirmed to be safe by law enforcement or other emergency personnel within the required initial response timeframe, but CPS did not respond within the mitigated response timeframe. This data does not account for the length of a delay, which could be minutes, hours, days, or weeks.

Arizona's rural counties achieved on-time response rates of 90% or higher in all quarters during FFYs 2009, 2010, and 2011 (Business Intelligence Dashboard, 6-2-12). Maricopa and Pima Counties have the highest report volume and have historically had the lowest timely response rates; however, in the third and fourth quarters of FFY 2011 Pima County's performance improved, reaching 74% and exceeding Pinal County's performance. Pinal County's performance dropped during the second half of FFY 2011, possibly because of an increase in report volume. Reports in Pinal County increased from 1,921 in FFY 2009, to 2,195 in FFY 2010, and 2,520 in FFY 2011 – an increase of 31% between FFYs 2009 and 2011.

Timely Report Response Rates by County - FFYs 2010 and 2011



The Division's performance is strong in the area of face-to-face contact with alleged child victims. PICR data from CYs 2008, 2009, 2010, and 2011 indicates that the alleged victims are seen in more than nine of every ten initial assessments (investigations). In some of the initial assessments in which a child was not seen, the family could not be located and the efforts to locate were not completely sufficient.

Item 2: Repeat maltreatment

Safety Goal 2: 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 Profiles March 29, 2011 and April 30, 2012)

FFY 2008:	98.3%
FFY 2009:	98.5%
FFY 2010:	96.7%
FFY 2011:	95.4%

Arizona achieved a rating of strength on repeat maltreatment during the 2007 CFSR, with 100% of cases rated strength on the repeat maltreatment item. The CFSR national standard measure on absence of repeat maltreatment is defined as the percentage of unique children who were the subject of a substantiated report within the first six months of the year who were the subject of another substantiated report within six months of the first report. Data from the Arizona CFSR Data Profiles indicates Arizona has continuously performed above the national standard of 94.6% for absence of repeat maltreatment. Performance dropped 1.3 percentage points in FFY 2011, but remained above the national standard.

The Division also reviews data on the percentage of children who were the subject of a CPS report in the first half of the year and a second report within six months of the first, *regardless of the investigation finding*. All reports were considered, including those with unsubstantiated and propose substantiation findings. Following the federal syntax for the repeat maltreatment measure, the second report was not considered if it occurred within one day of the first report. Of children who were the subject of a report in the first half of the FFY, the percentage who did not have another report within a six month period was

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95% in FFYs 2008, 2009, and 2010, and 94% in FFY 2011. More than nine of ten children reported to CPS for suspected abuse or neglect were *not* reported again for at least six months.

The state's low substantiation rate continues to be a factor affecting the state's low repeat maltreatment rate. According to Arizona's *Child Welfare Reporting Requirements Semi-Annual Report*, substantiation rates remained between 8% and 10% from FFY 2006 through FFY 2009. Arizona's substantiation rate increased to 13% in FFY 2010 and the first half of FFY 2011. Data for the second half of FFY 2011 is not yet final.

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

CFSR Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Safety Goal 3: 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 9/30/08:	9,709
Statewide 9/30/09:	9,533 (1.8% decrease)
Statewide 9/30/10:	9,923 (4.1% increase)
Statewide 9/30/11:	10,922 (10% increase)

Safety Goal 4: Of reports assigned for investigation, the percentage where a removal occurred will be 10% or less (*Child Welfare Reporting Requirements Semi-Annual Reports*)

FFY 2008:	11.2%
FFY 2009:	11.0%
FFY 2010:	11.3%
FFY 2011:	11.2%

In FFYs 2010 and 2011 the number of children in out-of-home care increased, reversing the reduction in FFY 2009. The increased out-of-home care population is primarily the result of larger entry cohorts. Although exits decreased from FFY 2009 to FFY 2010, they remained at roughly 7,200 in FFYs 2010 and 2011. The number of reports assigned for investigation increased from 33,455 to 36,623 between FFY 2010 and FFY 2011. The percentage of these reports that resulted in a removal remained at 11%. As a result, the number of removals increased from 7,946 in FFY 2010 to 8,509 in FFY 2011.

CFSR Item 4: Risk assessment and safety management

Safety Goal 5: The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.68% or more (CFSR Data Profile March 29, 2011 and April 30, 2012)

FFY 2008:	99.84%
FFY 2009:	99.85%

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FFY 2010:	99.81%
FFY 2011:	99.91%

Safety Goal 6: The number of child fatalities resulting from child abuse or neglect per year will be zero (CHILDS ad hoc report)

SFY 2008:	20
SFY 2009:	22
SFY 2010:	24
FFY 2011 ¹ :	33

Safety Goal 7: The percentage of cases where sufficient comprehensive information about *every* parent, caregiver and child was gathered to determine whether *each* of the CSA’s seventeen safety factors was present or absent will be 95% or more (Initial Assessment PICR Item 3)

Quarter 1 2009:	16% ²
CY 2009:	14%
CY 2010:	15%
CY 2011:	23%

Safety Goal 8: The percentage of cases in which the agency took sufficient and least intrusive actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 5.A.)

Quarter 1 2009:	70%
CY 2009:	62%
CY 2010:	56%
CY 2011:	67%

Absence of maltreatment in foster care continued to be a strength for the state in FFY 2011. Arizona has continually excelled in this area and has surpassed the national standard of 99.68% since at least 2003.

The number of child fatalities that resulted from child abuse or neglect, as indicated by an after investigation substantiated finding of child death due to abuse or neglect on a report received in FFY 2011, was 33 in FFY 2011, compared to 24 in SFY 2010, 22 in SFY 2009, and 20 in SFY 2008. This number may vary from the number reported in the CFSR Child Safety Data profile based on NCANDS (31 for FFY 2011) because the Child Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during FFY 2011 (regardless of the date of the report or the date of the child’s death). For example, if the child’s death and the Hotline report occurred in FFY 2011, but the substantiated finding was not entered into CHILDS until FFY 2012, the child would not be counted in the Child Safety Profile data.

Arizona uses information from the state’s Department of Vital Statistics, child death review teams, law enforcement agencies, and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee reviews all child deaths in the state, including all

¹ This data is now reported by FFY to match the National Child Abuse and Neglect Data System (NCANDS) reporting period.

² This data is generated through the Practice Improvement Case Review, which applies higher practice and rating standards than the CFSR. During the 2007 CFSR, 65% of cases were rated strength on CFSR Item 4, Risk of harm to child, which evaluates the sufficiency of initial and ongoing risk and safety assessment, and activity to address safety related concerns.

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deaths that would be identified through the sources listed above. When a local Child Fatality Review Team identifies a death due to maltreatment that has not been previously reported to CPS, the Local Child Fatality Program notifies the CPS Child Abuse Hotline of the team's assessment. The Hotline determines if the information meets the statutory definition of a report for CPS investigation. Through this process, CPS receives information about all child deaths in Arizona that may have been caused by abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS or in this report because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death. The data in NCANDS and this report includes only those child fatality reports with a substantiated finding of child death, which requires evidence of a *causal* relationship to meet the standard of proof. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Division would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

Of the 33 fatalities in FFY 2011, 67% of the children were age two or younger, compared to 79.2% in SFY 2010, 68.0% in SFY 2009, and 80.0% in SFY 2008. In FFY 2011, 21% of the children were age three to five, and the remaining four children were six to ten years old. In FFY 2011, 15 of the deaths were due to physical abuse, six were due to drowning in pools or bath tubs, and nine were due to neglect. Deaths from neglect included car accidents involving an intoxicated driver or lack of child restraint, medical neglect, unintentional strangulation in a playpen or on play equipment, being run over by a vehicle, and withholding of food. The remaining three child deaths were from asphyxia for reasons such as an intoxicated parent unintentionally lying on the child in bed.

3. Permanency Outcomes and Measures

To integrate the CFSR process and the Child and Family Services Plan, most of the Department's CFSP outcomes and measures match those used to determine substantial conformity during the CFSR. There have been no changes to these goals since the Child and Family Services Annual Report 2011. Progress toward achieving the state's permanency outcomes and goals is measured using the state's Practice Improvement Case Review and the CFSR permanency composite data, which is generated from the state's AFCARS files. The FFY 2008 CFSR permanency composite data included in this report is from the CFSR Data Profile generated by the U.S. DHHS on March 29, 2011. The FFYs 2009, 2010, and 2011 CFSR permanency composite data included in this report is from the CFSR Data Profile generated by the U.S. DHHS on April 30, 2012.

Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data that serves as the baseline for many of the Division's goals. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and measures progress on many of the permanency goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. CHILDS and the PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and

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roughly 80% of the Division’s caseload. More information on the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

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

CFSR Item 5: Foster Care Re-entries

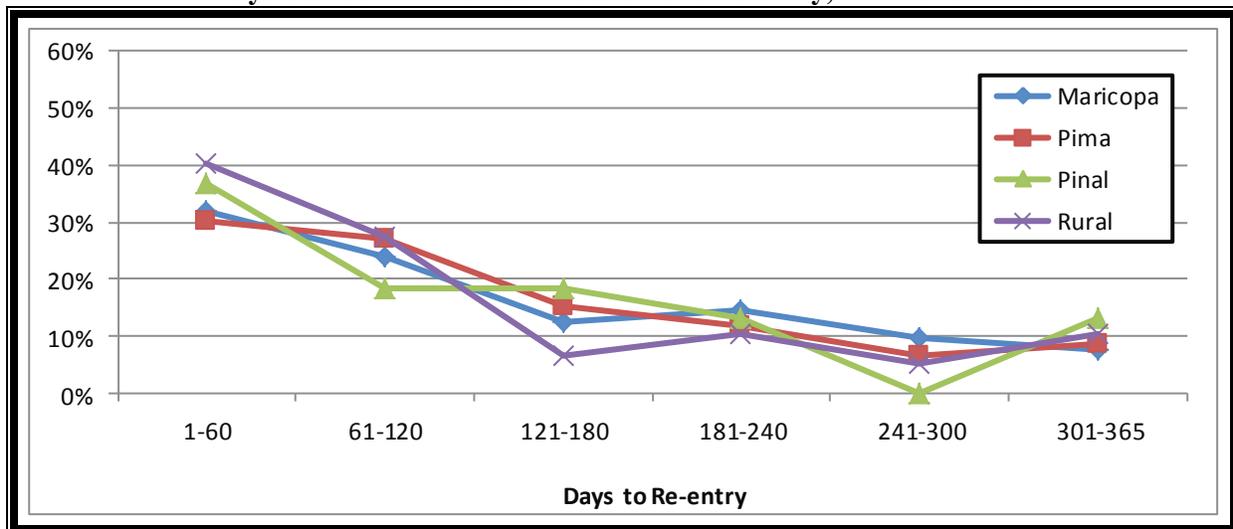
Permanency Goal 1: The percentage of all children who discharged to reunification in the twelve months prior to the year shown who *do not* re-enter out-of-home care in less than twelve months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

FFY 2008	79.1%
FFY 2009:	80.7%
FFY 2010:	82.2%
FFY 2011:	81.3%

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%. Arizona did improve the prevention of re-entry in FFYs 2009 and 2010; however, prevention of re-entries declined slightly in FFY 2011.

Data from the last several years has consistently shown that children are most likely to re-enter care within the first 60 days after discharge. Statewide, of the children who exited care to reunification during FFY 2010 and subsequently re-entered care within 365 days of the exit, 33% re-entered within 60 days of the prior exit and 25% re-entered within 61 to 120 days. The percentage continues to drop, lowering to 8% within 241 to 300 days and 9% within 301 to 365 days of the prior exit. The following chart shows this data for each of the three most populous counties and the combined rural counties. This data excludes young adults who were eighteen or older at the time of re-entry.

Days between Exit to Reunification and Re-entry, FFY 2010 Exits



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CFSR Item 6: Placement Stability

Permanency Goal 2:	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 2008: 85.8%
	FFY 2009: 85.7%
	FFY 2010: 86.1%
	FFY 2011: 87.2%
Permanency Goal 3:	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 2008: 63.0%
	FFY 2009: 66.8%
	FFY 2010: 69.9%
	FFY 2011: 69.8%
Permanency Goal 4:	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 2008: 31.6%
	FFY 2009: 32.0%
	FFY 2010: 37.2%
	FFY 2011: 39.9%

Placement stability is an area of strength for Arizona. Arizona exceeded the CFSR national standard composite score on placement stability during FFYs 2010 and 2011. Placement stability improved for all three CFSR measure populations between FFY 2008 and FFY 2010. This improvement continued in FFY 2011 for CFSR measures C4-1 and C4-3 (Permanency Goals 2 and 4). In FFYs 2010 and 2011, Arizona exceeded the national 75th percentile for CFSR measures C4-1 and C4-2 (Permanency Goals 2 and 3), and continues to show improvement on CFSR measure C4-3 (Permanency Goal 4). The following data further indicate that the vast majority of children experience placement stability while in out-of-home care:

- The median number of placements for children who exited care has maintained at one since FFY 2002. The average number of placements for children who exited has been between 2.3 and 2.5 in FFYs 2008 through 2011 (*Child Welfare Reporting Requirements Semi-Annual Report*).
- In FFYs 2008 through 2011, 73% to 75% of children who exited care had experienced two or fewer placements (*Child Welfare Reporting Requirements Semi-Annual Report*).
- Arizona’s performance on CFSR Round 2 measure C4-1 is affected by the large percentage of children exiting care within seven days of removal, which was 23% in FFY 2008, 20% in FFY 2009, 18% in FFY 2010, and 13% in FFY 2011 (CFSR Data Profile). These children commonly have only one placement while in care, but are excluded from the placement stability measure on children in care less than 12 months. Of children served during the year who have been in foster care less than twelve months (including those in care seven days or less), the percentage who experienced no more than two placement settings remained at 87% to 89% in FFYs 2008

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through 2011 (Division report based on AFCARS, Report 43). This exceeds the Round 1 CFSR national standard of 86.7%.

- The percentage of children in the first-time entry cohort who entered care in the first half of the year and had experienced two or fewer placements by the last day of the year or their date of exit has remained high, at 84.3% in FFY 2008, 85.3% in FFY 2009, 86.1% in FFY 2010, and 84.1% in FFY 2011 (CFSR Data Profile).
- Placement stability has continually improved since FFY 2004. The state's composite score increased in all years, from 85.2 in FFY 2004 to 95.9 in FFY 2008, 97.9 in FFY 2009, 101.6 in FFY 2010, and 103.3 in FFY 2011. Arizona's score in FFY 2010 and FFY 2011 exceeded the national standard of 101.5 (CFSR Data Profile).

CFSR Item 7: Permanency Goal for the Child

Permanency Goal 5: 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)

CFSR On-Site 2007:	80%
PICR CY 2009:	78%
PICR CY 2010:	82%
PICR CY 2011:	86%

In 86% of cases reviewed, the permanency goal being pursued for the child was appropriate, had been established timely in the case plan or with the court, and ASFA requirements for TPR or documentation of a compelling reason were met. Some cases were rated as needing improvement on PICR Item 2, *Permanency Goal for the Child*, because a motion for TPR had not been filed within required timeframes and a compelling reason to not file a TPR motion was not 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.

Of children in care on September 30, 2011, 50% had a permanency goal of reunification, 22% had a goal of adoption, 11% independent living, 1% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 3% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). A goal was not yet established for the remaining 12% of children because they had recently entered out-of-home care. There has been very little change in these percentages since FFY 2009 (*Child Welfare Reporting Requirements Semi-Annual Report*).

CFSR Item 8: Reunification, guardianship, or permanent placement with relatives.

Permanency Goal 6: 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 2008:	64.6%
FFY 2009:	68.4%

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FFY 2010:	65.9%
FFY 2011:	69.1%

Permanency Goal 7: 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 2008:	8.4 months
FFY 2009:	8.3 months
FFY 2010:	9.0 months
FFY 2011:	8.7 months

Permanency Goal 8: 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 2008:	33.4%
FFY 2009:	31.7%
FFY 2010:	30.2%
FFY 2011:	29.0%

Roughly half of all children served in out-of-home care by the Division discharge to reunification, and reunification is being achieved within twelve months for the large majority of these children. From FFY 2005 through FFY 2011, 77% to 82% of children who exited to reunification (including those who exited in less than eight days) did so within twelve months of their most recent removal (*Child Welfare Reporting Requirements Semi-Annual Report*). CFSR measures C1-1, C1-2, and C1-3 exclude children who reunified in less than eight days. In FFY 2011, 13% of children exited in one week or less after removal. Most of these children exited to reunification (CFSR Data Profile).

The average months in care for all children exiting to reunification was 7.0 in the last half of FFY 2008, 7.3 in the last half of FFY 2009, and 8.0 in the last half of FFYs 2010 and 2011. The median months in care for these children increased from 2.1 months in the last half of FFY 2008, to 4.4 months in the last half of FFY 2009, to 5.8 in the last half of FFY 2010, and 6.4 in the last half of FFY 2011 (*Child Welfare Reporting Requirements Semi-Annual Report*). This data shows that the children who exited to reunification during FFY 2011 spent more time in out-of-home care than those children who exited to reunification during the prior three years. The percentage of children served who exited in one week or less decreased from 23% in FFY 2008, to 20% in FFY 2009, to 18% in FFY 2010, and to 13% in FFY 2011 (CFSR Data Profile).

Although timely reunification is achieved for many children, Arizona has not yet reached the CFSR national standard composite score of 122.6 for Timeliness and Permanency of Reunification. Arizona's composite score improved to 100.5 in CY 2010; however, it dropped to 98.5 in FFY 2010 and maintained at 99.3 in FFY 2011.

CFSR Item 9: Adoption

Permanency Goal 9: 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)

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FFY 2008:	38.5%
FFY 2009:	40.7%
FFY 2010:	47.6%
FFY 2011:	47.0%

Permanency Goal 10: 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 2008:	26.4 months
FFY 2009:	26.1 months
FFY 2010:	24.5 months
FFY 2011:	24.6 months

Permanency Goal 11: 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 2008:	36.0%
FFY 2009:	37.0%
FFY 2010:	41.2%
FFY 2011:	46.1%

Permanency Goal 12: 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 2008:	15.6%
FFY 2009:	18.2%
FFY 2010:	21.4%
FFY 2011:	22.2%

Permanency Goal 13: 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 2008:	59.8%
FFY 2009:	65.0%
FFY 2010:	66.9%
FFY 2011:	71.5%

Arizona is exceeding the national standard composite score of 106.4 on CFSR Permanency Composite 2: Timeliness of Adoptions. The state's score has been improving for the last several years, from 110.8 in FFY 2004 to 174.0 in FFY 2011. For all five adoption measures, Arizona has performed better than the national median and the national target goal in FFYs 2008 through 2011. Improvement since FFY 2000 has been dramatic. The percentage of children exiting to adoption who did so within 24 months of removal increased from 18.4% in FFY 2000 to 47.0% in FFY 2011, and the median length of stay for children exiting to adoption decreased from 37.4 months in FFY 2000 to 24.6 months in FFYs 2010 and 2011.

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The *Child Welfare Reporting Requirements Semi-Annual Report* provides additional data related to adoption, including the following:

- The percentage of children in care on the last day of the FFY with a goal of adoption was 18% in FFY 2008, increased to 25% in FFY 2009, and was 23% in FFY 2010 and 22% in FFY 2011.
- An increasing percentage of children are exiting out-of-home care to adoption. Adoption was the exit reason for 19.9% (1,468) of exits from out-of-home care in FFY 2007, 21.4% (1,562) of exits in FFY 2008, 22.1% (1,655) of exits in FFY 2009, 28.9% (2,025) of exits in FFY 2010, and 31% (2,264) of exits in FFY 2011.
- Of children in care with a goal of adoption on September 30, 2011, 51% were age five or younger, 17% were age six to eight, 19% were age nine to twelve, and 13% were age thirteen to seventeen.
- Of children in care with a goal of adoption on September 30, 2011, 84% were legally free for adoption (up from 68% in FFY 2009 and 73% in FFY 2010); and 76% were placed in an adoptive home (down from 86% in FFY 2011).
- Of the 1,078 children who exited to adoption during the last half of FFY 2011, 70% experienced two or fewer placements, 24% were in three or four placements, and 6% had five or more placements. This data shows that placement stability of children exiting to adoption is remaining stable, with a slight improvement in the percentage of children who have had five or more placements.
- Since at least FFY 2007, roughly one-third of children who exited to adoption were in their adoptive placement for at least two years at the time of adoption. This data 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.

CFSR Item 10: Other planned permanent living arrangement

Permanency Goal 14: 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 2008:	36.3%
FFY 2009:	36.7%
FFY 2010:	39.8%
FFY 2011:	44.2%

Permanency Goal 15: 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 (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 2008:	93.8%
FFY 2009:	93.7%

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FFY 2010:	95.7%
FFY 2011:	96.9%

Permanency Goal 16: 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 2008:	35.1%
FFY 2009:	36.2%
FFY 2010:	31.4%
FFY 2011:	30.7%

Permanency Goal 17 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 (CFSR On-site; Out-of-Home PICR Item 4)

CFSR On-Site 2007:	36% (of 11 cases)
PICR CY 2009:	71% (of 17 cases)
PICR CY 2010:	81% (of 21 cases)
PICR CY 2011:	71% (of 21 cases)

The CFSR Data Profiles indicate that Arizona has achieved the national standard of 121.7 on Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time. Arizona's score has continuously improved, from 118.7 in FFY 2005 to 136.0 by FFY 2008, and 151.2 in FFY 2011.

Arizona is also performing better than the target on measure C3-3. Of youth who turned eighteen in care or exited before age eighteen to a reason of age of majority in FFY 2011, 69.3% had been in care for three years or less. That is, 69.3% of these youth were age fifteen or older when they entered out-of-home care.

Historically, Arizona has experienced an increase in the average time in care for children exiting to age of majority, but there was a decrease in FFY 2011. The average months in care decreased from 45.7 months in the last half of FFY 2010 to 41.6 months in the last half of FFY 2011. However, the median time in care has continually increased, from 28.2 months in the last half of FFY 2008 to 34.4 in the last six months of FFY 2011 (*Child Welfare Reporting Requirements Semi-Annual Report*). This data includes youth that choose to remain in care after their eighteenth birthday, which is a positive outcome encouraged by the Division while the youth is obtaining an educational degree or other milestones in the transition to adulthood.

Youth who exited to age of majority had less placement stability than other youth who left care. In the last half of FFYs 2009, 2010, and 2011, more than half of the youth who exited to age of majority experienced five or more placements in the current removal episode. In the last half of FFY 2011, 22% experienced just one or two placements, an increase from 20% in FFY 2010. Of all children exiting care in the last half of FFY 2011, to any exit reason, 9% experienced five or more placements and 75% had just one or two placements (*Child Welfare Reporting Requirements Semi-Annual Report*).

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Current and former foster youth continue to benefit from services designed to assist youth ages sixteen or older. Data on participation in services includes the following:

- AYAP or transitional living support services continue to serve many current and former foster youth. Between CYs 2010 and 2011, the number of youth receiving these services decreased slightly, from 1,544 to 1,512. Youth served are primarily age sixteen or older, and may have a goal of independent living or another goal.
- From CY 2010 to CY 2011 the total number of youth who elected to remain in voluntary care after their eighteenth birthday increased from 849 to 963. In CY 2010, 28% of youth who remained in care past age eighteen stayed to age twenty-one, and this percentage increased to 36% in CY 2011. This data continues to demonstrate the success of the Division's efforts to spread the word about the availability of continued care, encourage youth to take the option, and provide positive experiences so youth want to stay in care.
- The Independent Living Subsidy Program (ILSP) provides financial assistance and supportive services to assist older youth in care to maintain a stable living arrangement and permanent connections with caring adults up to age twenty-one. In the past year, 43% of eligible youth participated in ILSP services, which was above the Division's goal of 40%.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) increased between SFYs 2010 and 2011, from 360 to 400 students.

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

CFSR Item 11: Proximity of foster care placement

This area was identified as a strength in 97% of applicable cases reviewed in Arizona's 2007 CFSR On-Site Review. The 2007 CFSR Final Report states that "in 97 percent of the cases, reviewers determined that DCYF had made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives, or that were necessary to meet special needs."

Of children in care and placed in Arizona on September 31, 2010, for which the removal and current zip codes are available, 30% were placed within their removal zip code, 55% were placed within their removal city, and 88% were placed within their removal county. The remaining 12% of children were placed within Arizona, but in a different county than the one in which they were living at removal. Children placed out of state are excluded from this data because it is assumed they have been placed via an ICPC agreement with a relative or have been placed out of state to meet their therapeutic needs.

CFSR Item 12: Placement with siblings

Permanency Goal 18: 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)

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9/30/08:	63%
9/30/09:	63%
9/30/10:	65%
9/30/11:	63%

Permanency Goal 19: 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.³ (CHILDS ad hoc report)

9/30/08:	84%
9/30/09:	77%
9/30/10:	78%
9/30/11:	82%

This area was identified as a strength in the 2001 and 2007 CFSR on-site reviews. The 2007 CFSR Final Report stated that “in 95 percent of the applicable cases, reviewers determined that the agency placed siblings together in foster care whenever possible and appropriate,” and “Stakeholders ... expressed the opinion that the agency makes concerted efforts to place siblings together. They noted that when siblings cannot be placed together, usually because of the size of the sibling group, the agency makes concerted efforts to place them in close proximity so that they can have frequent visitation.” The number of cases with a sibling group in care on the last day of the year increased from 1,901 on the last day of FFY 2008 to 2,057 on the last day of FFY 2009, 2,190 on the last day of FFY 2010, and 2,358 on the last day of FFY 2011. In FFY 2011, 82% of these cases had at least two siblings placed together, and in more than six of ten cases all siblings were placed together. This measure provides an indicator of change, but is limited in its ability to describe the experience of children in out-of-home care. The data can not account for the reasons for separation. Furthermore, 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.

CFSR Item 13: Visiting with parents and siblings in foster care

Permanency Goal 20: 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 (CFSR On-site; Out-of-Home PICR Item 5)

CFSR On-Site 2007:	69%
PICR CY 2009:	68%
PICR CY 2010:	54%
PICR CY 2011:	73%

In CY 2011, 82% of cases reviewed through the PICR were rated strength in relation to visitation frequency between the child and mother, 75% were rated strength in relation to visitation frequency between the child and father, and 81% were rated strength in relation to visitation frequency between the child and siblings. Visitation with the mother was applicable in 46% of cases reviewed in CY 2011, and visitation with the father was applicable in 35% of these cases. In other cases the parent’s rights have

³ 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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been terminated, the parent is deceased, visitation with the parent is clearly not in the child's best interest, or the parent's whereabouts is unknown despite concerted efforts to locate.

