



## **CHILD AND FAMILY SERVICES**

### **Annual Progress and Services Report for FFY 2017**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
June 2016**

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# **Section I**

## **Department of Child Safety Structure, Vision, Mission, and Values**

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**Section I