CFSR Item 14: Preserving Connections.

Permanency Goal 21: 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 2008:	90%
FFY 2009:	89%
FFY 2010:	90%
FFY 2011:	91%

Permanency Goal 22: 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 2008:	28%
FFY 2009:	33%
FFY 2010:	33%
FFY 2011:	32%

Preservation of connections was found to be a strength in 84% of cases reviewed during the 2007 CFSR On-site Review. The Division is currently monitoring data on maintenance of family connections for American Indian children. The Division has maintained its performance in relation to exits of American Indian children to permanency before age eighteen and the percentage of American Indian youth living with a relative or parent. Further improvement is needed in order to reach the Division's target performance level.

See Section VI, CFSR Items 11, 12, 13, 15, and 16 for information on the state's effectiveness at placing children in close proximity to the parent(s), placing with siblings, visitation with parents and siblings, placing with relatives, and promoting shared parenting and parental involvement in child related activities other than visits. Achievement of these outcomes is closely linked to the state's ability to maintain connections to neighborhood, community, faith, family, tribe, school, and friends.

CFSR Item 15: Relative Placement

Permanency Goal 23: The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (CFSR On-site; Out-of-Home PICR Item 6)

CFSR On-site 2007:	73%
PICR CY 2009:	76%
PICR CY 2010:	74%
PICR CY 2011:	73%

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The child was placed in a stable relative placement in 40% of the cases reviewed during the PICR in 2011. Of children in out-of-home care on September 30, 2011, 34% were placed with a relative (*Child Welfare Reporting Requirements Semi-Annual Report*). This data underestimates to an unknown degree the percentage of children placed with relatives, because identification of licensed relative placements requires an additional documentation step that is not consistently completed. In addition, many families are served voluntarily while the children temporarily reside with relatives, preventing removal and dependency. These children are not in the state's out-of-home care population and therefore are not included in this statistic.

CFSR Item 16: 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 is not currently evaluated through the Division's Practice Improvement Case Reviews.

4. Child and Family Well-Being Outcomes and Measures

To integrate the CFSR process and the Child and Family State Plan, most of the Department's CFSP outcomes and goals match those used to determine substantial conformity during the CFSR. There have been no changes to these goals since the Child and Family Services Annual Report 2011. Progress toward achieving the state's well-being outcomes and goals is measured using the state's Practice Improvement Case Review. Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's well-being goals. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and measures progress on many of the well-being goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. The PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. More information on the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

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

CFSR Item 17: Needs and services of child, parents, foster parents

Well-Being Goal 1: The percentage of cases in which the needs of the child(ren), parents, and foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 7)

CFSR On-Site 2007:	46%
PICR CY 2009:	58%
PICR CY 2010:	61%
PICR CY 2011:	58%

CY 2011 data shows that the Division is continually assessing and providing services to address the needs of children and their foster or kinship caregivers. More than 85% of cases reviewed were rated

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strength in relation to children and more than 90% were rated strength in relation to out-of-home caregivers. Note that 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 very pleased with the support they receive and that their needs are promptly addressed by the CPS Specialist.

The mother's needs were thoroughly and continually assessed in 74% of cases reviewed in CY 2011, 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 58% of cases, and sufficient services were provided to address the father's identified needs in 70% of cases.

Assessment and service provision, and ratings of strength on out-of-home PICR Item 7, are correlated with goal achievement and strength ratings on the caseworker visits with child and caseworker visits with parents PICR items. For example, if a parent or child is not receiving monthly visits by the CPS Specialist that sufficiently address outcomes and achievement of case goals, it is also probable that the agency did not conduct a sufficient ongoing assessment. Because of these clear correlations, the Division expects that performance on Well-Being Goal 1 will increase when performance on Well-Being Goals 6, 7, and 8 increase.

CFSR Item 18: Child and family involvement in case planning

Well-Being Goal 2: 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.)

CFSR On-site 2007:	75%
PICR CY 2009:	67%
PICR CY 2010:	64%
PICR CY 2011:	60%

Well-Being Goal 3: The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (In-Home and Out-of-Home PICR Item 8, C.)

CFSR On-site 2007:	44%
PICR CY 2009:	38%
PICR CY 2010:	45%
PICR CY 2011:	43%

Well-Being Goal 4: The percentage of cases in which concerted efforts to include the child(ren)'s father in TDM or CFT meetings will be 95% or more (In-Home and Out-of-Home PICR Item 8, C1.)

PICR CY 2009 ⁴ :	57%
PICR CY 2010:	56%
PICR CY 2011:	54%

⁴ Baseline data for this measure was generated from the in-home and out-of-home Practice Improvement Case Reviews, reinstated in CY 2009. This is a new item in the case review instrument and is not an item in the Child and Family Services Review On-site Review Instrument. Therefore, earlier data is not available.

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Well-Being Goal 5: 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.)

CFSR On-site 2007:	69%
PICR CY 2009:	55%
PICR CY 2010:	70%
PICR CY 2011:	70%

During the 2011 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 a parent or the child contained evidence that the mother, father, and/or child participated in CFT and TDM meetings held during the period under review, and had periodic substantive conversation with the assigned CPS Specialist.

Father involvement in case planning improved significantly from CY 2009 to CY 2010, but there was no further improvement in CY 2011. Fathers remain less likely than mothers to be involved in case planning. In some cases there are not sufficient efforts to locate and remain in contact with a non-custodial father. Often these are fathers who have not had recent contact with the child, or incarcerated fathers. Some cases have evidence of contact with the mother or father, but there was not sufficient effort during these contacts 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.).

Youth involvement in case planning also improved between CY 2009 and CY 2010, but made no further improvement in CY 2011. Generally, older youth are more involved in case planning. In some cases involving young children, the CPS Specialist visited with the child each month, but did not ask for the child's input into case planning issues.

Involvement of parents and youth in case planning, and ratings of strength on out-of-home PICR Item 8, are correlated with goal achievement and strength ratings on the caseworker visits with child and caseworker visits with parents PICR items. For example, if a parent or child is not receiving monthly visits by the CPS Specialist that sufficiently address outcomes and achievement of case goals, it is also probable that the agency did not sufficiently involve the parent or child in case planning, since monthly contacts are one of the best opportunities to seek input into case plan decisions. Because of these clear correlations, the Division expects that performance on Well-Being Goal 2 will increase when performance on Well-Being Goals 6, 7, and 8 increase.

CFSR Item 19: Caseworker visits with children

Well-Being Goal 6: The percentage of cases in which the assigned CPS 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.)

CFSR On-site 2007:	77%
PICR CY 2009:	72%
PICR CY 2010:	78%
PICR CY 2011:	75%

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Well-Being Goal 7: The percentage of cases in which the quality of visits between the CPS 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.)

CFSR On-site 2007:	66%
PICR CY 2009:	35%
PICR CY 2010:	51%
PICR CY 2011:	63%

The majority of children in out-of-home care and those served in-home receive monthly in-person contact from the assigned CPS Specialist. CY 2011 case review data shows that the percentage of children that received a contact *each* month during the period under review remained about 70%. There has been substantial improvement in the quality of CPSS contacts with children. CPS Specialists are more likely to see the child alone for part of each monthly contact than they were in prior years, and the child contact documentation template has improved documentation.

The state's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the percentage of children in care on the last day of the month that received a documented in-person contact during the month (by the assigned CPS Specialist, another CPS Specialist, a case aide, or another person documenting contacts in CHILDS) was 82.5% in March 2011 and 81.2% in September 2011. This is an increase from 70% in March 2009.

CY 2011 data retrieved from the Division's Business Intelligence Dashboard (data current as of June 2, 2012) shows a small decrease in the percentage of children in out-of-home care who had a documented in-person contact during the month by the assigned CPS Specialist or another person (such as the supervisor or case aide). The statewide average of monthly contact rates was 84% in CY 2009, 90% in CY 2010, and 87% in CY 2011. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.

CFSR item 20: Caseworker visits with parents

Well-Being Goal 8: The percentage of cases in which the assigned CPS Specialist makes concerted efforts to have sufficient frequency and quality of contact with the mother and father will be 95% or more (In-Home and Out-of-Home PICR Item 10)

CFSR on-site 2007:	43%
PICR CY 2009:	25%
PICR CY 2010:	28%
PICR CY 2011:	30%

PICR data reveals higher performance in relation to contact with mothers than contact with fathers. Mothers received sufficiently frequent contact in 54% of cases reviewed, while fathers received sufficiently frequent contact in 35% of cases. 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 (70%) than fathers (45%).

Data retrieved from the Division's Business Intelligence Dashboard current as of June 2, 2012, shows a decrease in the percentage of cases with in-person parent contact, from 60% in CY 2010 to 57% in CY 2011. The dashboard shows performance on the following measure: Of all children in out-of-home care

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during the month who had a goal of family reunification, what percentage had at least one parent with whom in-person contact was documented during the month? This data *does not* exclude cases where the parents' whereabouts are unknown, the parents reside out-of-state, or the parents are successfully avoiding contact with the CPS Specialist; therefore, the Division does not expect to ever achieve 100% on this measure.

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

CFSR Item 21: Educational needs of the child

Well-Being Goal 9: 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)

CFSR On-Site 2007:	77%
PICR CY 2009:	90%
PICR CY 2010:	95%
PICR CY 2011:	92%

Cases are rated strength in the CFSR On-site Review and the Division's 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 Division is performing well in this area, achieving the standards in more than 90% of cases reviewed. The lower performance in the CFSR On-Site review may be due to small sample size or different rating standards. CFSR reviewers were more likely than the Division's practice improvement case reviewers to identify this area as applicable to in-home cases, and were less likely to rate in-home cases as strength on this item.

Data on the effectiveness of the Independent Living Program and Educational and Training Voucher Program on educational outcomes for young adults is located in Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2012*.

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

CFSR Item 22: Physical health of the child

Well-Being Goal 10: 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)

CFSR On-site 2007:	75%
PICR CY 2009:	61%
PICR CY 2010:	55%
PICR CY 2011:	59%

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Arizona’s PICR applies a higher rating standard than the CFSR On-site Review. The PICR evaluates whether the Division’s specific practice standards for physical and dental health assessments were met (for example, that the child have a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers found that 81% 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 76% of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule, although Arizona still maintains a high rate of dental service provision. Of applicable cases reviewed in CY 2011, 69% of children who had been in care more than six months had received a dental examination within the most recent six months.

CMDP continues to do well in all Arizona Health Care Cost Containment (AHCCCS, Arizona’s Medicaid Program) performance health measures for children and adolescents. CMDP has met the minimum performance standard for six of the seven required measures, which places CMDP second among AHCCCS Health Plans for overall performance. CMDP continues to exceed the AHCCCS statewide average for the measures of children's access to PCPs (for all of the five age groups measured), and EPSDT visits for children three to six years of age. CMDP exceeds the AHCCCS statewide average, Medicaid national mean, and commercial means for the measures of dental visits for children two to twenty-one years of age and adolescent well-care visits. CMDP exceeds the state and national means for the adolescent well-care measures by over 20%.

The following chart provides the percentage of children who received EPSDT visits, dental visits, and access to a primary care physician.

Performance Indicator	AHCCCS Statewide Average 2011	HEDIS Medicaid Mean 2011	HEDIS Commercial Mean 2011	CMDP Performance CY 2011	CMDP CY 2010	CMDP CY 2009
EPSDT Visits 3 – 6 Years	67.7%	71.9%	71.6%	68.1%	67.3%	63%
Adolescent Well-Care Visits	42.1%	48.1%	42.7%	65.9%	65.7%	64%
Children’s Access to PCPs	84.1%	N/A	N/A	88.8%	88.0%	N/A
12–24 months	87.0%	96.1%	97.5%	90.1%	88.9%	89%
25 months – 6 years	84.1%	88.3%	91.2%	86.6%	85.0%	84%
7 – 11 years	83.5%	90.2%	91.6%	87.6%	86.6%	86%
12–19 years	83.9%	88.1%	89.2%	92.6%	93.3%	93%
Dental Visit (2 – 21 years)	64.7%	45.7%	64.1%	68.1%	69.8%	75%

A formal immunization audit is performed by AHCCCS every other year, most recently in the fall of 2011. CMDP exceeded the AHCCCS average for all nine immunization measures. In addition, CMDP was one of two AHCCCS health plans that met the minimum performance standard for the combination of six vaccines measured, and one of six health plans that met the minimum performance standard for the combination of seven vaccines measured. CMDP has demonstrated excellent improvement in all immunization measures over the past several years. The next immunization audit is scheduled for the fall of 2013.

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CFSR Item 23: Mental health of the child

Well-Being Goal 11: 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)

CFSR On-site 2007:	72%
PICR CY 2009:	88%
PICR CY 2010:	87%
PICR CY 2011:	82%

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.

Section VII

Factors Affecting Performance and SFY 2012 Accomplishments

Factors Affecting Performance and SFY 2012 Accomplishments

1. Factors Affecting Performance

The Division's ability to achieve safety, permanency, and well-being outcomes is affected by many factors with complex relationships. Safety outcomes are directly affected by report volume, report prioritization, sufficiency of staff resources, coordination with law enforcement, staff skill with the safety and risk assessment and safety planning processes, availability of family team meetings, access to in-home services and community resources, and the frequency and quality of clinical supervision and direct contact with supervisors. The Division's achievement of permanency outcomes is most directly affected by staff skill with assessment and case planning practices; the frequency and quality of CPS Specialist contacts with children, parents, and out-of-home caregivers; availability and coordination of family meetings, such as case plan staffings, TDMs, and CFTs; access to reunification, behavioral health, and visitation services; clinical supervision; and foster, kinship, and adoptive parent recruitment and retention rates. Achievement of child and family well-being outcomes is affected by many of these same factors, such as staff skill with assessment and case planning practices; the frequency and quality of CPS Specialist contacts; the availability of family-centered meetings; the availability of parent locator services; and the frequency and quality of clinical supervision. The Division's ability to achieve positive outcomes for children and families is also deeply affected by staff resources and workload. High vacancy rates and caseloads diminish staff ability to make frequent and meaningful contacts with children, parents, and multi-disciplinary team members. These contacts are essential for accurately assessing safety and risk; determining the child's best interest, placement, and service needs; and involving family members in case planning. Performance on some goals is also affected by documentation quality, which diminishes when caseloads are very high.

During SFY 2012, the Division conducted a comprehensive evaluation of Arizona's child welfare system to more deeply explore the factors affecting performance and identify innovative strategies for radical improvement. Throughout the evaluation, the Division gave particular weight to input from field staff and stakeholders and their first hand knowledge of the system's current strengths and needs. The strategies and activities pursued in SFY 2012 and identified for SFY 2013 were defined through this comprehensive evaluation.

Because child safety is paramount, all data, trends, policies, and staffing information regarding child safety were reviewed first. This included evaluation of the investigative process, the Child Abuse Hotline, and the Protective Services Review Team process. Following the evaluation of factors affecting safety outcomes, the Division evaluated the ongoing case management process, the child welfare policy manual, child welfare training, and the Practice Improvement Case Review process. Throughout this evaluation, the Division analyzed child welfare outcome data, such as CFSR composite data and permanency data from the Chapin Hall State Data Center. Evaluation occurred through the following activities:

- The Change and Innovation Agency facilitated an assessment of the investigation process with a core team of internal staff. The core team was comprised of field office supervisors and key staff in the areas of policy, training, and technology, and focused on mapping the investigation process from the time a report is assigned until it is closed or opened for ongoing services. The core team's recommendations were informed by a series of eight focus groups with over forty CPS staff, supervisors, judges, FCRB members, attorneys, providers, and other stakeholders from

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across Arizona. The focus group participants were asked questions related to child safety assessment, risk assessment, case plans, dependency petitions, and court reports.

- In November 2011, the Department of Economic Security's Director, Clarence H. Carter, was appointed Vice Chairman of Governor Janice Brewer's Child Safety Task Force. According to a press release issued by the Governor's Office, the task force was "charged with reviewing child-safety policies in Arizona and recommending comprehensive reforms to improve the way in which the state oversees children under its care and investigates potential cases of abuse and neglect." The task force included the Maricopa County Attorney (the task force Chairman), an Arizona Supreme Court justice, a Maricopa County Superior Court judge, a crime victim's advocate, a pediatrician, the Vice President of ChildHelp, the Director of the ASU School of Social Work, the Assistant Director of the Division of Children, Youth and Families, two Arizona State Senators, two Arizona State Representatives, the Director of Arizona's Administrative Office of the Courts, a community leader, a Court Appointed Special Advocate Program volunteer, a lieutenant from the Glendale Family Advocacy Center, and a foster parent. The task force held public hearings to receive testimony from experts on CPS investigations and case management, law enforcement investigations, the administrative office of the courts, social services, foster care, crisis shelters and group homes, and child welfare advocacy. On December 30, 2011, the Child safety Task Force submitted recommendations to Governor Brewer. These recommendations include much of the work described in this report and can be viewed at: http://www.azgovernor.gov/CPS/documents/CPSTFRecommendations_123111.pdf.
- In late 2011 the Change and Innovation Agency began to facilitate an assessment of the ongoing case management process. As with the investigation process, this assessment revealed several opportunities for improved workflow and greater efficiency. The ongoing team produced a final action plan in May 2012.
- The Change and Innovation Agency facilitated assessments of the Child Abuse Reporting Hotline, the Protective Services Review Team process, and the Practice Improvement Case Review process. Internal experts and field staff participated in each of these assessments and developed recommendations.
- The Division has conducted an evaluation of the statewide TDM process to determine the overall effectiveness of the changes that were implemented in June 2011. This evaluation included a review of forty-five TDM Summary Reports, observation of fifteen TDM meetings with feedback, collection and comparison of TDM outcome data for specific time periods, and a group discussion with select TDM Facilitators from throughout the state. This evaluation was finished in June 2012.
- An evaluation of the Division's statewide *Children's Services Manual* (the Division's policy manual) and regional operating procedures was completed in February 2012. All Division staff had an opportunity to respond to a survey about their use of the policy manual and offer their recommendations for improving the manual's usefulness and accessibility. This comprehensive evaluation included an analysis of policy manuals from other states and jurisdictions, federal and state statutory requirements related to state agency policy, the process for developing and revising policy, the process for communicating policy to the field, policy structure and content, coordination with training, review of other written materials (such as regional operating procedures), and staff feedback to the survey. The evaluation resulted in recommendations that include:

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- creation of a single policy portal that supplies all policy, training materials, operating procedures, forms, and exhibits using more functional software;
 - enhancement of the process for policy development and revision; and
 - definition of consistent method for communicating policy changes to the field.
- The Division has begun to evaluate the Division's Child Welfare Training Institute, including pre-service CPS Specialist core training, CPS Supervisor core training, advanced training and staff development needs, and training opportunities through Arizona's university and community college network. Arizona State University is providing consultation and technical assistance to improve and enhance the current core training program and make recommendations for format, structure, and content, to include analysis of what is required for child welfare workforce training, what is needed for child welfare workforce training, and what are the best practices in training structure. ASU is conducting a comprehensive review of information from multiple sources including Division administrators, training supervisors, staff in a variety of positions within the Division, new employee core curricula, numerous state training models, Department evaluation documents, employee performance measures, Citizen Review Panel and Child Fatality reports, local and national training information, discussion with community child welfare stakeholders, analysis of statewide MSW curriculum specific to child welfare content, and published literature. In addition, Division administrators met with training graduates in April, May, and June to obtain feedback about CPS Specialist core. The comprehensive training evaluation will be complete in July 2012.
 - The Division has reviewed data on staff vacancies, recruitment, retention, and caseload size; and evaluated the current recruitment, retention, and training and development activities for CPS Specialists.

This comprehensive system-wide evaluation produced many important findings that informed the Division's selection of program improvement goals, objectives, and action steps for SFY 2012 and SFY 2013:

- The evaluation confirmed that staff recruitment and turnover are primary issues affecting outcomes. On December 31, 2011, only 82% of the Division's 1,043 authorized CPS Specialist positions were filled. This was due, in part, to a lack of qualified applicants for those positions. In CY 2011, the annualized turnover rate was greater than 25%.
- The number of Hotline reports meeting the criteria for investigation increased 9% between FFY 2010 and FFY 2011, resulting in an increased workload for Hotline Specialists and CPS field staff.
- Hotline capacity has not grown to accommodate the increased call volume, and new procedures implemented in July 2010 required adjustments by Hotline staff. As a result, queue wait times and the abandoned call rate were worse in CYs 2010 and 2011 compared to CYs 2008 and 2009.
- There are opportunities within the Hotline process to improve efficiency, save valuable staff time, and improve customer service. Some of the Child Abuse Hotline Team's recommendations include:
 - provide online reporting options for mandated reporters with non-emergency calls;
 - develop Hotline call scripts that vary by source type, eliminating unproductive questions;

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- change the written report that goes from the Hotline to the field so it is more useful and less time consuming to write;
 - simplify documentation for calls that do not meet the statutory definition of a report;
 - simplify the quality assurance process when a call changes from a report to a non-report or vice versa;
 - train administrative staff to process incoming mail, which may include CPS reports;
 - eliminate the need for written reports from mandated reporters;
 - provide alternative work schedules for peak times;
 - provide Hotline training to the field; and
 - enhance CHILDS to improve report search capacities, alerts to the field for second source or other communications, and links of all communications to cases.
- Many calls to the Hotline meet the legal definition of a report requiring investigation, but contain no indication of a *current* safety threat or risk that would require CPS intervention to protect the child. For example, a child reports to his therapist that he received minor bruising from a spanking several years ago, by a former boyfriend of the mother who no longer has any contact with the child or mother, and the therapist has no concerns about the child's current care or safety. These reports currently require a full investigation and family assessment, taking significant staff time, yet the investigations have little value toward the goal of identifying and protecting unsafe children.
 - Mandated reporters (such as teachers, police officers, and therapists) are the source for 65% of calls to the Hotline and are frequently unable to wait on hold. Modifications to the Hotline are needed to better meet the needs of these reporters.
 - There has been a spike in the number of cases for which the investigation process has not been completed. Many of these are inactive cases that have been open for longer than sixty days and have no case note documentation in CHILDS. In most of these cases the investigation was started, but not completed or documented. The backlog occurred because assignment of new reports outpaced field staffs' ability to close or transfer old cases. This was in part the result of new practice and documentation requirements that increased the number of hours needed to conduct and document an investigation. Staff turnover also contributed to the inactive cases, because staff leaving the agency often leave full investigative caseloads with incomplete documentation.
 - There are opportunities in the investigation process to improve work flow by eliminating unnecessary redundancies and activities, mitigating structural barriers, and promoting the development and use of tools and resources. Some of the Investigation Core Team's recommendations include:
 - streamline documentation of initial assessments;
 - develop a thorough and consistent clinical decision making process;
 - eliminate the Strengths and Risks Assessment tool as a separate document by incorporating risk assessment into a single safety and risk assessment documentation template;
 - allow staff to save as they go when documenting assessments in CHILDS, so they do not need to find a large block of time to document a case;
 - shorten the case plan (this was also an ongoing team recommendation); and
 - hire support staff to assist investigators by collecting support materials, build cases in CHILDS, conduct background checks, etc.

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- The Arizona Child Safety Task Force identified a need to improve the investigation process and coordination between CPS and law enforcement when children are suspected of being victims of criminal abuse or neglect. The task force also recommended statutory changes to increase clarity about CPS priorities, ensure appropriate cases are eligible for joint investigation with law enforcement, eliminate Removal Review Teams (an oversight process that is viewed as having little impact), and prohibit victim and alleged perpetrator contact in TDMs when there has been a criminal conduct allegation. The task force further recommended improvements to the CPS Hotline process, especially for mandatory reporters. The task force recommendations included reducing CPS caseloads; improving staff recruitment and retention, such as through opportunities for professional advancement; and increasing accountability for staff and the agency as a whole. These are just some of the many recommendations given by the Child Safety Task Force. The full report is viewable at:
http://www.azgovernor.gov/CPS/documents/CPSTFRRecommendations_123111.pdf.
- The Protective Services Review Team has a significant backlog due to the volume of requests to substantiate, which has increased in the last three years. The process improvement PSRT Core Team made several recommendations to save work time and reduce the number of days from the time a substantiation request is made until the central registry is updated or the request is closed. Recommendations fall into the categories of increasing the number of requests sent to PSRT that contain no language or data entry errors, assisting accused perpetrators with their appeal rights, and changing the Pending Dependency Adjudication (PDA) PSRT process (for cases awaiting dependency court findings and adjudication, which account for much of the PSRT backlog).
- The number of children in out-of-home care has increased because the number of entries exceeded the number of exits in FFYs 2010 and 2011. In the second half of FFY 2011, entries substantially increased and the number of exits decreased. On September 30, 2011, there were more than 11,500 children in out-of-home care.
- The rate of removal per 1,000 children in the State's population is much higher for children under the age of one year than other ages. Infants stay in care longer, are less likely to reunify, and are more likely to re-enter care than other children.
- The number of children needing homes exceeds the number of available foster and kinship homes. The total number of foster homes declined 11.6% from the peak in 2009. When combined with decreases in foster home availability, the increased number of children in out-of-home care has resulted in a 1% increase in the proportion of children in congregate care settings. While foster home recruitment has increased 39% over the last two years compared to the previous two years, foster home closures have increased 182% over the same periods. The most common reason that foster parents end their license is because they have adopted the child for whom they were providing foster care.
- There are several system improvements within the ongoing case management process that would save a substantial number of work hours and better serve children, parents, caregivers, and the courts. Recommendations from the Ongoing Core Team with the greatest anticipated impact include the following:
 - create a shorter case plan format that highlights the most important information needed by the family and team members and auto-populates to court reports;
 - streamline the documentation requirements and formats for reassessments of safety and risk;

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- streamline and automate the service referral process in Maricopa County;
 - expand the use of the new CSRA template to include new reports on open ongoing cases (such as reports of historical abuse or the birth of a sibling);
 - simplify the documentation requirements and auto-populate data to reduce the time it takes to create an adoption or young adult case in CHILDS, thereby reducing delays in case transfer to adoption and young adult units;
 - implement technology improvements, such as expanding the use of mobile computing, allowing supervisors greater editing capability in CHILDS, and allowing electronic service referrals and mailings;
 - improve resource family recruitment efforts so children are placed closer to their homes, eliminating many hours of driving to visit or transport children, and
 - shorten and split CPS core training into segments, to allow workers a chance to see what work is like in the regions, job shadow, and be mentored.
- There are strengths and areas for improvement in the current TDM process. The revised process has greatly assisted staff to better identify child safety concerns and behaviors that cause children to be unsafe or potentially unsafe, and has increased the collection of information about fathers and (to a small degree) father participation in TDMs. However, additions to the meeting, such as discussion of prior CPS reports and caregiver protective factors are often awkward for participants due to disagreements about the history and lack of training about unfamiliar concepts. New restrictions, such as restrictions on discussing services in emergency TDMs and requirements for the CPS Specialist to consult with the attorney general's office about placement decisions, disrupt the flow and productivity of the meeting and result in a less engaging and family-centered experience for families. TDM data reveals a marked decrease in the number of TDMs being held. This is attributed to several factors, including staffing, high caseloads, and misunderstanding of TDM policy. The data also shows a decrease in the number of recommendations for children to remain in their homes of origin coming from considered removal TDMs.
 - The Division's Practice Improvement Case Review process requires revision in order to maximize its usefulness to field staff and administrators, and foster staff engagement in performance evaluation and strategic improvement. The PICR process improvement team made several recommendations for improving the case review process and related activities, including:
 - revise the case review instrument;
 - revise the process for completing the review instrument to save time, such as reducing the amount of documentation recorded by reviewers on the review instrument;
 - revise the feedback meetings to be unit and system versus worker focused;
 - eliminate Professional Skill Building Plans (worker specific improvement plans); and
 - incorporate unit level quantitative data and other performance information into unit level quality improvement meetings/learning sessions.

2. SFY 2012 Accomplishments

Child Abuse Hotline Process Improvement

In December 2011, the Change and Innovation Agency began to evaluate the Child Abuse Hotline process. CIA completed focus groups with child crimes detectives and local law enforcement, mandated reporters, citizen/advocacy groups, and CPS staff. CIA then facilitated a team of Division staff to engage in process mapping, review the focus group data, and generate ideas to improve the reporting process.

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The team's primary charter was to produce recommendations to develop a faster, easier, and more thorough Hotline process. The Hotline must regain the capacity to receive all incoming calls with minimal wait times, and have adequate time to assess allegations of child maltreatment so they are correctly categorized to ensure child safety. An action plan for implementing recommendations was developed in April 2012.

As a result of this evaluation and the team's recommendations, the following improvement activities are occurring at the Child Abuse Hotline:

- The Hotline interview questions are being redesigned to vary by type of caller. Irrelevant questions for the type of caller will be eliminated, reducing call time for mandated reporters and Hotline Specialists. The new interview questions are being designed with input from the initial focus group participants and others. The revised interview questions were sent to stakeholders for feedback, which was received in June 2012. Using the stakeholder's recommendations, the Hotline workgroup will finalize the interview questions and train staff in July 2012.
- The Child Abuse Hotline and the Office of the Attorney General is changing the written documentation of CPS reports to make it more useful for field staff and easier for Hotline staff to document. Hotline staff will be trained on the new format in July 2012.
- The Division is planning to provide a dedicated phone queue at the Hotline for some types of professional mandated reporters. Four mandated reporter groups have been identified for this dedicated access. The Division is also planning to provide professional mandated reporters an on-line option for reporting abuse and neglect to the Child Abuse Hotline. This reporting option would be for non-emergency situations only, using a secure site.
- The Statewide Child Abuse Hotline is establishing guidelines to accurately identify reports where criminal conduct has occurred. It is anticipated that this will significantly increase the total number of reports categorized as criminal conduct. These guidelines are close to finalization and instructions for their use will be incorporated into Hotline staff training.
- The Division is also establishing new alternative investigation guidelines. The alternative investigation would be completed at the Hotline; therefore, decreasing the number of CPS reports assigned to the field for an investigation. The alternative investigation policy will apply to reports of historical abuse or neglect where a mandated reporter can confirm there is no current safety concern, no current injury, and no current sign of maltreatment to other children in the household.
- The Division is establishing a weekly continuing education forum for Hotline staff, and will engage mandated reporter groups to provide Hotline staff with continuing education through guest speakers.
- Hotline staff will receive basic forensic interview training in SFY 2013. ASU is working with Prevent Child Abuse Arizona and regional managers to provide training for all CPS staff, including Hotline staff.
- Use of temporary services staff is being piloted at the Hotline, to assess the type and number of permanent positions needed. If deemed necessary, the Division will create new Hotline positions

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using existing state classifications and resources. In early June, five temporary positions had finished training and were taking calls.

- The Division has analyzed call data to identify high volume periods so that staffing patterns can be adjusted to appropriate levels.
- The Division is reviewing other options for recruiting, hiring, and training full-time positions, including re-evaluation of the résumé review process, the interview questions, and how classifications are determined. The Division is also designing a system to identify potential candidates to work at the Hotline from field staff who are considering resigning from the agency.

Mandated Reporter Training Expansion

Clarity among mandated reporters about when and under what circumstances to make a report is necessary for the protection of children and an important factor affecting Hotline call volume. The Division is working to increase this clarity by developing a pool of trained speakers, creating a streamlined and standardized presentation for statewide use, and expanding partnerships with law enforcement entities to co-train mandatory reporters. Activities in SFY 2012 have included the following:

- Division leadership has begun to meet with community partners to expand mandated reporter training opportunities. Discussions have begun with county children's justice coordinators about their role in the delivery of this training. The Division is also identifying professional organizations and community partners as potential training recipients. Meetings have been held with the Arizona Academy of Pediatrics, the Arizona Child and Family Advocacy Network, and the Arizona Hospital Association. Other community partners identified by the Division include the Arizona Chapter of the American Academy of Pediatrics, the Arizona Chapter of the American Academy of Family Physicians, the American College of Physicians – Internal Medicine, and the Arizona Medical Association.
- The Division is establishing a Speaker's Bureau of trained staff to deliver mandated reporter training. In early SFY 2013, the Division will identify staff to serve in the Speaker's Bureau.
- The Division's Advocacy Center Liaison is formalizing mandated reporter training presentations. This will include discussion with the Arizona Peace Officer Standards and Training Board to develop mandated reporter training for officers.
- The Division is developing a fact sheet on mandated reporting to distribute to professional organizations and system partners, and to update the Department's website. Content is being identified and the fact sheet will be written in SFY 2013.
- Throughout SFY 2012, CMDP has provided trainings to foster care providers, licensing agencies, judges, attorneys, and CPS staff on topics such as the medical and psychological aspects of child abuse and neglect and accidental versus non-accidental trauma. These trainings can assist mandated reporters to identify injuries or circumstances that should be reported to CPS.

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Protective Services Review Team (PSRT) Process Improvement

Arizona has a relatively low substantiation rate. Low substantiation rates do not hinder the Division's ability to provide protective services to children, but accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. Arizona's substantiation rate is affected by the state's appeal process. Approximately 10% to 15% of proposed substantiated findings are appealed. The Division's internal Protective Services Review Team reviews all cases where a timely and eligible appeal has been initiated. As in prior years, the PSRT overturns between 40% and 50% of the proposed substantiated findings. These are overturned for reasons that include the incident proposed for substantiation does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, unreasonable risk of harm is not present or clearly documented, or the alleged perpetrator is not the child's parent, guardian, or custodian.

The Division continues to address this practice area through training and ongoing activities to improve safety assessment, risk assessment, and case documentation. The PSRT and the Child Welfare Training Institute continue to train new and existing staff on the substantiation guidelines and related documentation requirements.

The Change and Innovation Agency facilitated an assessment of the Protective Services Review Team process in SFY 2012, with the goal of increasing capacity to process a growing workload while maintaining a high degree of integrity for the central registry. The team also sought to enhance communication between the field and PSRT. The PSRT process improvement core team made several recommendations, which resulted in the following improvement activities:

- A draft protocol was written to allow PSRT staff authority to make simple and non-substantive fixes to findings entered in CHILDS, including entering after investigation findings that clarify or correctly categorize the abuse or neglect. Implementation of the protocol is scheduled for July 1, 2012. This protocol will save valuable staff time and speed the PSRT process by eliminating the need for weeks of communication back and forth between the PSRT and field staff.
- The Division has developed an annual training curriculum to improve accuracy of findings and build relationships between PSRT and field staff. This training includes discussion of policy changes, common errors and trends observed by PSRT, and a discussion of cases overturned by PSRT. Training will begin in early SFY 2013.
- The PSRT's informational pamphlet on proposed substantiated and Pending Dependency Adjudication (PDA) findings has been updated and was disseminated to the field in June 2012.
- The PSRT is drafting a protocol to offer a case conference to all non-PDA clients when the appellant is initially informed of the proposed findings. This conference would ensure the appellant understands the process and has an opportunity to ask related questions. This process should eliminate many hours of hearing preparation work by reducing the number of cases in which the appellant requests an appeal hearing but actually only needed some questions answered. The approved protocol is planned for release in early SFY 2013.
- The PSRT has discontinued the use of hard copy files for all non-appeal cases and instead scans and electronically stores necessary records. The Division should realize benefits in both hard

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costs (paper, folders, toner, etc.) and human resource savings (elimination of the hard case file closure/retention process for these case types).

- The PSRT has eliminated the practice of notification via certified mail. Effective May 8, 2012, the notification process was aligned to meet the statutory requirement utilizing first class mail, resulting in a savings to the Division of over \$40,000 per annum. Procedural enhancements will ensure that due diligence efforts are employed to affect proper notice.

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 CPS Specialists, CPS Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place.

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 because the law enforcement agency does not have sufficient staff resources to respond within the Division's required timeframes, and response by Division staff is somewhat limited by county specific joint investigation protocols. This is especially true in sexual abuse and other cases where the quality of the interview can substantially impact the criminal investigation and potential for prosecution.

Multi-Disciplinary Child and Family Advocacy Centers have proven an effective means to coordinate safety assessment and services. Investigative CPS Specialists, law enforcement, medical and mental health professionals, and other agencies serving the same families are co-located in advocacy centers across 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. There are five advocacy centers in Maricopa County, two in Mohave County and one each in Pima, Pinal, Coconino, Yavapai, and Yuma Counties. Three of the centers have a full initial assessment unit co-located at the facility. One or two CPS Specialists are co-located at the other two centers. In addition, some local police departments in Maricopa County have CPS staff co-located at the various stations or precincts.

As a result of the Governor's 2011 Child Safety Task Force, the Division is working expand the number of multi-disciplinary teams statewide; increase the number of CPS staff who are co-located or assigned to work with an advocacy center; and improve the implementation of multi-disciplinary protocols, such as coding criminal conduct allegations at the Hotline and CPS practice in joint investigations. The following progress has been made:

- In February 2012, the Division hired a statewide Advocacy Center Liaison to work with county attorneys, law enforcement, and CPS 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

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investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews.

- The Advocacy Center Liaison is working to establish advocacy centers (whether virtual or brick and mortar) and multidisciplinary teams throughout the state. Initial meetings have been held with the Scottsdale Family Advocacy Center's MDT and the North Central (Maricopa County) Advocacy Center to discuss plans for increasing the number of co-located staff. 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 will include law enforcement, the county attorney, an Assistant Attorney General, CPS, and other organizations as appropriate for the local community. Santa Cruz County and the city of Nogales is the first area to begin this work.
- In February 2012 the Department's Director, the Division's Assistant Director, and the Division's Advocacy Center Liaison met with the child and family advocacy center directors to talk about the outcome of the Child Safety Task Force, introduce the Advocacy Center Liaison, and learn about systemic issues identified by the advocacy center directors. The advocacy center directors meet on a regular basis and the Advocacy Center Liaison attends periodically to continually discuss issues and identify solutions.
- The Advocacy Center Liaison also works with jurisdictions across the state to troubleshoot and resolve issues and systemic barriers. Partnership is occurring with all branches of law enforcement, including local jurisdictions and federal agencies such as the United States Border Patrol and the United States Marshals Service. Initial meetings are being held in each county. These meetings include the jurisdiction's county attorney, law enforcement, CPS, community partners, and advocates, including the children's justice coordinator in counties that have one. To date, initial meetings have taken place in Yavapai, Graham, Greenlee, Yuma, La Paz, Santa Cruz, Cochise, Maricopa, and Pima Counties. There will be follow-up quarterly meetings with the county attorneys, and the Advocacy Center Liaison will regularly attend meetings in each jurisdiction, such as MDT meetings and meetings with children's justice coordinators.
- The Division is establishing a process for immediate review and trouble-shooting with child advocacy centers on specific cases. Dr. Sue Stephens, from the Division's Comprehensive Medical and Dental Plan, and the Advocacy Center Liaison have been evaluating how siblings are identified and assessed when a child enters an advocacy center and the Department plans to take custody.
- The Division is arranging joint investigation/multi-disciplinary protocol training to all CPS staff, including Child Abuse Hotline staff, CPS Unit Supervisors, Assistant Program Managers, Deputy Program Managers, and regional Program Managers. A workshop was held at the Supervisor's Learning Summit in May 2012, and an ongoing training plan for all staff is being developed.

The Office of Child Welfare Investigations

The Department is establishing an Office of Child Welfare Investigations to ensure that all reports with criminal conduct allegations are investigated and assessed according to joint-investigation protocols. The Division has created a position of senior advisor for investigations to manage the Office, and is in the hiring process. Investigative Specialist positions are also being created. Staff in these positions will

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have prior law enforcement experience and act as liaisons with law enforcement agencies. The Investigative Specialists will provide CPS with expertise on investigations involving criminal conduct allegations; consult with and provide support to CPS Specialists, CPS Unit Supervisors, and the Hotline; conduct training for CPS staff related to forensics, evidence collection, interviewing techniques, joint investigation protocols, and documentation for complex and sensitive child abuse and neglect cases. The functions of the Office of Child Welfare Investigations will be defined in more detail once the senior advisor for investigations has been hired

Child Safety and Risk Assessment Process Improvement

Comprehensive safety and risk assessment is a primary factor affecting the achievement of child safety outcomes, including safety and risk assessment, safety management, prevention of repeat maltreatment, and prevention of removal and re-entry. Effective in-home safety planning based on a comprehensive safety assessment can achieve the Division's goal of reducing the number of children in out-of-home care while maintaining child safety. The Division's assessment process also includes aftercare planning to identify services and supports that address current or anticipated needs and prevent repeat maltreatment and foster care re-entry. Dependent on the current level of risks and needs, the agency or in-home service provider gives the family contact information and other assistance to link with ongoing supportive programs in the community prior to reunification or case closure.

Comprehensive assessment is also a primary factor affecting permanency and well-being outcomes. Behavioral case plans based on thorough and accurate assessments are more likely to result in timely permanency and continuity of family relationships and connections. The Division continues to use its safety and risk assessment process to engage parents and youth in initial and ongoing identification of their needs, strengths, goals, services, and progress. The *Family-Centered Strengths and Risk Assessment Interview Guide* provides staff with questions they can use to gather information in a family-centered, engaging, and motivating style; leading to a behavior-based written case plan that meets the unique risks, strengths, and circumstances in the family.

In February 2011 the Division convened the Child Abuse Investigation Report Core Team, facilitated by the Change and Innovation Agency. This team consists primarily of CPS Unit Supervisors and a field section Assistant Program Manager. The team mapped the initial assessment process to identify areas where backlogs occur or efficiency could be improved. A series of focus groups was held with field staff and other stakeholders from across the state to gather more information about the initial assessment process. Based on this process map and analysis, the team made several recommendations to improve the initial assessment procedures, reduce workload, and thereby increase timely completion of comprehensive assessments.

In January 2012, the Division began to test the new comprehensive Child Safety and Risk Assessment (CSRA) in several units in the Central, Pima, and Southwest Regions. Feedback from the pilot sites has been extremely positive. Staff in these sites report they prefer the new CSRA documentation template, it has dramatically reduced the time spent documenting, and their open case counts have dropped. Following this successful pilot, the Division began statewide roll-out of the CSRA in June 2012. The new CSRA process does not change the expectation for comprehensive child safety and risk assessment. It provides a streamlined way to document the information gathered, the analysis, and the conclusions regarding present danger, impending danger, risk, substantiation, and the need for CPS or community interventions. Objectives of the CSRA are: (1) improvement in the quality of documentation, (2) more timely clinical supervision, (3) more timely case closures to decrease the number of non-active cases, (4) free investigators from the time spent in documentation. Achieving these objectives will give staff more

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time for the value added steps of engaging families and ensuring child safety. An on-site review and assistance team is available to support and learn from staff during the pilot and statewide roll-out.

To support implementation of the CSRA, the documentation template has been added to CHILDS, a CSRA practice guide has been distributed to pilot sites, and a quick reference “safety guide” was updated. The safety guide includes practice tips related to pending and impending danger, and a list of core information to include in the safety assessment. Practice guides related to safety assessment continue to be available on the Division’s intranet site. These include tips on the safety assessment concepts of the “six fundamental questions,” and the “safety threshold.” A four-part computer-based refresher training on safety and risk assessment also remains available to staff, as does the opportunity to request one-on-one support and mentoring provided by the Division’s Assessment and Case Planning Specialist.

The Social Work Assessment Team (SWAT)

More than 9,900 cases were identified as inactive in August 2011. The Social Work Assessment Team was created to relieve staff of this backlog. The SWAT is comprised of supervisors from the Central and Southwest Regions. The expected outcomes are to: (1) provide relief for field units, (2) achieve more manageable investigation caseloads, (3) share trends and information with groups working on system improvement, (4) assist with staff development across the state by sharing information on training needs and trends, and (5) provide support and on-site assistance as the Division rolls out the new CSRA. When these outcomes are achieved, field workers can address new Hotline reports, engage families, and ensure child safety.

The SWAT is addressing the inactive case backlog through a triage process. Team members analyze the case information and determine whether the case can be closed or requires additional action. Team members look at each case individually, including the electronic and hard file. They review the CPS history, looking for patterns of maltreatment and severity of allegations. They review information about the age and vulnerability of the child; presence of domestic violence, substance abuse, or mental health issues in the home; law enforcement involvement; DPS criminal background checks of the parents and all adults residing in the home; and any custody or other court orders that may limit or restrict contact with the children. The case is then discussed with the other SWAT members or the SWAT coordinator to determine if there is sufficient information to indicate the children are safe and no further intervention is needed. If it is determined that the case needs additional follow-up, the SWAT coordinates with the local office to ensure follow-up occurs. If the determination is that the children are safe and the case can be closed, the SWAT enters information from the handwritten notes into CHILDS and completes case closure.

In August 2011, SWAT conducted an additional review of 459 reports that were in open investigations with three or more prior reports within the past twenty-four months. The SWAT identified the cases that required immediate attention or additional review by management.

The SWAT has made significant progress. As of April 6, 2012, the SWAT had worked through 8,444 (85%) of the original 9,903 cases. However, workload remains very high, and more recent reports are moving into the backlog of inactive cases and open investigations requiring closure. These will also need to be addressed by the team. In addition to the 15% remaining from August, by April 6, 2012, there were 6,336 inactive cases that had aged beyond sixty days and did not have case documentation in CHILDS. To address this continuing backlog and a recent increase in report volume, the Division has instituted the “All Hands on Deck” approach, where staff from Central Office, CWTI, CHILDS, and regional staff with

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case management experience have been assigned reports to investigate. Every internal employee who can do investigations is completing the work to ensure child safety.

Furthermore, the Division is creating a permanent SWAT, knowing that the Division will always experience temporary increases in report volume and staff turnover that will result in inactive cases and open investigations requiring closure. Rather than allow these normal occurrences to create a backlog, a permanent SWAT will be available to triage the cases, relieve workload, and allow staff to respond to new reports. The SWAT members will also identify practice trends and training needs to be addressed through clinical supervision, the CWTI, or systemic improvement activities. Of particular importance, SWAT staff will mentor supervisors to build clinical supervision and critical thinking skills, including supervisor evaluation of CPS history when a reported family has had multiple prior engagements with CPS. Each region will have a SWAT unit. In May 2012 the Division announced several Assistant Program Manager and supervisor positions for the permanent SWAT units.

Ongoing Case Management Process Improvement

The Division has begun to pursue implementation of the ongoing process improvement team's recommendations. Work is underway to create a new case plan format, auto-populate the case plan into court reports, and eliminate redundant sections of court reports. Streamlining of the ongoing reassessment process through revised policy and CHILDS revisions is targeted for completion by November 2012. In early SFY 2013, the service referral process in Maricopa County will be automated and streamlined by eliminating unnecessary information and approval levels. The Division will improve many ongoing processes, including reassessments of safety and risk and assessment of new Hotline reports received on open ongoing cases, by revising policy and CHILDS to expand the use of the new CSRA into ongoing cases. The Division has also begun to revise policy and CHILDS to simplify the task of creating adoption and young adult program cases. These changes are expected by November 2012. Technology improvements, such as iPads or tablet computers for ongoing case managers, scanners so that documents can be sent by email, and supervisory capability to correct particular errors in CHILDS are targeted for completion in August 2012. The Division is exploring the establishment of a secure web portal for distributing court reports. The Division is also implementing improvements to targeted recruitment resources to increase the likelihood that children will be placed close to their homes.

Best for Babies/ Court Teams for Infants and Toddlers

The Best for Babies/Court Teams project is built on a highly successful model created by the ZERO TO THREE, the National Center for Infants, Toddlers, and Families. While each Arizona county establishes its own priorities, in each county there is:

- training for all child welfare system stakeholders on the unique needs of abused and neglected infants and toddlers;
- a leadership team of court personnel and service professionals that meets monthly to guide systems change and coordinate services;
- improved collaboration between child welfare service providers, foster parents, and the courts;
- enhanced quality and improved timeliness of services provided to very young children and their families; and
- a focus on reducing the number of foster care placements, increasing frequency and quality of visitation, and reducing time to permanency for young children.

Arizona's Court Teams model is known as Best for Babies. The first Best for Babies initiative was developed in Yavapai County in 2004. Best for Babies is now being implemented in twelve of Arizona's

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fifteen counties and Pima County is planning to implement Baby Courts in January 2013. Best for Babies works toward its goals by training community professionals; providing resources; encouraging collaboration between existing community service providers; and increasing parent-child contact, infant mental health capacity, and placement stability. Highlights of the successes and activities of Best for Babies include the following:

- Arizona's Best for Babies program is providing training and technical assistance to twelve counties through a contract with the Administrative Office of the Courts and additional funding from First Things First in three regions. Key focus areas for the Arizona effort are 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.
- In June 2011, First Things First awarded a contract to Prevent Child Abuse Arizona to implement Best for Babies/Court Teams for children age birth to three who are entering out-of-home care from at-risk zip codes in Maricopa County. In partnership with the Maricopa Juvenile Court, a court team was established to guide systems change efforts both in the court and in the broader child welfare system.
- In July 2011, Maricopa County's Presiding Juvenile Court Judge announced that a group of children under the age of two years and eleven months who entered the CPS system in Maricopa County would be assigned to one of three Baby Courts. These Baby Courts would exclusively focus on dependencies of these children and their siblings. As of June 2012 there are almost 1,500 young children in the Baby Courts. An additional Baby Court judge will be assigned in July 2012. Maricopa County's Presiding Juvenile Court Judge also eliminated rotation for Baby Court judges, recognizing that dependency cases involving young children are complex and require specially trained and experienced judges. The Best for Babies project in Maricopa County has been named Cradles to Crayons.
- In July 2011 the Division hosted the Infants in the Child Welfare System Summit. This was a multi-agency, multi-disciplinary, statewide group that met to discuss permanency outcomes for infants. Arizona State University presented the results of a literature review to inform the conversation. The Division's Practice Improvement Manager presented data comparing entry rates, permanency outcomes, and re-entry rates for children less than one year old and children age one or older.
- In July 2011 the Maricopa County Best for Babies Court Team was established. This multi-agency, multi-disciplinary group developed a Checklist of Services. Once approved, CPS Specialists in Maricopa County will complete or update the checklist and submit it to the court prior to each hearing. A standardized format for the checklist, with each county's local resources and providers, is being developed by the Arizona Office of the Attorney General. The Maricopa County Court Team has also addressed topics such as: what the Baby Courts need from providers to improve judicial oversight of dependency; how pediatric information can inform both judicial oversight and behavioral health assessments; enhancements to the Rapid Response system and the use of the Birth to Five Behavioral Health Assessment; how to provide

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developmentally appropriate transitions for young children to reduce trauma and promote secure attachment; how behavioral objectives can be gleaned from the Birth to Five Assessment for parent aides/visitation coaches, and how visitation can be improved to support parent/child interaction.

- In October 2011, Maricopa County's Best for Babies workgroup and judges met to discuss the various points of entry into the medical and behavioral health system, and how screening for developmental and behavioral health issues currently occurs, including the following:
 - Developmental and behavioral health screening, followed by enrollment into the RBHA, occurs through the behavioral health system's Rapid Response process.
 - Ten EPSDT exams are required in the first two years of life. Each EPSDT requires a developmental and behavioral health screening. In addition, CMDP monitors and reports on the percentage of these screens that are performed and provides education to under-performing primary care physicians.
 - All children under age three who were victims of a substantiated report of abuse or neglect must be referred for developmental evaluation through the Arizona Early Intervention program (AzEIP).
- The Maricopa County Juvenile Court has also recently committed to open a specialized center near one of the court facilities, where visitation and visitation coaching can occur. The center will provide visitation that is coached by trained volunteers and some trained staff. The center will also have community coordinators, who will address barriers to timely service provision on a case by case basis, find resources, and keep cases moving toward permanency.
- 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 professional 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 includes checklists for identifying relationship problems, psychosocial problems, and environmental stressors.
- In October 2011, the Honorable Edward Ballinger and the Honorable Aimee Anderson invited open dialogue in several small group settings with community stakeholders and internationally recognized expert, Ira J. Chasnoff, MD. These meetings promoted discussion about the challenges unique to Maricopa County and strategies to address those barriers. Dr. Chasnoff is President of Children's Research Triangle and a professor of clinical pediatrics at the University of Illinois, College of Medicine, in Chicago. He is one of the nations' leading researchers in the field of prenatal exposure to alcohol and illicit drugs. Dr. Chasnoff has been instrumental with leading numerous communities in their efforts to develop community approaches to the integration of behavioral health services into primary health care for children and co-occurring

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mental health disorders in children who have been prenatally exposed to alcohol, methamphetamine, cocaine, and other drugs, or who have suffered emotional trauma early in life. Dr. Chasnoff provided training, met with groups of stakeholders representing specific parts of the system serving infants and young children, and met with representatives from the pediatric medical community.

- In January 2012, a three day leadership, learning, and planning experience was led by Drs. Ira Chasnoff and Richard McGourty. This was an opportunity to construct a collaborative and comprehensive system of care for maltreated infants and toddlers in Maricopa County. The participants discussed the provision of Birth to Five Behavioral Health Assessments in Maricopa County and the process for referral to AzEIP, to ensure comprehensive assessment and efficiency in resource utilization. Discussion between the Division, DBHS, and the Maricopa County RBHA continues.
- In February 2012, a seminar titled *Integrating the Science of Early Childhood and Child Welfare* was held in Maricopa County, with Julie Larrieu, Ph.D., Professor of Clinical Psychiatry, Infant Team Associate Director and Supervision Psychologist Faculty Directory, Tulane University, School of Medicine. This annual seminar is attended by judicial officers and child welfare system stakeholders from all parts of Arizona.
- In Mohave County, the Presiding Juvenile Court Judge has also established a Baby Court and has requested that a CPS Specialist in each Mohave County jurisdiction become a specialized case worker for children age zero through five. These staff would be assigned the cases of all children newborn to age five years of age.

The Arizona Fostering Readiness and Permanency Project

The Arizona Fostering Readiness and Permanency (FRP) Project is designed to improve permanency outcomes for children who have been in foster care for long periods of time and children who are at risk for long-term foster care. The FRP Project intends to help young people prepare for permanent placements with families, while increasing the identification and preparation of permanent families. The overall intervention of the FRP Project is a Child Advocate Recruitment Expert (CARE) team that incorporates two interventions that will be conducted simultaneously through a coordinated and integrated process. This team consists of a CARE coordinator, youth advocate, and the child's assigned CPS Specialist. The CARE team will use the following interventions: (1) care coordination; (2) the 3-5-7 Model; and (3) Family Finding. The Care Coordinator will mine the case record and use Family Finding to identify and engage potential permanent homes for the child. The Youth Advocate will work directly with the youth using the 3-5-7 Model to prepare the youth for permanency. The child's CPS Specialist will work in concert with the team, preparing and explaining the CARE team to the child, assisting in developing the work plan (including the communication plan with the team), maintaining monthly contact with the child, and keeping all parties apprised of the child's status. Arizona believes that the coordination of these services is vital to meeting the needs of children who have been in foster care for two years or longer (legacy population), and that by using the same intervention earlier with children at risk of long-term foster care (prevention population) there will be a reduction in the need for long-term care. The legacy population consists of all young persons in the Central Region who have been in out-of-home care for two or more consecutive years, ages thirteen to seventeen and six months. The prevention population consists of all children who have been in out-of-home care for twelve or more consecutive months and are ages five to seventeen and six months, and who have the one of the following risk factors:

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- multiple placements (three or more) in the first one hundred days of care;
- parents are not available due to abandonment, relinquishment, or incarceration;
- substance abuse by the child or parents;
- mother refusing services for mental health or substance abuse; and
- child is a chronic runaway.

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.

With support from Casey Family Programs, Permanency Roundtables for forty-two children were held in the Southeast Region in December 2011. These roundtables focused on older children, many of whom had experienced multiple placements. To date, five of these children have achieved permanency through reunification, adoption, or guardianship. Other children have seen improvement to their permanency prognosis or increased positive adult connections. During SFY 2013, Permanency Roundtables will be held in western Yavapai County, followed by Mohave County. These Roundtables will focus on children without identified placements and children who have a poor permanency prognosis. Permanency Roundtables will also be held in Yuma and La Paz Counties, followed by western Maricopa County. Yuma and La Paz Counties will focus on older youth and infants nearing the timely reunification mark of twelve months in care, and western Maricopa County will focus on the more than eighty youth who are legally free with no adoptive home identified.

Frequency and Quality of CPS Specialist Contacts with Children and Parents

CPS Specialist contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; give parents, children, and out-of-home care providers opportunities for involvement in case planning (including children younger than 12); 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 CPS Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

Materials on contacts with children and caregivers that were published in SFYs 2010 and 2011 continue to be available to staff. Practice guides on this topic are available on the *DCYF Connects* intranet site that was launched in July 2011. A policy exhibit titled *Quality Supervision and Contacts with Children in Out-of-Home Care* was updated and distributed to regional staff in June 2010 and continues to be distributed by the Practice Improvement Specialists. This exhibit provides guidance for determining the right frequency of contacts to meet the child's and caregiver's needs, and to direct the content of discussion. Staff continue to use the child contact case note documentation outline that was created and distributed in May 2010. The outline includes headers to remind the CPS 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

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parents and siblings; and other areas. Instructions and a detailed guide that can be used in the field to prompt discussion about key areas and take notes are available to staff. Information about the areas that the CPS Specialist should discuss during monthly contacts is also provided to resource parents in the kinship caregiver handbook and through other means. This assists resource parents to be prepared with the information and documentation that CPS Specialists require.

At the state and regional levels, the Division monitors the frequency and quality of contacts with children and parents using the Business Intelligence Dashboard and the PICR. Supervisors can track summary statistics by unit and CPS 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. Some regions require that underperforming units develop improvement plans. The PICR instrument includes items to evaluate the frequency and quality of CPS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to CPS Specialists and CPS 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.

The Division's regions are also pursuing strategies to improve the frequency and quality of CPS Specialist contact with children and parents. For example, in the Central Region, CPS Specialists are using Dragon Speak and support staff to assist with timely entry of parent and child contact case notes, so that all contacts are captured in the Dashboard data. CPS Specialists are arranging CFT meetings in the foster homes and group homes, when appropriate, so they can increase in-person, in-placement, child and parent contacts. Central Region also requires that staff use the child contact documentation template to ensure information is gathered in all key areas.

In the Southwest Region, distribution and discussion of performance data is the primary improvement strategy. Child contact data is distributed at every quarterly ongoing supervisors meeting, 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. In monthly reports to the regional Program Manager, Assistant Program Managers are required to describe their improvement actions if the section's child contact rate is below 95% or the parent contact rate is below 60%. Examples of strategies include designated days for documentation, use of Dragon Speak and laptops, tracking tools, rewards for high performance, and efficient scheduling (such as by location to reduce travel). The Southwest Region's Practice Improvement Specialists also facilitated a case note quality exercise in a recent ongoing supervisors meeting. The participants were given recent child contact case notes and asked to critique their quality. This stimulated discussion about the increased quality of documentation when the child contact case note template is used, and the type of information that should be gathered to ensure the placement is stable and supported.

The Northern Region's primary improvement strategy is feedback and practice clarification through the PICR process. The region publically acknowledges units that consistently demonstrate high performance. In addition, child contact performance data is regularly compiled and disseminated to the Northern Region's management team members. The region has observed that CPS Unit Supervisors who have implemented a process to track monthly child contact performance and hold staff accountable to complete this required task consistently meet or exceed the performance goal for this measure.

Through these activities and activities to strengthen case worker recruitment, retention, and training, the Division is working to ensure that the total number of monthly caseworker visits to children in foster care

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is not less than 90% of the total visits that would be made if each child were visited once per month. The Division is actively addressing the difficulties in recruiting new child welfare workers, implementing improved processes to select those who will best fit the job requirements, and improving the provision of resources and supports so that competent CPS Specialists stay with the agency. In FFY 2011, the Division applied the federal funds for improving case worker visits to the purchase of Dragon Speak software. Staff have repeatedly indicated that access to current technology, such as Dragon Speak, will improve retention and allow them to spend less time documenting and more time in quality contacts with children. The Division will continue to use the allocation for caseworker recruitment, retention, and technology to support retention and quality visitation. Completion of monthly caseworker visits with children is directly related to the availability of staff with manageable caseloads. All of the Division's efforts to improve casework processes, recruit staff, and retain staff are directed toward the goal of employing a sufficient number of caseworkers who are able to dedicate their time to core job functions, including visitation with children and families.

Activities to Improve Father Involvement

The Division has continued to design training and services to increase the probability that fathers are identified, located, contacted, and involved in their children's lives. The Division's most notable activities include the following:

- The Division's CPS Specialist core training educates staff about the importance of father involvement and methods to identify and engage fathers. All newly hired CPS Specialists receive this training, which includes discussion of two handouts that provide a father's perspective and practice standards for engaging fathers throughout the case.
- The Practice Improvement Case Review (PICR) process continues to increase staff awareness about the benefits of contact with *all* parents – including fathers who are incarcerated or have not been involved in the child's life. In-home and out-of-home PICRs provide opportunities to clarify practice standards on case manager contact with fathers, assessment and service provision to fathers, child-father visitation and contact, father involvement in case planning, and search for paternal relatives. Initial assessment PICRs are opportunities to clarify standards for contact with non-custodial parents during initial assessments. It is probable that higher rates of contact during the initial assessment phase will carry into the ongoing case phase.
- In September 2011, the Division's Supervision Conference included a workshop on engaging fathers and men in services. This training was delivered by the Program Director of the Arizona Center for Responsible Fatherhood and was attended by all CPS Unit Supervisors and Assistant Program Managers. Attendees learned about the relationship between father involvement and positive child outcomes, barriers to father involvement, and strategies for engaging and involving fathers.
- Arizona Families F.I.R.S.T. (AFF) providers have been improving their engagement and re-engagement with AFF clients as a whole, including fathers. In addition, several providers have increased gender-specific services to men.
- The Healthy Families Arizona program includes several activities to foster father involvement, including the following:
 - Fathers are involved in the program from the beginning of the assessment.

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- Issues pertaining to father involvement in the lives of their children are included in all trainings.
 - Fathers in the program are taught and encouraged to be involved with their partners during pregnancy.
 - Infant care and attachment are taught to fathers and encouraged.
 - Videos and written material are provided to motivate and teach men to be better fathers.
 - Statistics are provided on the consequences of fatherlessness and the benefits of father involvement.
 - There are ongoing efforts to include members to the statewide Healthy Families Steering Committee that specialize in male involvement and fathers' impact in the life of a child.
- The Division's TDM Summary Report includes the question "Is the father present and what efforts have been made to engage the father." This serves as a reminder to the CPS Specialist that efforts must be made to identify and contact the father prior to the TDM, and that efforts must continue following the TDM if the father is not already engaged. The TDM Summary Report also improves documentation of the efforts made. This document is used statewide.
 - The Division's partner agency, the Division of child support Enforcement (DCSE) has greatly enhanced the focus of their Outreach Unit. This Unit works closely with parents and the community in a variety of ways. One of the primary partnerships is with the Father Matters program. Father Matters promotes responsible fatherhood through fatherhood workshops and community forums for mothers, fathers, teens, and high-risk low-income families. Fatherhood forums include paternity workshops, overviews of Arizona's IV-D agency (DCSE), and workshops on modifications of child support orders. The modification workshops have been a great benefit to fathers whose child support orders were established years ago when they were earning a significantly higher wage, before wage losses in the current economy and job market. Fathers who are knowledgeable about the modification process can reduce or eliminate unnecessary arrearages attributed to verified changes in their financial situation. In addition, staff go into schools to speak on the importance of establishing paternity, how to establish paternity, and how to apply for DCSE services; work with Native American Health and public housing projects to explain services, offer services, and assist with modifications; and work with domestic violence groups (mothers and fathers) with a "reaching out hand" as opposed to a "hammer hand." This has been very successful. Modification of orders and other Father Matters services can benefit children in or at risk of out-of-home care whose fathers are uninvolved because paternity is not established or due to fear of consequences from child support arrearages.

Activities to Strengthen the CPS Workforce

Staff and stakeholders frequently cite workload as the most influential factor inhibiting timely report response, comprehensive assessment, timely permanency, monthly high quality contacts with children and parents, and child and parent involvement in case planning. Vacancies and staff turnover result in unassigned cases and case transfers that are known to delay safety assessments, permanency, and services to support child well-being. Therefore, achieving and sustaining staffing within approved levels is a central component of the Division's improvement effort.

There has been focused work at the management level to fill 100% of positions. Beginning in February 2011, significant work has taken place at the Division's management level to fill positions statewide, including frequent meetings between the Assistant Director, Child Welfare Program Administrator, Program Managers, and human resources. Recruitment and retention data is tracked and reviewed bi-

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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 Division is implementing several statewide strategies:

- In April 2012, the Division hired a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates.
- The Division is exploring a career ladder track for case aides to promote into CPS Specialist I positions, which will bring staff already familiar with the child welfare system to areas of need.
- An additional classification for the CPS series has been proposed, so that senior-level case workers will have an advancement opportunity other than that of a CPS Supervisor.
- The Division is improving the efficiency of the hiring processes, so that new staff are on-board sooner.
- The Division is engaging the Shaker Consulting Group to develop virtual job tryouts for prospective CPS Specialist and supervisor/manager candidates. The virtual job tryout is designed to be an engaging applicant experience that combines custom job simulations and assessments with a variety of realistic job preview features. Staff focus groups with the Shaker Consulting Group were held in June 2012.
- The fingerprinting and clearance card process for newly hired case managers is being expedited, so that new staff have an employee identification number and access to the SACWIS system in a timelier manner.
- The Division is revising training, optimizing technology, and analyzing reasons for staff turnover, all of which are expected to improve workplace culture and retention.
- The Division is diligently pursuing process improvement in investigations, ongoing, and other areas, to relieve staff of caseloads and workloads that can overwhelm and cause unnecessary stress to CPS Specialists.
- Over 1,000 units of Dragon Speak have been deployed for use by field staff, to assist case workers with their monthly visitation notes and other documentation. Use of Dragon Speak is being expanded to CPS Unit Supervisors and support staff. In SFY 2013 the Division plans to purchase another 600 units, which should make Dragon Speak available to any Division staff who wish to use it. Training and support is being provided to help staff through the initial learning period. The Division is also piloting mobile devices such as iPads and digital recorders to see what documentation productivity improvements can be gained while staff are not at their desks.

Relevant and Timely Training

The Division is working closely with partners at Arizona State University (ASU) on the development of new employee and in-service training for CPS staff. As previously described, ASU is conducting a thorough assessment to identify the best possible organizational and content components for Arizona's CPS workforce training. Action steps for improving the content and timing of case manager and supervisor core training will be identified in early SFY 2013. In the meantime, the Division's CPS

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Program Administrator and Deputy CPS Program Administrator have been working with CWTI to assess ways to streamline the case manager core curriculum that is delivered in the classroom, while enhancing training and development of staff in the field. A streamlined pilot that includes a combination of CBTs, classroom training, follow-up evaluation, and post-core workshops is being tested with a cohort of recent MSW and BSW graduates.

In SFY 2012 ASU partnered with the Division to deliver training at the Supervisor's Learning Summit in May 2012. The topics for this summit were identified through the Division's recent extensive self-evaluation. Topics included joint investigations, assessing chronic neglect, enhanced clinical supervision, and workload management. The Division is also developing workshops for a CPS Supervisor's conference in Fall 2012.

Forensic interview training is being provided to all staff. ASU is working with Prevent Child Abuse Arizona and the CWTI to provide the required eight hour basic forensic interview training to all CPS staff, including staff at the Hotline. Delivery of these trainings began in February 2012. The forty 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 first sessions were held in April and May and delivery will continue in SFY 2013.

The Division also provided a Leadership Academy and Certified Public Manager program for selected Assistant Program Managers. The Leadership Academy component identified and addressed the leadership challenges and opportunities participants face in their professional environment. Participants had an opportunity to examine both the contrast and connection between leadership and management and were 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 both current management theory and job-related techniques in order to improve their performance and broaden understanding of political, administrative environments. Twelve Assistant Program Managers will complete the program.

Statewide Policy Manual Improvement

In SFY 2012 the Division started the work to improve the structure and accessibility of the *Children's Services Manual* (the statewide policy manual). The Division is currently:

- revising the policy and procedures to delineate what is "policy" (why we do what we do) versus what is "practice" (how we do it);
- restructuring the policy manual to make it more intuitive for users, so they can find information quickly;
- developing a new software tool that will make the policy development and revision process easier and guide the user to the most helpful information;
- revising the policy development and revision process within the Division so that it provides more opportunity for those outside of the policy unit to be involved and informed about policy and procedure changes;

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- improving the communication structure so that policy and procedure changes are not just a one time email alert, but rather an opportunity for additional clinical supervision, peer mentoring, and discussion groups about pertinent cases; and
- reviewing all aspects of policy to identify opportunities to streamline, in an effort to make sure the Division's workforce is focused on the core elements of assessing safety and risk.

Section VIII

Strategies and Action Steps for SFY 2013

Strategies and Action Steps for SFY 2013

This section lists the state's primary strategies for improving safety, permanency, and well-being outcomes. These strategies were selected as a result of the comprehensive system-wide evaluation that the Division conducted in SFY 2012. Therefore, the strategies have been revised from those submitted in the Child and Family Services Plan.

Primary Strategy 1: Improve access to the Child Abuse Hotline by reducing queue wait time and the time required to document calls to the Hotline

Goal: Every report of abuse or neglect will receive a timely comprehensive child safety assessment.

Action Step 1.1: Finalize and train Hotline staff on new Hotline interview questions that vary by type of caller and eliminate questions that are irrelevant for the type of caller

Action Step 1.2: Provide a dedicated phone queue for particular types of professional mandated reporters

Action Step 1.3: Provide a secure on-line reporting option for professional mandated reporters with non-emergency calls

Action Step 1.4: Change the written documentation of Hotline calls to make it more useful for field staff and easier for Hotline staff to document

Action Step 1.5: Improve staffing levels at the Hotline by creating new positions, analyzing call data to identify high volume periods, and enhancing staff recruitment

Primary Strategy 2: Improve the investigation process and coordination between CPS and law enforcement when children are suspected of being victims of criminal abuse or neglect

Goal: Every report of abuse or neglect will receive a timely comprehensive child safety assessment.

Action Step 2.1: Continue to expand training opportunities for mandated reporters by developing community partnerships, a Speaker's Bureau, a formal mandated reporter presentation, and a fact sheet on mandated reporting

Action Step 2.2: Continue to build capacity for using the multi-disciplinary approach within CPS investigations, including advocacy centers, multi-disciplinary teams, and partnerships with law enforcement

Action Step 2.3: Establish the Office of Child Welfare Investigations to ensure that all reports with criminal conduct allegations are investigated and assessed according to join-investigation protocols

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Action Step 2.4: Develop guidelines and deliver training to ensure CPS reports to the Hotline are correctly categorized for joint investigation with law enforcement when the allegations include criminal conduct

Action Step 2.5: Provide forensic interview training for all CPS staff, including Hotline staff

Primary Strategy 3: Implement new tools and resources that support accuracy, consistency, and documentation of decisions related to safety, risk, and safety planning

Goals: Every report of abuse or neglect will receive a timely comprehensive child safety assessment.
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.

Action Step 3.1: Complete the statewide roll-out of the Child Safety and Risk Assessment documentation template, with technical and clinical support to all units

Action Step 3.2: Develop a permanent Social Work Assessment Team to triage inactive caseloads, relieve workload, identify practice trends and training needs, and mentor supervisors to build clinical supervision and critical thinking skills

Action Step 3.3: Develop new guidelines for alternative investigation to be completed at the Hotline, for reports of historical abuse or neglect where a mandated reporter can confirm there is no current safety concern, no current injury, and no current sign of maltreatment to other children in the household

Action Step 3.4: Develop a thorough and consistent clinical decision making process

Primary Strategy 4: Create efficiency in the ongoing case management process so that CPS Specialists have more time to spend with children and parents

Goals: Parents and children will have timely written case plans that are easily understood by everyone involved.
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.
Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.
More children will safely and permanently reunify with a parent.
Children will exit out-of-home care to permanent safe homes as quickly as possible.
Children, mothers, and fathers will have a voice in the decisions affecting them.

Action Step 4.1: Create a shorter case plan format that highlights the most important information needed by the family and team members and auto-populates into court reports

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- Action Step 4.2:** Streamline documentation requirements and formats for ongoing reassessments of safety and risk
- Action Step 4.3:** Expand the use of the new CSRA template to include new reports on open ongoing cases (such as reports of historical abuse or the birth of a sibling)
- Action Step 4.4:** Streamline and automate the referral process in Maricopa County by eliminating unnecessary information and approval levels
- Action Step 4.5:** Simplify the documentation requirements and auto-populate data to reduce the time it takes to create an adoption or young adult case in CHILDS, thereby reducing delays in case transfer to adoption and young adult units
- Action Step 4.6:** Implement technology improvements, such as expanding the use of mobile computing, increasing the availability of scanners, and allowing supervisors greater editing capability in CHILDS

Primary Strategy 5: Increase the availability of programs and resources that support early permanency

Goals: Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.
Fewer children will live in out-of-home care.
More children will safely and permanently reunify with a parent.
Children will exit out-of-home care to permanent safe homes as quickly as possible.

Action Step 5.1: Continue to collaborate with the courts, provider community, and other stakeholders to expand the Best for Babies/Court Teams initiative and increase access to evidence-based services for infants and toddlers and their parents

Action Step 5.2: Continue to implement the Arizona Fostering Readiness and Permanency Project to improve outcomes for children who have been in out-of-home care for long periods of time and children who are at risk for long-term foster care

Action Step 5.3: Hold Permanency Roundtables in Yavapai, Mohave, Yuma, La Paz, and western Maricopa Counties to improve the legal and emotional permanency connections for youth

Action Step 5.4: Improve the TDM process so it is an engaging and family-centered process that successfully identifies safe alternatives to out-of-home placement

Action Step 5.5: Implement an enhanced in-home services contract that includes five service components, including intensive family preservation, moderate level, family support, clinical family assessment, and family reunification and placement stabilization

Primary Strategy 6: Increase the frequency and quality of CPS Specialist contacts with children and parents

Goals: Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.
Fewer children will live in out-of-home care.
More children will safely and permanently reunify with a parent.
Children will exit out-of-home care to permanent safe homes as quickly as possible.
Children, mothers and fathers will have a voice in the decisions affecting them.

Action Step 6.1: Continue to monitor the frequency of CPS Specialist contacts with children and parents using the Business Intelligence Dashboard and Tableau, and the quality of contacts using the Practice Improvement Case Review

Action Step 6.2: Provide Dragon Speak software to all CPS Specialists to improve documentation of contacts and efficiency of the documentation process

Primary Strategy 7: Recruit and retain a sufficient number of foster homes to meet demand

Goals: Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.
Children will exit out-of-home care to permanent safe homes as quickly as possible.

Action Step 7.1: Continue to promote targeted recruitment utilizing the Geographical Information System (GIS) maps by sharing the map information with providers semi-annually, identifying communities with a high number of removals, the ethnic distribution of children in care, diligent recruitment strategies and activities for their individual communities, and the use of Tapestry Segmentation to look at characteristics of successful foster parents and strategies to market to people of like interests.

Action Step 7.2: Continue to recruit and retain foster homes for teenagers by developing services and activities for foster parents who care for teens, conducting regional meetings to determine the needs of children in care who are thirteen years of age and older and the best methods for providing services for these teens and their foster parents, and developing additional training for families interested in working with teens

Action Step 7.3: Develop resources such as video interviews that feature teens, to be used at orientations and AZ PS-MAPP trainings to inform and better educate

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prospective resource parents about the needs of teens and the rewards of caring for them.

Action Step 7.4: Further develop the redesign of the Department's website to include and highlight a support section for resource parents.

Action Step 7.5: Continue the improvement of the Adoption Registry to better serve the needs of the children by evaluating the use of the Adoption Registry and Child Listings, enhancing the electronic registry and sharing of information of prospective adoptive families, and improving the presentation of children in need of homes.

Primary Strategy 8: Strengthen the CPS workforce

Goals: Every report of abuse or neglect will receive a timely comprehensive child safety assessment.
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.
Fewer children will live in out-of-home care.
More children will safely and permanently reunify with a parent.
Children will exit out-of-home care to permanent safe homes as quickly as possible.
Children, mothers and fathers will have a voice in the decisions affecting them.
Parents and children will have timely written case plans that are easily understood by everyone involved.
Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.
Staff will be supported by their peers and management, and will have a voice in the continuous improvement of the child welfare system.
Workload will be at a level that allows staff to meet the Division's practice standards.
Data will be routinely used throughout the child welfare system to improve systems, improve practice, and hold the entire system accountable for child and family outcomes.

Action Step 8.1: Use the services of a professional recruiter to develop partnerships that increase the number of qualified applicants

Action Step 8.2: Create a career ladder that allows CPS case aides to promote to CPS Specialist I positions

Action Step 8.3: Add a classification to the CPS Specialist series, so that senior-level case workers have an advancement opportunity other than CPS Supervisor

Action Step 8.4: Improve the efficiency of the hiring clearance processes, so new staff are on-board sooner

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Action Step 8.5: Develop virtual job tryouts for prospective CPS Specialist and supervisor/manager candidates

Action Step 8.6: Provide up to date technological resources to staff, such as Dragon Speak software and iPads

Training and Technical Assistance

Arizona does not anticipate that any training or technical assistance (T/TA) will be received or requested in FFY 2013 in support of the CFSP/APSR goals.

Section IX

Chafee Foster Care Independence Program and Education and Training Voucher Program

Annual Progress Report 2012

Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2012

The following information is submitted to serve as the annual progress report for Fiscal Year 2012. This report provides information on services provided, as outlined in Program Instruction ACYF-CB-PI-12-05 dated April 11, 2012.

As Arizona has not elected to establish trust funds, there is no information included as to section 477(b)(2)(A). Under section 477(b)(3)(B), the State used funds available for the costs associated with room and board, specifically rent and utilities (and deposits), food, clothing, personal care, furniture, household cleaning and maintenance items, and other basic household goods.

The State's Chafee Foster Care Independence Program and Education and Training Voucher Program support the State's ability to achieve permanency and well-being outcomes for youth who are likely to reach age eighteen while in out-of-home care, or are transitioning out of foster care between the ages of eighteen through twenty. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its CFCIP as the Arizona Young Adult Program (AYAP).

A. Program Descriptions and State Fiscal Year 2012 Accomplishments

Transition to Self-Sufficiency: Independent Living Plan and Arizona Young Adult Program

An individualized independent living plan supporting the transition to adulthood is developed for all youth in out-of-home care, age sixteen or older. This plan includes goals and tasks related to the development of daily living skills, completion of secondary education, planning for post-secondary education, employment readiness, permanent connections, and other areas such as health and wellness. This plan complements other services provided towards attainment of the assigned permanency goal and incorporates the ninety day Transition Plan for youth who will reach the age of majority in out-of-home care.

In Pima County an innovative document called the "Passport to Adulthood" is used by a number of judges to track efforts to prepare youth for the transition from foster care to adulthood. Areas critical to this transition include education, employment, housing, physical health, mental health, life skills, and relationships with supportive individuals. The Passport is in the process of being integrated into the electronic court records system and will be available for use in all county courts. Pima County plans to hold a Passport to Adulthood hearing in all young adult cases to optimize the use of this tool. The Division supports the use of this tool and will work with county courts to implement the tool statewide.

Youth identified as "likely to age out of foster care" are typically sixteen and older, with an assigned permanency goal of emancipation (or "independent living," as categorized in the state automated system). These youth are part of the State's Chafee population, and are referred for participation in services and opportunities available through the AYAP. Other youth captured in the Chafee population include youth who reached the age of eighteen while in care, youth in care age sixteen or older with a plan of adoption or permanent guardianship, and young adults ages eighteen to twenty-one who were previously in any state or tribal (federally recognized) foster care program at age sixteen or older. The

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AYAP provides specialized case management in two areas of the state, and various training and advocacy activities designed to support a successful transition to adulthood. Local offices provide “welcome” and “discharge” packets to program youth. These packets contain an array of information on program services, opportunities and community support available to youth in care and alumni.

Youth ages eighteen through twenty who reach age eighteen 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 age eighteen 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)].
3. Former Arizona Foster Youth under age twenty-one who left care at age eighteen or older and need long-term case management and support services have the option of returning to the State agency for these services, including transitional living support and the cost of foster care. This policy became effective in May 2006.

The Division also monitors data on the participation of former foster care recipients ages eighteen through twenty in services and supports provided by the Division. Of young adults discharged in FFY 2011, 48% exited care on their eighteenth birthday or shortly thereafter. The remaining 52% of youth participated in continued voluntary foster care (at least two months past the eighteenth birthday) prior to discharge from care. For those youth:

- 36% remained in care to age twenty-one (11% increase),
- 13% exited care during their twentieth year,
- 15% exited care during their nineteenth year, and
- 36% exited care during their eighteenth year.

From FFY 2010 to 2011, the number of youth participating in continued voluntary foster care on the last day of the reporting period increased from 591 to 613.

In CY 2011, the AYAP also continued to see former foster youth who left care at age eighteen or older opt to re-enter the State foster care program. Local program offices report that approximately 27 youth re-entered care during CY 2011 as compared to 38 youth re-entering care in CY 2010. Training and technical assistance on the re-entry policy continues to be provided statewide, on an as needed basis. Youth who remain in care benefit from more comprehensive support and assistance as they pursue post-secondary education and employment goals. Comparing CY 2010 to CY 2011, the total number of participants (including youth in care and those in the aftercare program) decreased from 1,544 to 1,512.

The state Independent Living Subsidy Program (ILSP) continues to be a valuable resource providing monthly stipends to older youth in care who are living on their own. This program provides eligible youth age seventeen through twenty with a monthly stipend to help pay for living expenses. Program youth continued to benefit from the ILSP with the total number of participants decreasing from 522 in SFY 2010 to 496 in SFY 2011. The number of youth participants for the first ten months of SFY 2011 is

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473, and is expected to increase prior to closure of the state fiscal year.

On a statewide basis, direct financial assistance is available to eligible current and former foster youth to support their transition to adulthood. Financial assistance may be requested through the CPS Specialist or contract Transitional Independent Living Program (TILP) provider for items that meet the purposes of the federal grant, including room and board, counseling, employment, education, vocational training, and other needs as reflected in the individual case plan (or for TILP youth, the service plan). Youth are also referred to existing community programs designed to assist transitioning youth and provide support to former foster youth, such as local Transitional Living Programs (TLPs) and the Arizona Friends of Foster Children Foundation.

Education, Training, and Services Necessary to Obtain Employment

Department CPS Specialists and contract providers assist youth in the development of job readiness skills such as résumé writing, interviewing skills, and job maintenance. In CY 2011, youth participated in available programs around the state, through federal School-To-Work and Workforce Investment Act (WIA) programs. One of the local WIA programs (through Jewish Family and Children's Services) Youth are actively recruited from the Phoenix AYAP units for participation in this "Real World Job Development" program. This program partners business owners with Jewish Family to provide onsite job training and apprenticeships. Youth additionally are referred for Vocational Rehabilitation (VR) Services, with a VR counselor available on-site at the Phoenix AYAP case management office. Budgetary concerns continue to reduce the VR counselors' ability to provide services directly to youth in care during CY 2011.

Over the last year, Pima County worked with a local volunteer who coordinated a summer employment program for local youth. Pima County foster care youth were given priority placement when referred to this summer job program. Youth were matched with volunteer positions that complemented their individual career goals and received an incentive of \$50 (per month) for completion of sixteen volunteer hours. Youth in the aftercare program continue to experience difficulty in obtaining and maintaining employment. To provide additional support to these youth, the area contract service provider started a support group focused specifically on barriers to employment and career development. This effort will be monitored as a promising practice to share with the other service providers in the state.

In northern Arizona the contract service provider continues to refer and assist youth to enroll in the Northern Arizona Council of Governments for job placement and support services, and the Youth Conservation Core. In Mohave County youth are referred to the COYOTE Program, which provides youth with summer employment opportunities.

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, 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 age eighteen to twenty-one 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 age sixteen or older; or

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- was participating in the state ETV program at age twenty-one.

Effective March 2011, Arizona's ETV Program is administered through the Division as a contracted service through the Orphan Foundation of America (also known as Foster Care To Success). This agency provides a much broader scope of outreach services and mentoring to eligible youth and currently serves approximately 400 foster youth annually. The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) has increased between SFY 2010 and SFY 2011, from 360 to 400 students.

2013 APSR Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011)	400	242
2011-2012 School Year* (July 1, 2011 to June 30, 2012)	276	79

* ETV Awards for School Year 2011-2012 include applications processed through March 30, 2012. Total ETVs awarded by year end are projected to be 300-350, based on three prior year's awards.

Prepare Youth to Enter Post-Secondary Training and Educational Institutions

CPS Specialists, caregivers, and contracted providers continue to work together to ensure youth receive necessary educational services, such as tutoring, special equipment, special education services, etc. These team members also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, CPS Specialists ensure a surrogate parent is assigned to address special educational needs.

Local areas arranged for youth to explore a wide range of post-secondary education and training opportunities through participation in university, community college, and vocational program tours (including Job Corps), college success skills classes, and other community based preparatory program and activities. Youth participate in College Goal Sunday with counselors on hand to help youth complete financial aid applications. During the CY 2012 event over 300 financial aid professionals and volunteers assisted high school seniors complete the Free Application for Federal Student Aid (FASFA). The State universities continued to work cooperatively with the AYAP to encourage participation of youth in financial aid and preparatory programs and provide support through available campus mentoring and other support programs. In Western Arizona, youth participated in campus tours of Northern Arizona University and Arizona Western College.

In April 2012, OCJ Kids (Off Campus Jams) held a Fostering Transitions Career Fair at DeVry University for Foster Youth living in group homes in Maricopa County. One of the Division's Education Specialists provided a workshop at the fair. Foster youth participated in the fair and were able to talk with various trade school and college representatives.

In Pima County the contract provider continues to focus on the importance of exposing youth to post secondary education. A portion of the life skills training is dedicated to taking youth to local community colleges, universities, and trade schools. They have also developed a connection at these institutions that allow for clients to have direct contact with admissions staff. In CY2011 the contractor developed connections with local high schools and charter schools to work collaboratively to increase readiness for

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post secondary success. The contractor also offers a weekly support group that provides a forum for youth to discuss issues related to education.

Two Education Specialists assist CPS Specialists to develop and coordinate education plans for youth in the Independent Living Program. These positions are also mandated to help youth graduate from high school, pass the Arizona Instrument to Measure Standard (AIMS) test, apply for postsecondary financial assistance, and apply for post-secondary education schools and programs. In CY2011, direct assistance was provided to over 200 youth statewide. The education case managers were in constant communication with staff and provided general technical assistance on a daily basis. Education Specialists assist CPS Specialists in meeting the educational needs of youth in a variety of ways, including, but not limited to:

- utilizing an education “assessment” form during in-person interviews with students as a tool to help CPS Specialists gather pertinent information and prepare an effective educational case plan;
- contacting schools to verify and obtain credits, school records, and transcripts, and assisting to satisfy other enrollment requirements;
- advocating for students at school meetings and IEP meetings by ensuring IDEA guidelines are followed;
- assisting CPS Specialists to procure necessary tutoring services and other services specific to the youth’s needs, including coordination of services available through McKinney-Vento;
- identifying funding resources and assisting students to complete scholarship and grant applications (including the FAFSA and ETV);
- assisting students in identifying postsecondary schools and program options available for students interested in general or career specific interests; and
- networking with community agencies and programs to identify services available to assist students in addressing their individual educational needs.

Mentors and Interactions with Dedicated Adults

A long-term connection with even one adult has a significant positive impact on the outcomes for youth in care. Despite resource reductions, building mentoring opportunities for youth in care and alumni of foster care continues to be a priority for the Division. The data for mentoring only reflects the number of youth participating in "formal" mentoring relationships. Many youth report having a supportive adult in their life that they identify as a mentor, but the connection was made informally rather than through a formal referral process. These supportive adults often include former IL Trainers, CASAs, foster parents, probation officers, etc. The number of youth reported to be involved with a community advisor or mentor increased from 550 in CFY 2010, to 697 in CFY 2011. The number of youth reported to be involved in extra-curricular or community based activities decreased 14%, from 398 in CFY 2010 to 344 in CFY 2011.

Local field offices refer youth to available mentoring programs such as In My Shoes Peer Mentoring and AVIVA in Pima County, and Arizonans for Children and Aid to Adoption of Special Kids (AASK) in Maricopa County. Maricopa County continues to partner with Aid to Adoption of Special Kids (AASK)

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to recruit and train community advisors for youth participating in the IL Subsidy program. Youth in this area also have access to other programs including WINGS, a sub program of Florence Crittenton created specifically for female youth. The WINGS program planned to extend their service to male youth, but experienced difficulty in securing mentors. WINGS remains dedicated to this expansion and is currently exploring partnerships with Arizona's Children Association and Mentor Kids USA for assistance in recruiting, training, and maintaining mentors for male youth.

Pima County continues their support of the alumni-created In My Shoes peer mentoring program. This program provides individual and group mentoring to youth in foster care. With the support of its umbrella agency (Arizona's Children Association), In My Shoes plans to expand into other areas of the state over the next two years. The Northern Region is actively working to identify mentors and community advisors for foster youth through the local CASA program. In recognition of the importance of the peer relationship, the Region is also recruiting alumnae mentors through the local Youth Advisory Board. The Division will monitor these efforts and provide support as needed.

Support and Services to Former Foster Care Recipients Ages Eighteen through Twenty

Through the TILP and Education and Training Vouchers, Arizona continues to make aftercare services available to any legal resident of Arizona who is age eighteen through twenty, and who at age sixteen or older was in any State or federally recognized tribal foster care program. This includes youth who exited care at age sixteen or older to permanent guardianship and adoption. Arizona works cooperatively with other State and tribal entities to verify foster care status and services eligibility, and to ensure all benefits and services available are provided in a timely manner.

The contract service is a vital support to transitioning youth, with services focused on youth age sixteen through twenty years of age. As noted earlier, the piece of this service targeted to youth eighteen through twenty years of age who were formerly in state or tribal care is referred to as the Transitional Independent Living Program (TILP). There has been a 20% decrease in the number of youth served through the TILP, from 201 youth served in CY 2010 to 160 served in CY 2011. This decline was observed during CY 2011 at which time the state Independent Living office increased in-person contacts with the contract providers to determine and address barriers to the provision of this service. A sustainable plan to continuously increase the number of youth served each year is being developed. This effort will include a number of outreach strategies that will involve staff, contractors, and former foster youth. There is also consideration being given to the creation of a statewide media campaign aimed at informing eligible youth about the services and supports.

Medical coverage remains an area of support for youth in Arizona. Under Subtitle C, Section 121 of P.L. 106-169, Arizona continues to provide health care coverage to eligible young adults, ages eighteen through twenty through the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid program. This category of coverage, referred to as Young Adult Transitional Insurance (YATI), allows youth turning eighteen while in the state foster care system to become enrolled through an expedited process designed to ensure seamless health care coverage. There is currently no income restriction for this category of eligibility, so youth may secure livable wage employment without fear of losing health care coverage. Short term health care plans are obtained through the use of Chafee funds (as needed) for Arizona foster youth pursuing post-secondary education and training out of state. On average, there are 500 youth a year who are enrolled in AHCCCS through the YATI program, with a slight (4%) increase in CY 2011, to 523 youth enrolled.

Service and Program Collaboration

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Under section 477(b)(3)(F), a number of activities continued over the last year to enhance service collaborations with other Federal and State programs for youth in Arizona. State and local Youth Advisory Boards and alumni groups such as In My Shoes, Inc. remain available and provide forums for teens and young adults to connect, and to express their needs and recommendations in the development and refinement of services and programs. Youth in care and alumni continued to participate in the State Youth Advisory Board, where youth study issues, identify solutions and make recommendations for positive change.

Maricopa County CPS staff and contract staff participate in a number of collaborative efforts, including a Community Advisory Group comprised of community and faith groups, stakeholders, and youth. The purpose is to work collaboratively on the more pressing issues on youth transitioning out of care, including education, housing, and gaps in services. In CY 2012 activities included:

- 3rd Annual Youth Convening and planned the 4th Annual Youth Convening for 2012. Since this is an election year, the theme is "Voting"-how it works and why it is important.
- Helped to plan and participate in a variety of activities (Winter Formal, a Graduation Dance) for local youth
- The convening, winter formal and graduation dance are all 100% community funded.

Staff and youth continue participation in PASSAGE, a coalition of Maricopa County social service agencies and community partners who work on issues facing youth aging out of foster care to improve their outcomes. In CY 2011 and CY 2012 the Passage Coalition developed and maintained a partnership with Valley of the Sun United Way to engage in formal strategic planning to address gaps in transition services and supports. Strategies identified include housing workshops, financial literacy training, apartment start-up programs, technology training, and job fairs. The Passages Transition Coalition remains committed to focusing on youth aging out of foster care to a successful future.

The Arizona Interfaith Coalition for Foster Children and Families maintains their Suitcase Initiative for youth in Maricopa County who are in transition from foster care to adulthood. Suitcases filled with tangible items as well as names and contact information for caring adults, are presented to identified youth during a formal event. The involved faith community introduces themselves to the youth and welcomes the youth into their community. The coalition remains committed to providing life-long, family-like resources to each youth receiving a suitcase.

Pima County continues to participate in a number of community collaborations, providing information and resources to licensing agencies and other community groups, and to judicial hearing officers in Pima County through the Pima County Juvenile Court Center (PCJCC) bi-annual "brown bag" meetings. The AYAP in Pima County also supports and participates in "Pima Youth Foundation Amazing Children Awards." These awards are for youth in dependency and delinquency cases. The youth receive awards for overcoming great challenges in their lives and having positive outcomes.

To empower and inform young adults in Pima County, Tucson published a guide for local youth called the Tucson Young Adult Guide (YAG). The guide provides resources for young adults, their families, and agencies that serve young adults, including those who have been involved with the foster care system, behavioral health, or who have experienced homelessness. This guide also highlights local collaborations created to address specific service gaps, such as transportation. For example, one featured service is collaboration with a local volunteer agency (AVIVA) who has secured the support of a local transportation company to provide transportation for youth engaged in employment and education activities.

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The State Youth Advisory Board (SYAB) continues to inform the state CFCIP and Department and Division administrators about the issues facing youth in care. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The SYAB also plans and facilitates a statewide youth conference, serving approximately 75 foster youth age sixteen and older in July of 2011. The 2011 youth, titled "My Voice, My Life, My Future" provided workshops on the following topic areas: transition planning, healthy ways to handle stress, rights & resources, and education. The 2012 conference, titled "It's a Jungle Out there," is slated to occur over a three day period in early August 2012. Chafee funds were used to support this event and the participation of youth and alumni in planning and facilitating this event.

CPS Specialist and Provider Training

Current and former foster youth, including members of the state Youth Advisory Board, have been instrumental in assisting with the development and coordination of training provided to CPS Specialists, caregivers (including contracted group home staff), and foster and adoptive parents. Training participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood.

In CY 2011-2012, current and former foster youth participated in training related activities, including:

- provider agency training of foster and adoptive parents;
- youth panels and other training activities through the Child Welfare Training Institute's (CWTI);
- new CPS Specialist training and local foster parent training;
- planning activities and mentoring of peers during the 2011 Youth Conference and planning for the 2012 conference;
- New Judges Orientation training (through a partnership with the Administrative Office of the Courts or AOC); and
- "Unpacking the No" training for case management staff in Maricopa County which explores attitudes and beliefs toward legal permanency options for youth.

Financial incentives continue to be used to support youth involvement in stakeholder training and other activities. Program staff, along with youth and alumni, continue to provide training to members of the CASA (Court Appointed Special Advocates), FCRB (Foster Care Review Board) and other community groups upon request. This training informs participants of the Division's services and supports for youth transitioning out of foster care to adulthood. Plans continue to be developed for a core group of trainers to assist providers, staff, caregivers, and others in the use of the Ansell-Casey Life Skills Assessment and Curriculum.

Consultation and Coordination with Indian Tribes

Services funded by the state CFCIP (including contracted life skills training and the ETV) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth age sixteen to eighteen in tribal programs are referred through their tribal case manager, and young adults formerly in a tribal foster care program self-refer for services. Youth and young adults submit their ETV applications in the same manner as youth from the state foster care system, through the new website, www.statevoucher.org. Tribal social service staff assist the Division's providers by verifying former foster care status of young adults age eighteen through twenty who request aftercare services, and by educating tribal youth about the availability of these services.

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The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific informational and training programs for youth and caregivers. State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration, and engagement of tribal youth in services. Provider agencies have reported some success with outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'odham Xavier, Pascua Yaqui, and Navajo Nation. The number of youth in tribal foster care who receive aftercare services or the ETV is not tracked separately from other eligible youth. Approximately 6% of youth served while in the custody of the Department are identified as Native American.

In CY 2011, efforts continued to educate tribal entities on services available to youth and young adults currently and formerly in care in tribal foster care systems. In Maricopa County, the local contractor, Florence Crittenton, Inc., met with representatives of the Navajo Nation to gain insight into meeting the needs of Navajo teens residing in Maricopa County. The state independent living coordinator and the contract provider for Pima County, Intermountain Centers for Human Development (ICHHD), provided a training to the Tohono O'odham child welfare staff to promote the use of the contracted service. ICHHD has also worked directly with the Tohono O'odham children's behavioral health services to identify clients who are in the foster care system and are in need of support services. Although some youth successfully engage in local workforce and education programs, tribal staff continues to report great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn eighteen.

Division staff and contractors also presented a workshop at the annual Statewide Native American Conference to provide information to a wider audience on the supports and services available and how these services may benefit youth in tribal foster care. Northern Arizona's contractor, Arizona's Children Association, continues outreach through the Northern Arizona Regional Behavioral Health Authority (NARBHA) to engage tribal social service agencies through scheduled presentations. This has been successful in producing an increase in referrals, specifically for youth from the Yavapai Apache Nation. Staff are also available to participate in Child and Family Team (CFT) meetings and individual case staffing meetings.

Involvement of Youth in State Agency Efforts

The Department and the Division value and support the involvement of youth in State agency efforts to improve programs and practices, and to educate staff and the community about the needs of older youth in care. Youth in care and alumni are viewed as the true experts, whose voices are invaluable to continuous improvement efforts in Arizona. Incentives are used to support youth involvement in a variety of program activities including training, planning, facilitating meetings, etc. Current and former foster youth participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Youth are encouraged to participate in statewide work groups (as appropriate) and engaged to provide comment on policy and program changes, legislative proposals, etc. Community agencies also sought youth input at the SYAB throughout the year, specifically around housing needs and how Individual Development Account's (IDAs) might benefit youth in care.

The AYAP also supports the development of local YABs, to ensure youth have the opportunity to address systems and resource issues on the local level. In many areas, youth board members have attended leadership trainings to better prepare them for participation on the local or state YAB.

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Maricopa County has had consistent local board involvement and Pima County's Youth Advisory Board provides a forum for youth to voice for change in the foster care system. Youth from the Maricopa Youth Advisory Board collaborated with group home owners in Maricopa County to create a "Lockable Storage Lockers" program. These lockers will provide youth living in group homes a secure space to keep belongings, a space they can truly call their own. Youth developed the related procedures as well as the written agreement which must be signed by the youth, case manager, and group home manger. The agreement outlines how the locker is to be used, who is authorized to maintain keys and open the locker, and conditions under which staff may open the locker without the presence of the youth. CY 2011 efforts to address a "bed time" policy were deferred to accommodate a change in youth priorities to topics of safety in the group home setting.

As noted earlier, youth in care and alumni are involved in collaborations, workgroups, training, and recruitment activities to improve services and resources. Examples of youth involvement in CY 2011 include:

- planning and facilitation of the statewide youth conference for foster youth age sixteen and older in July 2011 and for August 2012;
- Maricopa County's Community Advisory Group;
- the PASSAGE coalition;
- training to prospective foster and adoptive parents, dependency court judges and CPS Specialists, on the challenges faced by older youth in care; and
- input into program services, policies and the pending Administrative Rules for Independent Living.

B. Measures of Effectiveness

Arizona continues to monitor the effectiveness of its Independent Living Program and Educational and Training Voucher Program through the following Independent Living Program/Educational and Training Voucher Program goals.

ILP/ETVP Goal 1: The percentage of eligible youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 40% or more.

In FY2011 43% of eligible youth in the Independent Living Program participated in the Independent Living Subsidy (ILS) Program.

ILP/ETVP Goal 2: The percentage of participants age eighteen and older in the Independent Living Program and Transitional Independent Living Program who have completed high school or obtained a GED will be 83% or more.

CY 2010: 68% (ILP – 76%; TILP – 46%)
CY 2011: 65% (ILP - 73%; TILP-33%)

ILP/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 be 45% or higher

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CY 2010: ILP – 97%; TILP – 46%
CY 2011: ILP - 87%; TILP 45%

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age seventeen and older who are employed will be 45% or higher

CY 2010: ILP – 31%; TILP – 37%
CY 2011: ILP – 34%; TILP – 17%

This data indicates that program youth continue to have difficulty completing high school by age eighteen, which can be attributed to the many barriers youth encounter in their process of completing a secondary education, such as frequent moves while in care. Participation in the Independent Living Subsidy Program has increased, which can be credited to the consistent work in promoting the program to youth and educating the community on the supports available to youth aging out of care. Youth continue to enroll in higher education programs at an increasing rate. This may be due to the decrease in the job market in the state and also the work of the Division’s Education Specialists and contracted providers, who encourage youth to look towards a post secondary education or training program. The ETV program can also take credit in supporting youth to attend post secondary education and training programs.

Other data on the education, training, and employment of young adults includes the following for SFY 2011:

- 92% of the youth currently in the Young Adult Program had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.
- 72% of discharged youth had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.
- 53% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training. An additional 7% participated in some training, but quit prior to completion of training.
- 74% of youth that discharged participated in Independent Living Skills Training.
- 42% of the youth currently in the Young Adult Program (age seventeen and older) are employed or participating in employment related training.
- 38% of the youth that discharged were employed or participating in employment related training at the time of discharge.
- 19% of youth who were not employed at the time of discharge had been employed in the past.
- 96% of youth who discharged and had completed high school or earned their GED were participating in or had completed post-secondary education or training at the time of discharge.

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Section IX: Chafee Foster Care Independence Program and Education and Training Voucher Program

During the last year, 160 former foster youth were provided aftercare services through the Transitional Independent Living Program, a 20% decrease from CFY 2010. This includes youth who aged out of tribal or other state foster care systems. Young adults benefited from this service as follows:

- 94% of young adults were enrolled in a health plan by the end of the reporting period, versus 91% who were enrolled at the beginning of the reporting period (an increase of 3%).
- 93% of young adults maintained or moved into stable living situations at the end of the reporting period, which was consistent with those in stable housing at the beginning of the reporting period.
- 38% of young adults were living on their own (in independent housing) by the end of the reporting period, versus 34% at the beginning of the reporting period (a 4% increase).

The Housing Arizona Youth Project (HAYP) was launched in July 2009 as an initiative of the Interagency and Community Council on Homelessness. It is funded by the Arizona Department of Housing and implemented by the DES Homeless Coordination Office. Its goal was to ensure at least 50% of participants entering the program would fall under at least one of the “Most Needs” groupings. The five categories of Most Needs include: current issues with substance abuse; mental/behavioral health issues; history of legal/juvenile justice involvement; identifies as gay, lesbian, bisexual or transgender; survivor of domestic violence or sexual abuse; and history of foster care/CPS involvement (and no longer receiving state aftercare services). In its third and final year, HAYP has made a significant impact in the State’s Mission to end homelessness. The following statistical information reflects data collected through the first quarter of year three of the project, 2012 (27 months).

- 375 youth ages eighteen through twenty-five have been served across eight Arizona Counties.
- 95 homeless youth have been served in the balance of the State.
- Approximately 120 participants are being housed across Arizona at any given time.
- Statewide providers have exceeded the targeted goal of this pilot project and supported approximately 77% of participants have met at least one criteria in the Most Needs Risk group, a significant portion falls under three or more categories.
- 70% have discharged to alternative safe housing (i.e. permanent, family reunification, and transitional housing).

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- A. Description of substantive changes, if any, to State law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the State's eligibility for the CAPTA State Grant, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility [section 106(b)(1)(C)(i) of CAPTA].**

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Assistant Attorney General, Child and Family Protection Division, is included as an attachment in the Annual Progress and Services Report.

- B. Describe any significant changes from the State's previously approved CAPTA Plan in how the State proposes to use funds to support the 14 program areas [section 106(b)(1)(C)(ii) of CAPTA].**

There have been no changes to the State's approved CAPTA Plan. Arizona plans to use CAPTA State Basic Grant funds to support the following initiatives.

DCYF Child Protective Services Specialist for Group Care Investigations

CAPTA Basic State Grant funds will continue to support specialized investigations of child abuse and neglect reports received on children in congregate care (group care and residential settings). This activity does not differ from the State plan.

Arizona Citizen Review Panels

CAPTA Basic State Grant will continue to support the required Arizona Citizen Review Panels. Three Citizen Review Panels are fully operational and are administered by the Arizona State University, Center for Applied Behavioral Health Policy (CABHP), through an interagency agreement. Grant funding is used to support centralized staffing, coordinating, and support of the Panels. The three regional Panels are located in Phoenix (Central), Tucson (Southern), and Flagstaff (Northern), and use volunteer members who have established working relationships. This activity does not differ from the State plan.

Assessment and Case Planning Specialist

CAPTA Basic State Grant will fund two full-time Assessment and Case Planning Specialist professional positions. These specialists will provide intensive onsite field staff support to increase staff skills, knowledge, and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally-based case planning. These specialists serve as experts in the child safety and risk assessment and case plan process and will provide targeted technical assistance; case specific consultation; mentoring; and individual and group supervision to Child Protective Services (CPS) supervisors and CPS Specialists. This activity does not differ from the State plan.

Child Abuse Prevention (CAP) Conference

Due to significant budget reductions, and the rising cost of hosting a large conference, the Department has been unable to host the Child Abuse Prevention Conference since 2008. However, it is the desire of the Department to host the Child Abuse Prevention Conference in the future, and to use CAPTA Basic

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State Grant funds to support CPS staff attendance at this Conference. This assistance provides opportunities for CPS staff to learn from and network with Arizona and national child welfare experts. The focus of the Conference is prevention, protection, permanency, and well-being. This activity does not differ from the State plan.

Supervision Circles: Strengths-based Clinical Supervision

Effective supervision is a critical component to successful implementation of the revised assessment and case planning process. While clinical supervision has been integrated into the assessment and case planning process, the continued teaching of Group Supervision Circles should enhance understanding of the role of supervision in improving agency practice, critical thinking/decision-making during the life of a case, and family-centered practice in supervision. Effective clinical supervision results in better outcomes for children and families, and greater effectiveness of staff providing services. The content of the Supervision Circles (strengths-based, family-centered supervision) has been condensed into a two-day clinical supervision core course that is required for all new supervisors as a part of their basic training. CAPTA Basic State Grant may be needed to support this segment of core training. This activity does not differ from the State plan.

Chronic Neglect

Chronic child neglect is one of the most persistent and intractable challenges facing the nation's child welfare system, contributing to repeat maltreatment and repeat report rates, child fatalities, and the number of children in out-of-home care. The term chronic neglect refers to an enduring pattern in which a child's basic physical, developmental, and/or socio-emotional needs are not met, and may involve inadequate nutrition, clothing, or medical care, as well as unsafe environment or inadequate supervision. The long term effects of neglect can be seen in attachment difficulties, anger, cognitive impairment, malnutrition, and poor health.

Patterns of neglect present a challenge for CPS Specialists conducting safety assessments, because it is often the chronicity itself that is harmful to the child rather than a specific incident. The Division expects to enter a contract for the development of policy and methodology for identification, assessment, and intervention in chronic child neglect cases including:

- Review of literature to identify theoretical and practice definitions of chronic neglect, evidenced-based practice for identifying and assessing chronic neglect, and intervening with and treatment of chronic neglectful families.
- Identification and review of other states' policies and procedures for identifying, assessing, intervening, and treating chronic neglectful families.
- Recommendations for policy development.

This activity does not differ from the State plan.

Differential Response to Reports where Children are not in Imminent Harm

Arizona's first differential response to reports of child abuse and neglect was implemented in 1998. Known as Family Builders, this differential response provided a community based family-centered assessment, case management, and provision of services to designated low risk and potential risk reports of abuse and neglect. These reports were referred to a network of contract community based providers after triage by CPS. The goal of the Family Builders Program was to enhance the parent's ability to create safe, stable, and nurturing home environments that promoted safety of all family members and healthy child development. During the Second Special Session of the 2003 Arizona Legislature, the Family Builders' enabling legislation was rescinded, effective June 30, 2004.

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Differential response emphasizes a family focused, strengths based approach to support child and family well-being and includes an assessment of the family's needs and strengths and available services to meet their needs and to support positive parenting. Currently, the statewide Arizona Child Abuse Hotline's triage assessment procedures determine whether children are in imminent risk of harm or whether the presenting concerns are more "potential" abuse/neglect. Children, not assessed in imminent risk of harm, and their families are referred to community based organizations for services and support. The Division is currently evaluating the need to further refine and augment its initial response to children and families to include a more structured, less intrusive, differential response to reports based upon child safety and level of risk. In addition to initiating enabling legislation, refinement and expansion of the Department's triage procedures will require:

- a literature review to identify evidenced-based "best practice" standards for differential response,
- development of criteria and methodology for referral of reports for an initial differential response,
- analysis of common report characteristics to identify report types that would be appropriate for an initial differential response,
- development of provider network to serve this population, and
- policy development to support a differential response system.

This activity does not differ from the State plan.

C. Description of how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since submission of CAPTA State Plan [section 108(e) of CAPTA].

1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

Child Protective Services Specialist Group Care Investigations

Goal

To provide specialized staff capacity and expertise to conduct investigations of reports of child abuse and neglect in licensed group care facilities statewide. Investigations include joint investigations with law enforcement or other agencies as necessary.

Objectives

Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff. Investigations include:

- coordination with the Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, CPS Specialists assigned to child victims, and other state agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS); and
- joint investigations with law enforcement for all reports alleging criminal conduct, which includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

Update

The Division of Children, Youth and Families (the Division) maintains a specialized unit (Group Care Investigation Unit) located in Maricopa County to conduct investigations of all reports of child abuse and neglect concerning children residing in licensed group care facilities. This unit continues to be effective in promoting the protection of children placed in residential settings. The group care investigators help achieve the statutory mandate to investigate 100% of reports of child abuse and neglect.

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The Group Care Investigation Unit met its goal of conducting investigations of all reports received concerning licensed agencies. During this reporting period (May 25, 2011 to May 23, 2012), the unit received 238 reports concerning licensed facilities. Of the 238 reports, 72% pertained to facilities licensed by the Department of Economic Security and 15% were facilities licensed through the DHS. The remaining 13% were supervised by DDD. Of the 238 reports, three investigations resulted in a substantiated finding of abuse and/or neglect. There were also an additional 131 Action Requests completed on licensed facilities. An Action Request, while not alleging child maltreatment, requires an action on the part of CPS. Of the 131 Action requests, 84% pertained to facilities licensed by DES; 10% to DHS facilities; and 6% for DDD facilities.

In addition to investigating reports concerning group care facilities statewide, the Group Care Investigation Unit also investigates reports of child maltreatment concerning licensed foster homes, and a portion of reports concerning unlicensed placements and CPS employees in Maricopa County. During this reporting period, 250 reports were received and investigated by this unit. The unit also responded to 66 Action Requests for this population.

The CPS Specialists in the Group Care Investigations Unit coordinated investigation activities with CPS field staff, the group care facilities, and other involved state agencies. Investigations are conducted jointly with the licensing authority [DHS and the Office of Licensing, Certification and Regulation (OLCR)] and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and to permit licensing issues to be addressed concurrently with the CPS investigation. The outcome of all investigations is provided to the licensing authority to determine if any licensing violation occurred and to take licensing and/or corrective action to ensure child safety and well-being.

During this reporting period, Group Care Investigation Unit staff delivered four training sessions regarding policies and procedures for the investigation of reports pertaining to licensed facilities to a group care facility and a foster care agency (included foster parents), with approximately nineteen persons attending each session.

Arizona Citizen Review Panels (ACRP)

Goal

Review policy, procedures, and practice of the State and Regional Offices and determine the extent to which the State and local Child Protection System are discharging their child protection responsibilities.

Objectives

- Convene quarterly to review case records including fatalities, near fatalities, high risk maltreatment, other case types, and other information important in ensuring the protection of children.
- Provide feedback regarding policy, procedural, and practice improvement to the State and Regional Child Protective Services system.
- Submit an annual report including recommendations for improving the child protection system.

Update

In 2011, three Citizen Review Panels met throughout the state in the Central (Phoenix), Northern (Flagstaff) and Southern (Tucson) Regions and were comprised of thirteen to twenty-nine volunteers of diverse backgrounds and experience representing local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professions,

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legal advocates, medical providers, and faith-based representatives as well as representatives from the Division of Children, Youth and Families. As in previous years, guest speakers were invited to present to panel members on topics identified as important to their understanding of the child protection system.

Accomplishments

Throughout the past year, the panels continued to focus on theme topics. Examples include:

- Four themes were chosen for 2011 including Trauma Informed Care for Children; Sustaining Placements in Foster Care and Adoption; Youth Transitioning from Foster Care; and Chronic Neglect. Each meeting incorporated speakers and Division policy presentations related to the specific theme for the quarter.
 - **Quarter 1** - Pre-meeting Workshop Tour of the regional Child Advocacy Center for the Southern and Central Panels. Guest speaker presentations on Never Shake a Baby; Division policy presentations--concurrent case planning; and the Reunification Prognosis Assessment Guide.
 - **Quarter 2** - Pre-meeting Workshop. Orientation Sessions. Guest Speaker Presentations: Sustaining Placements in Foster Care and Adoption; Division Program Report--collaboration with schools resulting from a recent 9th circuit appellate decision.
 - **Quarter 3** - Pre-meeting Workshop: Trauma Informed Care for Parents; Guest Speaker Presentation--the Experience of a Former Foster Youth; Division Program Report--youth transitioning from foster care and the Young Adult Program.
 - **Quarter 4** - Pre-meeting Workshop: Orientation Sessions. DES Program Report--chronic neglect update.
- Recognition of CPS staff as follows:
 - A CPS Specialist who consulted the onsite psychologist to determine if therapeutic visitation was in the best interest of the child.
 - A CPS Specialist who advocated for a child's safety following a Team Decision Making meeting that resulted in a decision she felt was not appropriate.
 - An Assistant Program Manager who compiled information for the county attorney after law enforcement was unwilling to consider criminal charges in a fatality case involving neglect.
 - Exceptional documentation by CPS Specialists, which made two cases easy to review because of the clarity of information provided.
 - An Independent Living provider and CPS Specialist were diligent in their efforts to provide services and supports to a youth who was difficult to engage.
- Coordination meetings occurred regularly between Division and CABHP staff. Division representatives provided quarterly meeting program reports to ensure that the panels received information on the status of ACRP recommendations; process improvement initiatives; new policies and procedures; budget updates; and other relevant information. A focus on continuous formal feedback mechanisms served to improve communication, facilitate collaboration, increase panel member satisfaction, and identify opportunities for innovation.
- Optional pre-meeting workshops were added to the quarterly meeting agendas.
- At the 2nd and 4th quarter meetings, orientation sessions for new and continuing panel members were held and at the 3rd quarter meeting a presentation on Trauma Informed Care for Parents was provided.

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- Panel members were also provided the opportunity to attend a webinar on Trauma Recovery with Families in the CPS System on April 7, and were invited to attend a seminar on Secondary Trauma in Central and Southern Arizona.
- CABHP routinely sent panel members informative news items from the National Citizen Review Panel, and links to teleconferences and publications.

Case Record Review Findings

During this reporting period, twenty-four cases of child maltreatment were reviewed. Because panels chose to address specific themes for case reviews, CPS Practice Improvement Specialists assisted the project coordinator in identifying a sample of cases from each of the three regions. Cases were also selected from the Child Fatality/Near Fatality database compiled by CPS. Each of the three ACRPs completed two case record reviews each quarter. Five of these cases were fatalities, seven were near-fatalities.

Case record review findings summarized below are consistent with the State's process by which reports of child abuse and neglect are received and addressed.

Prior Child Protective Service History

Of the cases selected in 2011, three (13%) had no prior CPS reports. CPS received a total of 96 reports in the 21 cases with prior report histories. Of the 21 cases with prior reports, the number of reports in these cases ranged from one to 17, with an average of 4.6 reports per case. These numbers were impacted by the decision of the panels to review chronic neglect cases which were selected because of the multiple prior report history.

Crisis Intervention and Initial Child Safety Assessment

The panels concluded that CPS adequately fulfilled its role of assessing child safety in 15 (63%) of the 24 investigations reviewed. This finding is a little higher than the 59% finding in 2010. In nine cases, the panels found that various critical safety factors were not identified or thoroughly addressed in the Child Safety Assessments. Many of the cases had multiple safety factors, as noted in the next section.

Of the nine cases in which the panel identified lack of action in response to an inadequate safety assessment:

- Substance abuse history of the parents was not sufficiently addressed in three cases.
- Prior substantiated reports were not factored into the Child Safety Assessment tool's safety threats analysis in three cases.
- Mental health issues and/or domestic violence were not factored into the safety assessment in three cases.

Family Risk Factors

The most prevalent family risk factors identified during the reviews were lack of parenting skills (100%); parental mental health (100%); mother with traumatic event history (88%); prior reports (88%); and parental substance abuse (83%). Alcohol (67%), marijuana (50%), and methamphetamines (42%) were the most prevalent types of drugs identified in case record reviews. The predominant risk factors identified are consistent with the findings from the prior two years of case record reviews. The number of risk factors per case ranged from three to twelve with an average of approximately eight risk factors identified per case.

In addition, the CABHP staff started tracking the following risk factors in 2011 as requested by

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the panels:

- lack of parental engagement in voluntary services
- abandoned by parent
- chaotic household

Investigation Stage

When examining each case investigation process, the panel identifies the strengths of the investigation and exemplary practice of CPS staff. Noted positive qualities of CPS Specialists include maintaining good rapport with families; linking families with helpful services; and taking actions early to establish permanency. Some examples of exemplary practice included:

- CPS filed a dependency petition after a parent withdrew from a voluntary agreement for relative placement (Southern Panel).
- The CPS Specialist utilized the onsite psychologist in determining the therapeutic value of continued visitations of the child with his mother following severance (Central Panel).
- A CPS Assistant Program Manager was commended for compiling information and presenting it to the County Attorney (Northern Panel).
- An adoptive placement selection staffing for a child was initiated prior to termination of parental rights (Central Panel).
- An Independent Living provider and the CPS Independent Living Specialist were diligent in their efforts to support and provide helpful services to the identified youth (Northern Panel).
- A child remained placed in the same foster home for 11 years and had the same CPS Specialist for 4 years. At case transfer, the former CPS Specialist became the supervisor on the case. The second CPS Specialist worked with the child for 2 years, at which time the child was referred for Independent Living Services (Southern Panel).

Panels also identify aspects of the investigation process where barriers hindered the investigation, determination of findings, and/or case closure. Panels concluded that thorough investigations were completed in 15 of the 24 cases reviewed (63%). The following investigation concerns were identified:

- Child's history of fire setting and the parents' histories of substance abuse were not addressed in CPS assessments with the family.
- A family had multiple complex problems which were not adequately addressed.
- Inaccurate assessment of substance abuse and mental health concerns for some parents and children.
- Parents' mental health needs were not adequately addressed in assessment or case planning.

Investigative Finding/Determination

The panels found that case record documentation supported the investigative findings in all of the twenty-four investigations reviewed. Of the twenty-four cases reviewed by the panels, five (21%) involved joint investigation with law enforcement.

The panels cited the following issues concerning the lack of joint investigation in three cases:

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- Witnesses called law enforcement after seeing a caregiver hit a child and pull her out of the store by her hair. Law enforcement responded, but allowed the perpetrator to take the child home immediately following the incident of abuse; no charges were filed.
- In an incident involving an infant fatality, no joint investigation took place because law enforcement did not communicate the information to the Child Abuse Hotline as a report of possible neglect or abuse.
- In the case of a child fatality, law enforcement ruled the death as an accident and did not take into account the objective evidence of neglect and lack of supervision by parents. There were several young children living in the home. The case was closed by law enforcement the day after the incident occurred.

Case Planning and Implementation

Seven cases did not receive ongoing services because they were closed following investigation. The panels determined that in 15 of the 24 cases reviewed, case planning and ongoing case management activities were appropriate and timely. Panels noted instances when parents or guardians refused to participate in services voluntarily. In such instances, CPS is unable to enforce recommended services when concerns do not rise to the level that requires court intervention. Some specific concerns about ongoing assessment and provision of timely and appropriate services included:

- A case involving a child who committed suicide. Following the death, the CPS Specialist did not complete a safety assessment on the siblings in the home.
- Several young children were placed in the care of their father living out-of-state. Concerns centered on what services the father was able to access, especially for the youngest child who suffered brain trauma and needed appropriate and timely medical follow-up. The panel requested CPS obtain case plans and case notes from the out-of-state CPS office to determine if adequate services were provided to assure the safety and well-being of the children. CPS acted on the concerns voiced by the panel and requested the case plan and case notes via ICPC, which indicated appropriate services were in place for the family.
- A mother's underlying depression was the primary problem over many years of CPS involvement; however, the only problem addressed was the cleanliness of the home. In this case, the mother never engaged in mental health treatment services.
- A lack of leadership in coordination of services and dissemination of information in complex cases was observed, particularly cases where children are medically fragile.
- A CPS Specialist access to purged case information in light of the multi-generational histories of neglect found in the chronic neglect cases reviewed.
- Little birth family involvement in transition planning for youth.
- Independent Living Specialists are not allowed to provide direct client service to youth in detention. This is a barrier to discharge planning and timely implementation of services.
- Imminent danger in neglect cases is difficult to identify.

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The case record reviews encompass all aspects of the child welfare system, and throughout the year resulted in a variety of recommendations or actions taken by individual panel members, Division staff, and system partners.

The 2011 Arizona Citizen Review Panel Annual Report and the Department's response to the Panel's recommendations are included as attachments in the Annual Progress and Services Report. The report is available for public review at: <https://www.azdes.gov/appreports.aspx?Category=57&subcategory=512>

Efficiency Review: Change & Innovation Agency (CIA)

Goal

To improve processes related to Arizona's Child Protective Services system in order to respond to increased caseloads and ensure federal and state mandates are maintained, while maintaining child safety.

Objectives

- Assessment of operations and staff functions in local CPS office including:
 - parallel processing – tasks that can be done simultaneously rather than consecutively in order to decrease processing time
 - elimination of bottlenecks and backlogs by creating an efficient approval hierarchy and eliminating unnecessary redundancy
 - technology
- Core Work Team to review and redesign the investigation process
- Validation of findings and redesign ideas through the use of customer groups and line staff
- Implementation planning and support
- Review implementation plan.
- Planning and preparation for future roll-out

Update

In January 2011, the Department of Economic Security and the Division of Children, Youth and Families began engaging in targeted process improvement work with Division staff through facilitation with the Change & Innovation Agency (CIA). The primary focus was to improve the child abuse investigation process and assess how the investigation process could be streamlined in order to accomplish specific performance measures, including timeliness of completing an investigation and increasing the capacity of the investigator and supervisor to ensure child safety and to ensure that caseworker time is spent on value-added steps.

The Division's process improvement core teams focused on investigations, ongoing case management, the Child Abuse Hotline, Practice Improvement, Protective Services Review Team, and Policy. The Teams include front line supervisors and CPS Specialists including investigators and ongoing staff, Assistant Program Managers, and key staff in the areas of policy, training, technology, and other areas that provide critical supports to the field.

The investigation core team held a series of work sessions focused on mapping the investigation process from the time a report comes to the local office and is assigned to the investigator through "hand off" (case closed, open for in-home, or transferred to on-going) to identify areas where backlogs occur or efficiency could be improved. In addition to the work that the team conducted, the teams' recommendations were informed by a series of focus groups with other CPS staff and stakeholders from across the state such as courts, providers, parents, youth, and citizen groups.

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These teams and their ideas are a foundation upon which the Department will continue to evaluate ways to better address child safety and to communicate these efforts on an ongoing basis. Implementation of changes to the safety and risk assessment documentation and enhanced clinical supervision are currently being tested in three sites, and are anticipated to go statewide during Summer 2012. Implementation of ideas for process improvement in the Child Abuse Hotline, Ongoing Case Management, Practice Improvement, and the Protective Services Review Team are underway and expected to be implemented by the end of 2012.

2. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Assessment and Case Planning Specialist

Goal

To continue the development and support of child safety assessment and safety planning experts at the CPS “front-line” level.

Objectives

- In collaboration with CPS staff and Practice Improvement Specialists, develop a plan to target CPS units and CPS Specialists, statewide, for intensive onsite "hands-on" technical assistance.
- Provide onsite "hands-on" technical assistance to at least three sites in each region during SFY 2012.
- Provide "hands-on" technical assistance to new CPS Specialists who have completed core training requirements to ensure that there is a transfer of learning once placed in the field and assigned cases.

Update

Two full-time professional positions were created for the sole purpose of providing intensive, on-site staff support to increase staff skills, knowledge, and expertise in child safety assessment and planning; the assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally based case planning. The intent is to:

- Ensure staff fully understand and apply the child safety assessment, strengths and risks assessment, and behaviorally based case planning model as designed to promote child safety, permanency, and well-being.
- Ensure staff fully understand all aspects of the assessment and case planning tool in order to use it correctly and consistently throughout the State.
- Assess individual CPS Supervisors' and CPS Specialists' strengths and areas in need of improvement.
- Build agency capacity by developing experts at the “front line” level.

The statewide Assessment and Case Planning Specialists:

- serve as experts in the safety assessment, risks assessment, and behaviorally-based case planning process,

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- provide technical assistance to CPS Supervisors and CPS Specialists on the application of the process,
- develop experts at the "front-line" level through targeted case specific consultation, mentoring, and individual and group supervision,
- provide intensive on-site staff support,
- travel to local CPS offices throughout the State providing 1:1 and group technical assistance on the assessment and case plan process, and
- consult with Practice Improvement Specialists, Child Welfare Training Institute (CWTI) trainers and Central Office Policy Unit staff about practice standards and staff or system needs.

The specialists, in consultation with the local CPS management, develop plans to target specific CPS units for intensive on-site "hands-on" technical assistance. The technical assistance focuses on specific staff needs and areas needing improvement. These included:

- information gathering and analysis of the six fundamental questions and how this analysis assists the CPS Specialist's understanding of child safety;
- linkage between the safety assessment, risk assessment, and case planning;
- effective use of clinical supervision in the decision making process;
- understanding the concepts of safety, present danger, impending danger, and risk;
- understanding the application of the safety threshold when assessing child safety;
- understanding safety planning and the use of safety monitors;
- engagement of the child and family in the case planning process;
- behaviorally based case planning; and
- utilization of Children's Services Manual to clarify and adhere to CPS policy.

Requests for technical assistance are generated through specialists' attendance at CPS unit meetings; Team Decision Making (TDM) facilitators; Practice Improvement Specialists; and requests by local Program Managers, Assistant Program Managers, CPS Supervisors and "front-line" staff.

The range of staff skills in applying the model varies across the State. Two full-time professional positions worked at on-site location across the State. A total of 201 days (239 onsite visits) were spent onsite between October 1, 2011 and May 31, 2012.

• Central Region	59 onsite visits
• Pima Region	50 onsite visits
• Northern Region	23 onsite visits
• Southeastern	15 onsite visits
• <u>Southwestern Region</u>	<u>92 onsite visits</u>
Total:	239 onsite visits

Feedback from CPS Supervisors and front line staff has been favorable. Once staff participate in the 1:1 technical assistance, they are highly likely to request additional sessions. In order to gather additional feedback, a "confidential" survey has been developed through Survey Monkey. The survey will be used to elicit feedback in SFY 2013.

In order to determine the effectiveness of the technical assistance, the specialists completed follow-up onsite visits. Improvements were noted in the following areas:

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- increased comfort level with accessing and navigating the automated system;
- increased knowledge level of front line staff;
- more comprehensive information gathered in the various risk domains;
- movement toward more comprehensive (and less incident based) assessment;
- more thorough analysis of the six fundamental questions;
- continuous practice shift to a comprehensive approach to child safety and case planning; and
- understanding of the process and linkage between assessment outcomes and the case plan.

An assignment targeting three investigation units that were found to have difficulty understanding and assessing safety and risk of harm resulted in improved understanding of how to use and apply the assessment and case planning model. Staff were more likely to apply critical thinking skills in the assessment of child safety and risk as well as in the developmental of behavioral based case plans.

Trends

- Changes and improvements in practice were noted after onsite technical assistance was provided.
- Improved application of critical thinking skills related to safety assessment and behavioral case plans after onsite technical assistance was provided.
- Once CPS Supervisors and CPS Specialists participated in 1:1 technical assistance, they were more receptive to additional assistance.
- Most CPS Supervisors and Specialists continue to struggle with navigating the automated assessment process. This often results in staff frustration and incomplete tasks.
- Line staff have difficulty differentiating between information necessary to assess safety versus risk of harm, and how the information informs their assessment.
- A high volume of requests for technical assistance came from Maricopa County ongoing staff who are now completing investigations.
- Mentors are needed to assist new CPS Specialists during their first months of field assignment.

Plans for 2012/2013

- Continue to target and provide individual support to new CPS Specialists assigned to a field unit.
- Continue to reach out to all regions and areas in Arizona to offer technical assistance and support.
- Increased communication and partnership with Child Welfare Training Institute to build on application of skill and transfer of learning.
- Support roll-out of the Comprehensive Safety and Risk Assessment (CSRA) via 1:1 technical assistance in the areas child safety, family risks, information collection and analysis, and documentation.
- Utilize the confidential survey to gain information about the needs of local staff and the effectiveness of the onsite technical assistance.

Northern Arizona Technical Assistance and Consultation

The Division of Children, Youth and Families contracted with Action for Child Protection, Inc. to provide targeted technical assistance and consultation specifically for designated CPS Supervisors and management in Arizona's Northern Region. The purpose was twofold:

- To generally assess the current knowledge and skill of the identified CPS Supervisors and management in application of the Arizona safety assessment model as a guide to child safety decision making and their approach to providing case specific guidance and supervision to staff.

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- To provide onsite case related coaching and consultation in the comprehensive application of the Arizona safety assessment model with an emphasis on transfer of skills and knowledge to enhance proficiency/model integrity.

Technical Assistance was provided in Bullhead City and Flagstaff for all sessions except for one, which was provided in Page rather than Flagstaff.

In order to provide this technical assistance, planning and preparation work was directed toward development of sessions/materials, agendas, handouts, homework assignments, and practical application tasks. Methods included consultation in small, two day, group sessions, held in each primary location. The first part of each session focused on selected review and discussion of various aspects/decision points in the Arizona safety assessment model. This was followed by specific case presentations and consultation on cases where the supervisors applied the safety model to cases within their scope of responsibility. The expectation was that supervisors and managers would work with staff to help them critically think about case decision making related to child safety.

The initial sessions were held from November 29 through December 3, 2010 followed by the second session during the week of January 11 - 14, 2011. The third sessions were provided during the week of March 15 - 20, and the final technical assistance was provided June 6 - June 9, 2011.

Feedback was provided to the Division's Child Welfare Program Administrator for each location and for each session.

Supervision Circles: Strengths-based Clinical Supervision

Goal

To provide all newly hired CPS Supervisors, Assistant Program Managers, and Program Managers with knowledge of and expertise in a model of strengths-based clinical supervision that models family-centered practice, facilitates critical thinking and decision-making, and supports staff as they incorporate new child welfare processes.

Objectives

Provide training, awareness, practice skills, and improvement of knowledge in:

- Three functions of supervision.
- Key components of Family-Centered Practice.
- Parallel process in supervision.
- Use of individual and group supervision.
- Conducting case presentations in clinical supervision.
- Critical thinking and decision-making.
- Use of process vs. content.
- Use of both crisis and scheduled supervision sessions.

Update

For SFY 2012, Dr. Cynthia Lietz, in collaboration with the Child Welfare Training Institute (CWTI), converted the Supervision Circle Training Series into a two-day Clinical Supervision class to be provided to all newly hired CPS Supervisors, Program Specialists, Assistant Program Managers, and Region Program Managers as part of the CWTI CPS Supervisor core. The class was delivered in four supervisor'

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core training sessions in both Tucson and Phoenix. Fifty-three supervisory staff attended the sessions. This class will continue to be offered twice yearly for all newly hired supervisory staff.

- D. Submit a copy of the annual report from the Citizen Review Panels and a copy of the State agency's most recent response to the panels and State and local child protective services agencies [section 106(c)(6) of CAPTA].**

The 13th Annual Report of the Citizen Review Panels and the Department's response to the Panel recommendations are included as attachments in the Annual Progress and Services Report. The report is also available at: <https://www.azdes.gov/appreports.aspx?Category=57&subcategory=512>

- E. Data on Child Protective Services Workforce: personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports [section 106(d)(10) of CAPTA].**

- 1. Education, qualifications, and training requirements for child protective services professionals, including for entry and advancement in the profession, including advancement to supervisory position.**

Staff recruitment and Selection Processes

The Child Protective Services Workforce responsible for intake, screening, assessment and investigation of child abuse and neglect are classified into a Child Protective Services (CPS) Specialist series. All positions are classified at the CPS Specialist III level. If an employee does not meet the qualifications for a CPS Specialist III, he/she may be underfilled into a CPS Specialist I or II until the minimum requirements for the classification are met.

The Division uses a full spectrum of staff recruitment activities, including sponsoring or attending job fairs statewide; establishing relationships with educational institutions offering social work and related degree programs; and posting employment opportunities on Arizona's employment website, azstatejob.gov. Because of the difficulty filling CPS Specialist and CPS Unit Supervisor positions, the selection process for these positions allows direct hire, thereby waiving the requirement to interview three individuals for an open position. Candidates apply online through the State's Hiring Gateway website. A staffing analyst reviews the resume and qualifies the candidate as a CPS Specialist I, II, or III based on the established minimum qualifications. Field offices conduct the interview process using the Hire for Fit process introduced in 2010. Background checks including references, criminal history, CPS Central Registry, public records search, and other actions are conducted before a candidate is offered a position.

Education and Qualifications

Child Protective Services Specialist I*

Master's Degree in Sociology, Psychology or related field; or Bachelor's Degree in Sociology, Psychology or related field; or Bachelor's Degree and two years of social work or social services experience; or two years as a Human Service Specialist I in Child Protective Services.

*This is an underfill classification. When an employee meets the work standards and knowledge, skills and ability (KSA) of the CPS Specialist II level, management has the discretion to promote the employee to a CPS Specialist II.

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Child Protective Services Specialist II**

Master's Degree in Social Work (MSW); or Bachelor's Degree in Social Work; or Master's or Bachelor's Degree in Sociology, Psychology or related field and one year of Child Protective Services experience; or Master's Degree in a related field and two years of social work or social services experience; or Bachelor's Degree and three years social work or social services experience; or one year as a CPS Specialist I in Arizona State Service.

**This is an underfill classification. When an employee meets the work standards and KSAs of the CPS Specialist III level, management has the discretion to promote the employee to a CPS Specialist III.

Child Protective Services Specialist III

Master's Degree in Social Work (MSW) or related field and two years of Child Protective Services experience; or Bachelor's Degree in Social Work or related field and three years of Child Protective Services experience; or one year as a CPS Specialist II in Arizona State Service.

When an employee meets the work standards and KSAs of the CPS Unit Supervisor, the employee may apply and be considered for promotion to a CPS Unit Supervisor position.

Child Protective Services Unit Supervisor

Two years as a Child Protective Service Specialist III in Arizona State Service; or Master's Degree in Social Work (MSW) or related field and four years of Child Protective Services experience; or Bachelor's Degree in Social Work or related field and five years of Child Protective Services experience.

When an employee meets the work standards and KSAs of the CPS Assistant Program Manager (APM), the employee may apply and be considered for promotion to the APM position. An APM manages and provides oversight for six to seven CPS Units. The APM may also manage other support functions such Team Decision Making (TDM) facilitators, Regional Automation Liaisons, Human Resources, Parent Locator Services, Contract Services, Practice Improvement, etc.

Related degrees include anthropology, behavioral science, child development, community services, counseling, criminal justice, education, family studies, human services, integrative studies, interdisciplinary studies, justice studies, liberal arts, nursing, psychology, rehabilitation, religion, social services, sociology, and women's studies.

Training

CPS Specialists who are responsible for intake and screening of child abuse and neglect reports are required to complete 160 hours of comprehensive training provided by the Child Abuse Hotline training staff. The training program includes instruction and practice on such topics as:

- Arizona's child abuse and neglect statutes,
- child safety assessment,
- risk assessment,
- CPS Response System,
- interview questions,
- caller engagement, and
- automated case management system (CHILDS) and other Department data systems used to research any CPS history.

CPS Specialists who assess and investigate child abuse and neglect reports are required to complete 207

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hours of Case Manager Core Training through the Arizona Child Welfare Training Institute (CWTI) prior to being assigned any reports for investigation. Training includes topics such as child development, joint investigations protocols, child safety assessment, documentation, forensic interviewing, case management and planning, etc.

CPS Unit Supervisors: During their first year, CPS Unit Supervisors are required to complete 98 hours of Supervisor Core Training through CWTI.

2. Data on Education, qualifications and training of such personnel

The following table provides the educational degrees for CPS Specialists and Supervisors who were employed on September 30, 2011 (Human Resources Information System [HRIS]).

Degree	CPS Specialists	CPS Supervisors	Total Degrees	Percentage of Total
MSW	143	36	179	15.8%
Masters/Related	77	16	93	8.2%
Masters/Non-Related	21	3	24	2.1%
BSW	140	22	162	14.3%
BA/Related	498	66	564	49.7%
BA/Non-Related	88	14	102	9.0%
Unspecified	9	1	10	0.9%
TOTAL	976	158	1,134	100%

Training as of FFY 2011

- All newly CPS Specialists (386) completed Case Manager Core Training.
- Sixty staff (CPS Specialists and Supervisors) completed the Advanced Forensic interview training.
- All newly hired CPS Supervisors (with the exception of 65) completed Supervisor Core Training; the remaining 65 are in the process of completing the training. This Core curriculum includes *Clinical Supervision* training.
- All CPS Supervisors (236) attended the 2011 Supervisor Conference.
- All CPS Specialists and Supervisors completed Concurrent Case Planning Training.
- All CPS Specialists and Supervisors completed Victim’s Rights Training.
- All CPS Specialists and Supervisors completed Engaging and Assessing Families.

3. Demographic information of such personnel.

Demographic Information on CPS staff

The following table provides the ethnicity, gender, age and tenure of CPS Specialists and Supervisors who were employed on September 30, 2011 (HRIS).

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	CPS Specialists	CPS Supervisors	Number of Employees	Percentage of Total
ETHNICITY				
American Indian	19	4	23	2.0%
Asian	24	3	27	2.4%
African American	115	15	130	11.5%
Hispanic	177	30	207	18.3%
Caucasian	572	101	673	59.3%
Unspecified	69	5	74	6.5%
TOTAL	976	158	1,134	100%
GENDER				
Female	805	134	939	82.8%
Male	171	24	195	17.2%
TOTAL	976	158	1,134	100%

AGE	CPS I	CPS II	CPS III	CPSUS	TOTALS
Under 30 yrs.	94	103	105	9	311
30-39 yrs.	47	65	201	53	366
40-49 yrs.	16	31	113	56	216
50-59 yrs.	9	26	106	33	174
≥60 yrs.	2	7	51	7	67
TOTAL	168	232	576	158	1134

TENURE	CPS I	CPS II	CPS III	CPSUS	TOTALS
<5 yrs.	168	229	273	27	697
5-10 yrs.	0	2	216	74	292
11-20 yrs.	1	0	65	50	116
21-30 yrs.	0	0	18	5	23
>30 yrs.	0	0	4	2	6
TOTAL	169	231	576	158	1134

4. Caseload or workload requirements for such personnel including requirements for average number and maximum number of cases per child protective service worker and supervisor.

CPS Specialist Caseload Size

Growing CPS Specialist workload continues to be a challenge. In addition to the increased number of Child Abuse Hotline reports, in-home services cases, and children in out-of-home care, the Division has significant challenges hiring and retaining staff. As a result, caseloads far exceed the Division's standard.

Arizona's caseload standard for CPS Specialists is:

- for investigations, 10 reports per month per CPS Specialist;
- for in-home services, 19 cases per month per CPS Specialist; and
- for out-of-home (foster care) services, 16 children per month per CPS Specialist.

In CY 2011, the Division's average monthly workload per filled full-time employee position was:

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- for investigations, 15 reports per CPS Specialist;
- for in-home services, 34 cases per CPS Specialist; and
- for out-of-home (foster care) services, 29 children per CPS Specialist.

Arizona does not have a maximum workload standard. According to the Division's *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, CPS Specialists were carrying caseloads that were, on average, 45% above the standards in the first half of SFY 2010, 66% above the standards in the second half of SFY 2010, 61% above the standards in the first half of SFY 2011, and 68% above the caseload standards in the second half of SFY 2011. As of December 2011, if all 970 authorized CPS Specialist positions were filled, an additional 308.7 positions would be required to meet the Arizona caseload standards.

CPS Supervisor to Worker Ratios

As of December 2011, the ratio of authorized CPS Unit Supervisor to authorized CPS Specialist positions was 1 to 5.9, and the ratio of filled CPS Unit Supervisor positions to filled CPS Specialist positions was 1 to 5.3.

There are no Arizona caseload standards established for CPS Unit Supervisors.

F. Juvenile Justice Transfers: number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system in Federal FY 2010 [section 106(d)(14) of CAPTA].

In some cases, it is determined that the youth's needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Division are no longer necessary. During FFY 2011, six children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections or another state's correctional department at the time of exit from the foster care system.

These children were identified by creating from the State's FFY 2011 AFCARS data a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of "transfer to another agency." A review of narrative case information identified the agency to which each child transferred. All six of these children were in the care and custody of the Department for at least one day during FFY 2011 before transferring to the sole custody of the juvenile justice or correctional agency. This population includes youth who, at the time of exit from the foster care system, were in a juvenile detention facility or juvenile correctional facility.

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Section XI

Comprehensive Medical and Dental Program Health Care Services Plan Update 2012

Comprehensive Medical and Dental Program Health Care Services Plan Update 2012

Pursuant to P.L. 110-351, Section 205, the State of Arizona is required to develop a Health Oversight and Coordination Plan to ensure ongoing oversight and coordination of health care for foster children. The Department of Economic Security/Division of Children Youth and Families (DES/DCYF) and the Arizona Health Care Cost Containment System (AHCCCS) are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

The Medicaid program in Arizona operates as a Section 1115 Demonstration Waiver, which results in the state having a managed care system for Title XIX and Title XXI clients. AHCCCS contracts with health plans that are funded based on actuarial determined capitation rates for each enrollee. The AHCCCS contracted acute care health plan for foster children in Arizona is the Comprehensive Medical and Dental Program (CMDP), which is a program within DES/DCYF.

One important result of CMDP being a program within the child welfare system is that Arizona had oversight and coordination plans in place prior to the passage of Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893). Arizona's Health Care Services Plan was provided to the U.S. DHHS in June 2009. This plan was an overview of documents and policies already in place, which demonstrate the state's compliance with the requirement of P.L. 110-351 as they pertain to oversight and coordination of health care for foster children.

Arizona's commitment to coordination of health care services for children in foster care and compliance with P.L. 110-351 is demonstrated in the 2011 Quality Management/Performance Improvement (QM/PI) program, which is designed to monitor, evaluate, and improve the continuity, quality, accessibility, and availability of health care services provided to all CMDP members. The program is designed to assess member care, delivery systems, and satisfaction, while optimizing health outcomes and managing medical resources. QM/PI is a plan-wide endeavor, involving the integration of QM/PI activities with other systems, processes, and programs throughout the health plan and the child welfare system. The QM/PI program plan is updated annually. The CMDP QM/PI program results in a structured process to ensure oversight and coordination of care. The purpose of the CMDP QM/PI program is to:

- Provide a framework for the continuous assessment and improvement of all aspects of care and services received by individual members and populations
- Integrate CMDP's quality activities within the context of Arizona's child welfare program
- Identify and improve the processes, systems and practices that will improve member outcomes
- Promote the recognition and use of approved medical standards, practice guidelines, best practices, targeted benchmarks, data collection, analyses, and clinical indicators
- Address identified health care, service, and safety issues and bring them to satisfactory resolution according to approved medical standards, best practices, and practice guidelines
- Collaborate with the health care community to improve members' outcomes and support community health initiatives
- Incorporate the evaluation of technology into quality activities to improve members' health outcomes
- Comply with federal, state, and AHCCCS requirements
- Ensure coordination with state registries
- Ensure CMDP executive and management staff participation in QM/PI processes
- Ensure contracted provider, legal guardian, and member/caregiver input into QM/PI processes

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Results of clinical and operational monitoring are tracked, analyzed for trends, and reviewed by the Medical Director and the QM/PI Committee. When opportunities for improvement are identified, CMDP takes appropriate action to address the issue. During FFY 2010, the QM/PI Committee met four times. Membership on the QM/PI Committee includes:

- CMDP Medical Director (chairperson)
- CMDP Director of Medical Services (Performance/Quality Improvement Coordinator)
- CMDP Medical Services Manager
- CMDP Program Administrator
- CMDP Provider Services Supervisor
- CMDP Member Services Supervisor
- CMDP Chief Operating Officer
- CMDP Chief Financial Officer
- CMDP Compliance Officer
- CMDP EPSDT Coordinator
- CMDP Concurrent Review Nurse
- CMDP QM Coordinator
- CMDP Grievances and Appeals Coordinator
- DCYF Child and Family Services Review Manager
- DCYF Statewide Behavior Health Coordinator
- DCYF Statewide Behavior Health Appeals Coordinator
- Juvenile Corrections Representative
- Two Network Providers (pediatricians)
- Three Representatives of foster care settings (one foster/adoptive parent, one group home and one crisis center)

Standing agenda items for these quarterly meetings include, but are not limited to:

- Updates on processes and programs that impact CPS and CMDP
 - Updates from the Behavioral Health Strategic Planning meetings between the Division and ADBHS
- Performance on maternal and child health measures
 - Results of blood lead screening, developmental screening, and behavioral health screening from EPSDT visits
 - Emergency room utilization – Measures to control inappropriate visits and maximize use of the primary care provider (PCP)
 - Timely prenatal care for pregnant teens, newborn delivery outcomes, and post-partum visits six weeks after delivery
- Behavioral health
 - PCP prescription monitoring for ADHD, anxiety, and depression
- Administrative performance standards
 - Monitoring of telephone calls from stakeholders regarding timeliness, first call resolution, and abandonment rate
 - Provider and member grievances (complaints)
 - Appeals and claims disputes from providers

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- Clinical performance measures
 - Well-child visits at fifteen months-of-age – Percentage of children received six or more EPSDTs by the fifteenth month of life
 - EPSDT visits for children three through six years-of-age – Percentage of children that received an annual EPSDT
 - EPSDT visits for adolescents - Percentage of youth that received an annual EPSDT
 - Children’s access to primary care by age group – Percentage of children who visited a PCP for any reason in a year
 - Dental visits for children ages three to twenty-one – Percentage of children that received an annual dental visit
- Performance improvement projects
 - Use of appropriate medications for children and adolescents with asthma - Percentage of children and adolescents, ages five to nine and ten to seventeen who received preventative medications (vs. rescue meds only) for their asthma
 - Racial or ethnic disparities among adolescents who receive well visits (EPSDT)
- Quality of care issues

No substantial changes were made to the 2012 QM/PI program plan based on outcomes from the 2011 evaluation.

(i) Schedule for initial and follow-up health screenings

Arizona’s schedule for initial and follow-up health screenings for children in the foster care system is documented in the CMDP EPSDT and Oral Health Plan, which is updated annually. The 2012 EPSDT and Oral Health Plan contains no changes in regard to initial and follow-up health screenings.

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. CMDP data indicate significant improvement or maintenance of high performance in all the measures for 2011, with rates among the highest in the state and exceeding the national Medicaid mean for most pediatric measures.

(ii) How health needs identified through screenings will be monitored and treated

One of the EPSDT program goals and objectives is to maintain systems for tracking EPSDT data, including follow-up services and immunization. The Children’s Services Policy Manual identifies CPS Specialists as responsible for facilitating the provision of appropriate medical, counseling, psychological, or psychiatric services for children who are in the custody and control of the Department of Economic Security. This responsibility is supported by Arizona’s child welfare information system (CHILDS) and the CMDP information system (QNXT). These information systems continue to support health care treatment monitoring, as described in Arizona’s June 2009 Health Care Services Plan. CMDP medical care coordination and medical management services also continue as described in the June 2009 Health Care Services Plan.

(iii) How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record

Arizona was one of fourteen states that received a Medicaid Transformation Grant which supported Arizona's efforts to create a health information exchange, called the Arizona Medical Information Exchange or AMIE. The pilot was very successful and to date has been the only operational health information exchange to exist in our state.

In order to implement the Medicaid Provisions of the American Recovery & Reinvestment Act (ARRA), Arizona's Medicaid Program (AHCCCS), including CMDP, will use the following strategies:

- Develop a State Medicaid Health Information Technology (HIT) Plan.
- Promote the adoption of electronic health records and maximize Medicaid incentive payment for eligible providers.
- Provide leadership for Medicaid stakeholders and other relevant HIT partners by participating in key coalitions that are pursuing a sustainable Health Information Exchange.

Within the Division, we continue to improve our interface between the child welfare information system (CHILDS) and the health information system, QNXT. CHILDS meets the requirements of federal law and regulations in which States operating programs under Title IV-E of the Social Security Act (the Act) are to submit data to the Adoption and Foster Care Analysis and Reporting System (AFCARS). As a result of federal recommendations during Arizona's most recent federal AFCARS Assessment Review, CMDP is working to enhance the medical information exchange with CHILDS. Specific federal recommendations to be addressed include a revision to the Medical Condition Detail windows in CHILDS. The CHILDS IT team, QNXT team and CMDP Medical Services Unit have begun the Medical Condition Detail window revision process and anticipate having it completed by December 2012.

The CMDP Medical Care Coordinator and the EPSDT Coordinator continue to work with the custodial agency representative to ensure that foster children receive required healthcare services and all appropriate follow-up. The member's custodial agency representative helps to achieve member compliance with EPSDT standards and facilitates referrals to needed specialty services and other support services. The EPSDT coordinator and/or custodial agency representative communicates with PCPs regarding pertinent medical information, to address concerns about non-compliant behaviors, and to coordinate referrals to community agencies.

(iv) Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care

CMDP's Medical Management Plan provides detail on CMDP's policy regarding continuity of care and member transitions. CMDP recognizes the importance of maintaining continuity of care and service whenever a member's care setting or provider changes. Processes to guard against interruptions in care are integrated throughout CMDP's organization. Integrated systems and interdepartmental processes include the use of QNXT, which can be accessed by all CMDP units involved in coordinating services for a member. The system allows for: 1.) sharing of member and provider information for such purposes as coordinating procedures related to discharge planning and authorization of post-hospital services; and 2.) documenting care management and medical information. QNXT system upgrades completed in the Fall of 2011 further enhanced capabilities in these areas.

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The EPSDT and Oral Health Plan and the Quality Management/Performance Improvement (QM/PI) program documents provide information on CMDP's efforts to work with foster caregivers to establish a medical home for all foster children and to ensure the continuity of care for health plan transitions. CMDP strives to establish a true medical home for every child during the period that they are in foster care. The 2011 EPSDT and Oral Health Plan and 2011 Quality Management/Performance Improvement Plan contain no changes in regard to steps to ensure continuity of health care services. The activities described in Arizona's June 2009 Health Care Services Plan are continuing. For example:

- CMDP encourages members to select a PCP from the CMDP's Preferred Provider Network, and provides services to assist caregivers to select the best PCP to meet the child's needs.
- CMDP maintains policies and procedures for monitoring the services of members during health care transitions, such as between health plans, within CMDP from one provider/setting to another or to a different level of care.
- When a CMDP member transitions to another Health Plan, CMDP ensures that medical care and treatment plan information is shared with the accepting Health Plan, to facilitate a smooth transition of services.

(v) The oversight of prescription medicines

Pharmaceutical activities are delegated to a Pharmacy Benefit Manager (PBM), CVS/Caremark, which is CMDP's only subcontracted entity. However, CMDP remains responsible for all functions delegated to the PBM. CMDP monitors the adequacy and accuracy of the PBM through review of audited financial statements, investigation of member/caregiver or provider complaints, quarterly operational meetings, quarterly Pharmacy and Therapeutic (P&T) Committee meetings, and a formal annual review. CMDP requires the PBM to submit a number of quarterly deliverables, which are also closely reviewed. The specific issues addressed through monitoring include utilization, adequacy of provider network, member and provider satisfaction, and quality of care issues.

CMDP continues to be responsible for oversight of all pharmacy activities including prescribing, dispensing practices, and use of medications. CMDP monitors clinical appropriateness and proper utilization, as well as resource management, and addresses quality concerns and complaints. These processes are integrated into the QM/PI and Medical Management programs. CMDP's pharmacy management strategies encourage the use of medically effective, cost-effective pharmacy services that support optimal health care outcomes. Significant oversight components of CMDP's pharmacy management include:

- a Preferred Medication List (PML) of covered pharmaceuticals that is tailored to CMDP's pediatric population and updated at least quarterly;
- a prior authorization process to make medically necessary non-formulary drugs and over-the-counter medications available to members;
- monitoring of drug utilization patterns for psychotropic medications and other medications, as appropriate;
- development with the new PBM of a monitoring mechanism of potential adverse drug interactions, drug-pregnancy conflicts, therapeutic duplication, and drug-age conflicts;

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- drug utilization reviews through PBM standing reports and ad hoc queries; and
- education and focused interventions with providers, pharmacies and members about drug utilization and profile results in order to improve safety, prescribing practices, and therapeutic outcomes.

As addressed in the 2012 EPSDT and Oral Health Plan, CMDP monitors member's behavioral health care and psychotropic medication utilization through the following ongoing activities:

- Monitoring non-compliant providers through the Provider Services Unit and QM/PI Committee activities.
- Educating and communicating the AHCCCS guidelines to PCPs who treat CMDP members with diagnoses of depression, anxiety, and ADHD through CMDP correspondence such as the CMDP Provider Newsletter, CMDP Provider Manual, and CMDP website.
- Behavioral case management of certain non-Title XIX/XXI members regarding outpatient and inpatient service utilization.
- Monitoring through the Pharmacy and Therapeutics and MM Committees the activities of PCPs prescribing under the Psychotropic Medication Initiative Guidelines.
- A payer verification process to educate members, CPS Specialists, and caregivers to fill RBHA prescriptions using the RBHA ID number and not the CMDP ID card.

On November 23, 2011, the Department of Health and Human Services (HHS) issued a letter to State Directors reviewing their concerns around the use of psychotropic medications in foster care. In 2012, the Government Accountability Office (GAO) finalized a report about the use of psychotropic medication with children in foster care. The report was in two parts. The first part of the report compared data on the rate of psychotropic medication prescription for children on Medicaid and in foster care with children on Medicaid but not in foster care. Data was pulled from prescription claims for Florida, Maryland, Massachusetts, Michigan, Oregon and Texas. The second part of the report looked at how state monitoring programs compare to best principles guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP).

As Arizona was not included in the study that generated the GAO report, ADHS/DBHS, in conjunction with the Division, are reviewing psychotropic prescription medication data for Arizona's children in out-of-home care. Over the years, most of Arizona's behavioral health initiatives for children in foster care have been created in collaboration between ADHS/DBHS and the Division, based on national best-practice standards. In addition to evaluating the psychotropic prescription encounter data, ADHS/DBHS and DES/DCYF are comparing current Arizona policy, practice, and procedures to AACAP's best principles guidelines.

The 2012 EPSDT and Oral Health Plan will continue the above activities and will enhance the behavioral health medication initiatives based on evaluation of 2010 activities. There are no other changes to Arizona's June 2009 Health Care Services Plan in the areas of oversight of prescription medications.

(vi) How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

A fundamental aspect of the QM/PI Committee is the inclusion of medical and non-medical professionals who are actively involved in assessing CMDP's performance and quality management activities. The QM/PI Committee's purpose is to advise and make recommendations to the Medical Director and Program Administrator on matters pertaining to the quality of care and services provided to members. The Committee meets quarterly.

CMDP also continues to engage pediatric physicians, dentists, and other medical professionals through other quarterly committee activities, such as the Pharmacy and Therapeutics Committee and the Medical Management Committee. In addition, pediatric physicians participate in CMDP's weekly Quality Review Committee meeting and cases requiring special care coordination or medical case management.

In summary, CMDP is continuing the implementation of the oversight and coordination plans developed prior to P.L. 110-351. The documented plans are cited throughout this document. Those plans are:

- 2012 Quality Management/Performance Improvement (QM/PI) program
- 2012 EPSDT and Oral Health Plan
- 2012 Medical Management Plan
- 2012 Maternity & Family Planning Plan

(vii.) Steps to ensure that the components of the transition plan development process include information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document.

CMDP is the health plan for foster youth receiving Chafee services. CMDP mails all new members a CMDP Member Handbook. The handbook is also available online at:

www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookenglish.pdf

The CMDP Member Handbook includes a section entitled "*Member Rights*." These rights include the following:

- Members shall be provided with information about formulating advance directives to provide for involvement by the member or their representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of Federal and State law with respect to advance directives [42 CFR 438.6].

CMDP also issues a Provider Manual for the healthcare providers. The Provider Manual includes a section entitled "*Member Rights*". These rights include the following:

- The right to participate in decision-making regarding their health care in the present and future, and to have a representative to facilitate care or treatment decisions when the member is unable to do so.
- For more information on "Advance Directives" and life care planning, please contact CMDP Member Services.

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The Provider Manual is also available online at:

<https://www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/HPM-069-PD.pdf>

CMDP supports the Division's policy for CPS Specialists, which includes the following policy statement:

- The department shall ensure every youth develops a transition plan which addresses how his/her basic needs will be met at the time of discharge from care including:
 - the importance of designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who would otherwise be authorized by state law to make such decisions, and
 - the option to execute a health care power of attorney, health care proxy, or other similar document.

The procedures for implementing the above policy statement are included in the CPS policy manual. These procedures include the following:

- The case manager shall arrange to meet a youth during the ninety day period prior to his/her eighteenth birthday to develop a transition plan that is personalized to the youth's needs, is as detailed as the youth elects, and includes information on the importance of:
 - designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who would otherwise be authorized by state law to make such decisions; and
 - the option to execute a health care power of attorney, health care proxy, or other similar document. (For more information, see Advance Directives and Health Care Directives at www.azag.gov/life_care)

(viii.) Protocols to monitor the appropriate use of psychotropic medications for children and youth in the foster care system.

Use of psychotropic medications for children and youth in Arizona's foster care system

The GAO released a report in December 2011 comparing rates of psychotropic prescribing for foster children to non-foster children in Medicaid. As the results of the GAO analysis cannot be generalized to Arizona, ADHS/DBHS and CMDP jointly drafted a white paper that evaluates Arizona's psychotropic prescribing data during the same period as the GAO report's data. In addition, ADHS/DBHS compared current Arizona policy, practice, and procedures to the national American Academy of Child and Adolescent Psychiatry AACAP best practice Principles.

Per the ADHS/DBHS Enrollment Penetration Report, the penetration rate into the behavioral health system for children covered by CMDP was 64%, compared to 5.6% for non-CMDP children age birth to eighteen, as of June 30, 2008. Children in CMDP also utilized services at a higher rate than non-CMDP children, as evidenced by higher expenditures per child. CMDP children also used the majority of other covered behavioral health services at higher rates than non-CMDP children. Thus, when evaluating psychotropic utilization in the CMDP vs. non-CMDP population, the larger context of utilization of behavioral health services should be taken into consideration.

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The population studied included 14,840 CMDP (foster) children ages birth to eighteen and 719,663 Medicaid eligible children, ages birth to eighteen. Arizona's 2008 pharmacology data was run using the same methodology as the GAO report. Notable exceptions include:

- All claims data for psychotropic prescriptions written in Arizona's Medicaid system during 2008 were included.
- Psychotropic prescriptions written through both acute health plan (PCP prescribing data) and the behavioral health system were included.
- Data was representative of psychotropic prescribing of greater than 90% (all Medicaid) of Arizona's foster care population during 2008

This study resulted in the following findings:

- Children in foster care were more likely to be on psychotropic medication than children not in foster care.
- Children in foster care were more likely to receive psychotropic medications than non-foster children regardless of their length of time in Medicaid.
- Rates of psychotropic drugs prescribed concomitantly to foster children was higher than that for non-foster children.
- Children in foster care are more likely to be prescribed psychotropic drugs outside FDA-approved doses or standards published in medical literature than children not in foster care.
- Psychotropic prescribing to foster children age 0-1 was an uncommon practice, and the prescribing rate was higher among the non-foster population

The above findings were shared with child welfare stakeholders at the Arizona Annual Judicial Conference, the Arizona Annual Public Defender's Conference, and the Arizona Annual Conference of the American Academy of Pediatrics - Arizona Chapter. In addition, after vetting through appropriate agencies, the white paper on psychotropic prescribing of children in foster care, will be published on the ADHS/DBHS website for review and discussion by any stakeholders.

As next steps, ADHS/DBHS will initiate a standardized statewide monitoring plan for psychotropic medication use in children in foster care starting in S FY 2013. In addition, and Arizona team with members from AHCCCS, the Division, and DBHS will be attending "Because Minds Matter: Collaboration to Strengthen Management of Psychotropic Medications for Children in Foster Care" in August 2012, in Washington DC. This team will be meeting in June to begin preparation for the conference and will review Arizona's data as well as the compliance with AACAP Best Practice Principles.

Arizona's protocols for the appropriate use of psychotropic medications for children and youth in the foster care system

Arizona's protocols for the use of psychotropic medications are maintained by ADHS/DBHS. These include protocols on comprehensive and coordinated screening, assessment and treatment planning mechanisms; informed

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and shared decision-making, effective medication monitoring at both the client and agency level, availability of mental health expertise and consultation; and mechanisms for sharing accurate and up-to-date information related to psychotropic medications. Arizona's consent, oversight, consultation, and information-sharing laws, policies, and procedures were recently compared with AACAP Best Principle Guidelines. This review found that Arizona has fully implemented nine of the nineteen AACAP Best Practice Principles and another seven have been partially implemented. Specifically:

- Arizona has fully implemented three of the four consent principles (consent, training, educational materials),
- Arizona has fully implemented one and partially implemented three of the six oversight principles (psychotropic medication prescribing and monitoring);
- Arizona has partially implemented two of the three consultation principles (consultation program by child and adolescent psychiatrists); and
- Arizona has fully implemented five of the six information-sharing principles (educational website materials for child welfare stakeholders).

In 2009, CPS staff were given access via the on-line *Children's Services Manual* to updated ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care. A comprehensive exhibit that explains informed consent and ADHS policies on the use of psychotropic medications was added to the policy manual. In addition, the Division worked with ADHS/DBHS to develop materials that provide questions to ask and other guidance for participation in CFT meetings when a child is prescribed a psychotropic medication. A brochure was produced for all types of caregivers, and a more comprehensive guide was developed for use by field staff and licensed caregivers (foster parents and group home staff). This guide is viewable at <https://extranet.azdes.gov/dcyfpolicy//SERVICEMANUAL.HTM>, Exhibit 54.

Attachments

**Agency Response to Citizen Review
Panel's 2011 Recommendations**

**Letter of required notification
regarding substantive changes in
Arizona's State Laws**

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

RECOMMENDATION 1: DCYF should work more closely with the Department of Health Services to resolve systemic issues so that parents and children with identified behavioral health needs have access to timely, high-quality, comprehensive behavioral health assessment and services.

AGREE **DISAGREE**

Response:

Each Division of Children, Youth and Families (DCYF) Region meets on a regular basis with its partner Regional Behavioral Health Authority (RBHA) and its providers. There are established collaborative protocols required by the Arizona Health Care Cost Containment System (AHCCCS)/Division of Behavioral Health Services (DBHS) with each state stakeholder and their partner RBHA. These protocols are designed and written jointly each year with the stakeholders to meet the unique needs of their population and geographic region. Each DCYF Region conducts ongoing collaborative meetings with local services providers, its partner RBHA, and other key stakeholders to identify and address systemic barriers unique to their region.

The DCYF Comprehensive Medical and Dental Program (CMDP) Medical Director regularly communicates with the Children's Medical Director from DBHS in the identification and resolution of systemic behavioral health issues. In addition, the Medical Director is a member of the CMDP Quality Management/Performance Improvement Committee (QM/PI) which meets quarterly to address statewide compliance and oversight issues. Additionally, DCYF meets regularly with DBHS in Strategic Planning meetings to identify common goals and address systemic barriers experienced by DCYF Regional staff throughout the state. DCYF also co-facilitates a training (The Unique Behavioral Needs of Children, Youth and Families Involved in Child Welfare System) for behavioral health service providers throughout the state to provide information about the social, emotional and mental health needs of children in out-of-home care. The training is a required training for behavioral health staff providing direct care to children, youth and their families. The training is being revised and updated to include information on the needs of adoptive families and children.

DCYF routinely provides public comment to DBHS on their proposed and/or policies and procedures. These include their clinical guidance documents or practice protocols. DCYF participates on numerous committees or councils with other stakeholders that include the Arizona Children's Executive Committee (mandated by the JK lawsuit), the Behavioral Health Planning Council (reviews the state's mental health plan), the Interagency Coordinating Council on Infant and Toddlers (Governor's board that addresses early intervention related issues) and ad hoc committees and work groups developed to address specific issues or short term projects. Included in some of these collaboratives are work with family run organizations and representatives.

DCYF refers all youth taken into Child Protective Services (CPS) custody to the behavioral health through the Urgent Response system within 24 hours of their removal. For those children who are determined to be in need of additional services and supports, a Child and Family Team (CFT) are formed which includes, among others, the CPS Specialists, resources parents/kinship caregiver and the family.

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

RECOMMENDATION 2: DCYF should take the lead for developing comprehensive collaboration at state, regional and local unit levels with other state agencies including; the Division of Developmental Disabilities, Department of Health Services; Juvenile Probation, Arizona Early Intervention Services; and contracted and community service providers involved with children and families to ensure that when multiple agencies or providers are involved with a family that there is a coordinated service delivery plan in order to avoid assumptions that a family's needs are being met when they are not, and to ensure that there is a clear understanding about what services are being provided and limitations to what can be provided.

AGREE **DISAGREE**

Response:

Current DCYF and DBHS policy encourages and reinforces effective communication and coordination of services between government entities so that care can be coordinated efficiently, and positive outcomes can occur:

- Duplicative and redundant activities, such as assessments, service plans, and agency meetings are minimized;
- Continuity and consistency of care are achieved;
- Clear lines of responsibility and accountability across service providers in meeting the needs of the person and family are established; and
- Limited resources are effectively utilized.

DCYF has created an optional training on effective service coordination for infant toddler mental health that is available to all CPS Specialists through the mental health specialists for each DCYF region. DCYF is close to completing a new advanced training which will be required for all new CPS Specialists which provides more information regarding the behavioral health system in Arizona and teaches skills to improve the effectiveness of the Child and Family Team process to improve the outcomes of services for children, youth and families.

DCYF has produced a behavioral health newsletter, which highlights the steps to effective service coordination and emphasizes the importance of service coordination.

Since 2004/2005, all behavioral health providers must attend training on the unique needs of children involved in the child protective services system. This training is being updated to reflect recent changes in the law and it is trained jointly with behavioral health staff and CPS. This training is now being updated to reflect changes within the CPS system and will also address the unique needs of adopted children and parents.

Maricopa County has had an effective process of collaboration in the Substance Exposed Newborn Safe Environment Program (SENSE) in providing services in-home for substance exposed newborns. This concept will be expanded to the other counties upon the award of the new in-home services contract in the next year.

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

RECOMMENDATION 3: CPS Specialists and supervisors must receive training on how to identify risk factors, including parental history of childhood abuse and neglect, and how to assess when the identified risks represent an immediate safety threat to the child. For example, knowing how to recognize when parental substance abuse, mental illness, domestic violence (or all three) present a safety threat to the child based on a thoughtful assessment of the child's vulnerability and available support systems, as measured against the capacity of the parent to meet the child's needs.

AGREE **DISAGREE**

Response:

Currently, the Child Welfare Training Institute (CWTI) fully trains these factors in Case Manager Core Training.

DCYF is collaborating with Arizona State University (ASU) to review the training curriculum provided to all new CPS Specialists and Supervisors. ASU will be making recommendations to improve the training experience. A focus of this review will be on enhancing safety and risk assessment in general, but will also focus on the skills needed to accurately assess safety and risk.

In addition, two positions were created for the sole purpose of providing intensive on-site staff support to increase staff skills, knowledge, and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally based case planning. The intent is to ensure staff fully understand and apply the child safety assessment, strengths and risks assessment, and behaviorally based case planning model to promote child safety, permanency, and well-being. In order to determine the effectiveness of the technical assistance provided by these positions, periodic reviews have been completed on randomly selected cases for each CPS Specialist that received individual technical assistance. Improvements were noted in the following areas:

- More comprehensive information gathered in the various domains;
- Movement toward more comprehensive (and less incident based) assessment;
- Practice shift to a comprehensive approach to child safety and case planning,
- Understanding of the process and the connection of child safety/risk assessment and behavioral case plans.

RECOMMENDATION 4: DCYF should ensure case managers thoroughly document identified risk and safety factors in the case plan, as well as service referrals and follow-up to referrals in reports to the court. Cases should not be closed without clear documentation explaining actions taken to resolve identified risk and safety factors.

AGREE **DISAGREE**

Response:

CWTI fully trains these factors in Case Manager Core Training. As previously mentioned, the Division is partnering with ASU to review the training curriculum and make recommendations that will also focus on the skills needed to accurately assess safety and risk in families experiencing chronic neglect.

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

Process improvement work in DCYF has been underway since January 2011, and spans the child welfare processes including the Child Abuse Hotline, Investigations and Ongoing, as well as key support and compliance functions including practice improvement, policy, training, and the protective services review team. Each process improvement team is designed to solicit ideas directly from staff to streamline the process, focus on child safety, improve decision making and clinical supervision, and make documentation and information easier to read, timelier, and more user friendly.

In addition to the work that the teams conduct, each team's recommendations have been informed by a series of varying focus groups with CPS staff, supervisors, case aides, Judges, Foster Care Review Board members, Court Appointed Special Advocates, attorneys, providers, child crimes detectives and other law enforcement, educators, and other stakeholders from across the state.

The current work that is applicable to this recommendation is the implementation of the Comprehensive Child Safety and Risk Assessment (CSRA). The CSRA is focused on how the safety and risk assessment conducted by the CPS Specialist is documented. The team has seized this opportunity to make adjustments to the current model by developing specific mechanisms to improve critical thinking, clinical supervision and documentation of the CPS Specialist's and Supervisor's analysis and conclusions.

The core team's recommendations have formed a foundation upon which the Department will continue to evaluate ways to better address child safety and to communicate those efforts internally and externally on an ongoing basis.

RECOMMENDATION 5: DCYF should build capacity by reorganizing existing resources and by seeking additional funding to provide longer-term support and intervention for families who are unable to demonstrate long lasting change and/or when interventions do not address underlying problems, especially in cases involving chronic neglect.

AGREE **DISAGREE**

Response:

In March 2011, the Department entered into an agreement with Arizona State University (ASU) through a joint partnership to develop and provide advanced training opportunities to Supervisors and case managers working in the Division. As part of this project, ASU was requested to develop a workshop that will be provided to all CPS supervisors in May 2012 on assessing, intervening with and treating chronically neglectful families. Additionally during the course of 2012, ASU will play a larger role in reviewing the training curriculum provided to all new CPS Specialists and Supervisors and will be making recommendations to improve the training experience. A focus of this review will be on enhancing safety and risk assessment in general, but will also focus on the skills needed to accurately assess safety and risk in families experiencing chronic neglect.

RECOMMENDATION 6: Children with behavioral health issues were observed to experience multiple placements and were often placed in inappropriate situations with foster parents or relatives who did not have the support to meet the child's needs, or in group homes or settings for juvenile delinquents. DCYF should review the process for recruiting foster families for children with behavioral health issues to increase the number and expertise of foster and adoptive homes for these children to reduce placement disruptions.

AGREE **DISAGREE**

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

Response:

DCYF co-facilitates with each RBHA the "The Unique Behavioral Needs of Children, Youth and Families Involved in Child Welfare System" training which provides information about the social, emotional and mental health needs of children in out-of-home care. Included in this training are professional foster parents who are also Home Care Training to Home Care Client (HCTC) providers. These are specially training foster parents who assist children in out-of-home with behavior health challenges to learn how to live in a family setting. Some DCYF regions have developed training for foster parents to offer additional support to resource parents. For example, Southeast Region has partnered with the Arizona Children's Association to provide specialized crisis training to regularly licensed foster parents to help meet with the needs of children leaving higher levels of care with challenging behaviors.

DCYF developed a psychotropic medication guide for licensed foster parents and an information brochure for kinships caregivers regarding psychiatric evaluations. Additionally, DCYF worked with the Family Involvement Subcommittee to develop literature on the resource parent's participation and involvement in the Child and Family Team.

DCYF is currently developing updated online information for CPS Specialists that will include a section that contains behavioral health guidelines and tools for foster caregivers to assist with behavioral needs of the children placed in their care.

RECOMMENDATION 7: DCYF should increase placement stability for children in out of home care by ensuring that appropriate support is provided to relatives, and foster and adoptive parents who are caring for children with emotional and behavioral health issues to include on-going support when higher levels of intervention are not determined necessary by the RBHA or are not available, and a process for pre and post adoptive parents to receive additional services for the children in their care.

AGREE **DISAGREE**

Response:

DCYF consistently reviews and monitors placement stability. In 2012, DCYF has worked closely with many of its staff and key partners to identify opportunities to improve the placement process, identify service needs and increase stability for children in out of home care.

The RBHAs are mandated by federal (42 CFR) and State (ACC R9-22-101) statutes or administrative rules to only provide medically necessary services. If a service has been determined to not be medically necessary, the Child and Family Team will assist in the development of support services to meet the needs of the youth and family.

RECOMMENDATION 8: DCYF should review substantiation guidelines particularly in regard to allegations of neglect. The panels suggest the Department start by considering a definition for "unreasonable risk of harm" specific to neglect situations.

AGREE **DISAGREE**

Response:

AGENCY RESPONSE TO THE 2011 ARIZONA CITIZEN REVIEW PANELS' 13TH ANNUAL REPORT RECOMMENDATIONS

DCYF currently has a definition for "unreasonable risk of harm" and there are currently guidelines to apply the definition as outlined in DCYF's Children Services Manual in [Exhibit 11 - Substantiation Guidelines](#):

***Unreasonable risk of harm:** means taking into account the totality of the circumstances specific to the incident, the behavior and/or action or inaction of the parent, guardian or custodian placed the child at a level of risk of harm to which a reasonable (ordinarily cautious) parent, guardian or custodian would not have subjected the child.*

The CPS Specialist should apply the definition to the allegation under investigation by applying a series of questions as follows:

- 1. What is the minimal level of supervision, food, clothing, shelter or medical care needed for this child based on the child's age, cultural expectations and developmental status?*
- 2. Is this minimal level being met by the parent, legal guardian or custodian?*
- 3. If this minimal level is not being met, how is it not being met?*
- 4. If this minimal level is not being met, what is the unreasonable risk of harm that has resulted or could result if the need is not met?*
- 5. Is the parent, guardian or custodian using substances known to create an unreasonable risk of harm to a child? These substances include but are not limited to cocaine (crack), methamphetamines, heroin, PCP, and alcohol.*

In addition, as part of the Division's ongoing process improvement work, DCYF staff met to review the Protective Services Review Team (PSRT) process. The PSRT team was tasked with reviewing the current system used in both processes and making recommendations to increase capacity while maintaining a high degree of integrity for the central registry.



THOMAS C. HORNE
ATTORNEY GENERAL

OFFICE OF THE ATTORNEY GENERAL
STATE OF ARIZONA

CIVIL AND CRIMINAL
LITIGATION AND ADVICE
SECTION

June 25, 2012

Mr. Douglas Southard
Child Welfare-Regional Program Manager
Administration for Children and Families
Children's Bureau, Region IX
90 7th Street, Ninth Floor
San Francisco, CA 94103

RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws

Dear Mr. Southard:

The Office of the Arizona Attorney General has reviewed the child welfare legislation made during the regular Legislative Session of 2012. The legislation becomes effective on August 2, 2012 unless otherwise noted. None of the legislation impacts CAPTA eligibility; and most of the bills will strengthen the ability of the Arizona Department of Economic Security ("ADES") to protect children, to serve families, and to promote permanency.

Following is a summary of each of the legislative bills passed in **2012** in the child welfare area:

SB 1008 CHILD FATALITY REVIEW TEAM

This bill eliminates statutory references to the *Sudden Infant Death Advisory Council* and transfers the Council's responsibilities to the *Child Fatality Review Team*. These responsibilities include reviewing sudden unexplained infant deaths, periodically reviewing the infant death investigation checklist developed by the Arizona Department of Health Services, and providing recommendations to the Legislature and Governor for specific programs regarding unexplained infant deaths. The Legislature found that the duties of the Council were duplicative of the Child Fatality Review Team and so the Council was eliminated.

SB 1100 ADOPTION, VISITATION PENDING FINAL DECREE

This bill provides prospective adoptive parents the right to: a) refuse visitation between the child

and a birth parent if the birth parent's rights have been terminated, pending appeal, unless the juvenile court orders visitation; b) on request, to be notified of and to participate in all meetings in which ADES is making decisions relating to the child in the prospective adoptive home; and c) on request, to notification of an appeal of the termination of the birth parent's parental rights. The purpose of this bill was to provide prospective adoptive parents with additional input in decisions affecting the children that they plan to adopt.

SB 1128 FAMILY ADOPTIONS; SOCIAL STUDIES; REQUIREMENTS

SB 1128 *requires*, rather than allows, for a social study to consist ONLY of state and federal criminal records checks and a central registry check if the child's prospective adoptive parent is a relative and the child has resided with the prospective adoptive parent for at least six months. This bill contained an emergency clause and was effective on March 13, 2012. It is anticipated that this bill will have a positive impact by streamlining permanency for children awaiting adoption by relatives while still ensuring their safety. Relatives of children who are in the care, custody and control of the Department will have already undergone an extensive assessment process for placement and so this change will expedite the adoption social studies by requiring only the updated criminal background and CPS registry checks as additional information.

SB 1136 FINGERPRINTING; CENTRAL REGISTRY; BACKGROUND CHECKS.

This bill expands the number of persons requiring a central registry background check to include all employees of an ADES contractor, a subcontractor and the subcontractor's employees who provide direct services to children or vulnerable adults. Beginning August 1, 2013, the Department of Health Services' child care licenses that do not contract with ADES and who employ persons providing direct services to children must also conduct central registry background checks for those employees. An additional provision provides that a contractor or employee of a contractor disqualified from employment because of a central registry check may apply to the Board of Fingerprinting for a central registry exception.

HB 2154 CHILD RESTRAINT SYSTEMS

HB 2154 expands the child restraint law to require that passengers aged 5 - 6 years and not more than 4'9" tall be restrained in a child restraint system.

HB 2249 CHILD PROTECTIVE SERVICES OVERSIGHT COMMITTEE

This bill establishes the Child Protective Services Oversight Committee. The Committee is a study committee with responsibilities for identifying areas for administrative and statutory improvement in the CPS system and recommending statutory and administrative changes. Duties also include determining if private sector efficiencies can be used in collaboration with the current public sector model to achieve the goals of CPS and to examine the use and effectiveness of privatization of the functions of CPS in other states. A report must be submitted to the Governor and Legislature by November 15, 2012. This Oversight Committee may have been an outgrowth of the recommendations from the Governor's 2011 Child Safety Taskforce that issued recommendations for child welfare reform during the latter part of 2011.

HB 2721 CHILD WELFARE INVESTIGATIONS

HB 2721 requires the Director of ADES to establish the Office of Child Welfare Investigations within ADES. The Office will conduct investigations related to criminal child abuse and neglect allegations (as defined in A.R.S. § 8-801). On October 7, 2011, the Governor issued Executive Order 2011-06, which established the Arizona Child Safety Task Force. The Task Force was charged with reviewing child-safety policies and offering professional advice, expertise and testimony in various areas, including CPS and law enforcement investigations. The Task Force recommended the creation of the Office of Child Welfare Investigations within ADES specifically to investigate allegations of criminal child abuse or neglect. The Office is to employ investigators who have received training to understand law enforcement's role in cases of criminal child abuse or neglect. ADES, in cooperation with the Arizona Peace Officer Standards and Training Board is to provide specified training to the investigators. The duties of a child welfare investigator are similar to those of a CPS investigator but the child welfare investigator will have specific expertise in investigating allegations of child abuse and neglect involving criminal conduct. It is anticipated that the child welfare investigators will work collaboratively with CPS investigators and with law enforcement. It is also anticipated that the use of advocacy centers will increase as the Office of Child Welfare Investigations is implemented.

HB 2794 CPS; REVIEW TEAMS

This bill makes numerous changes relating to child safety. The bill:

- Expands the definition of *criminal conduct allegation* to include an offense that constitutes domestic violence and involves a minor who is a victim of, or was in imminent danger during, the domestic violence (A.R.S. § 8-801[2]).
- Includes in the definition of *near fatality* an act that, as certified by the **child's treating** physician, places a child in serious or critical condition (A.R.S. § 8-807[U][2]).
- Requires ADES, for a child in initial out-of-home placement, to determine that there are no court orders relating to any superior court criminal case that prohibit the parent or guardian from contact with the child before allowing a child to maintain contact with their parent or guardian (A.R.S. § 8-813[B]).
- States that ADES, if a child is in the Department's temporary custody, must determine that there are no court orders relating to a criminal case which prohibit a person or guardian from contact with a child prior to allowing visitation. If such a court order exists, ADES is not required to submit a proposal for visitation with the child's parents or guardian at the preliminary protective hearing. (A.R.S. § 8-824[H][9]).
- Requires a peace officer, when responding to a call alleging that domestic violence has been or may be committed, to determine if a minor is present. If a minor is present, the peace officer must conduct a child welfare check to assess the child's safety and whether the child might be a victim of domestic violence or child abuse (A.R.S. § 13-3601[N]).

- Eliminates the CPS removal review team mandate (A.R.S. § 8-822[3]). This provision was removed as recommended by the Governor's Task Force because it was thought not to be necessary and a waste of resources that could be put to better use elsewhere in the child welfare system.

Please feel free to contact me if you have any questions or would like to discuss the 2012 legislation.

Sincerely,

Gaylene Morgan
Assistant Attorney General
Child and Family Protection Division
Office of the Arizona Attorney General

Doc. 2756208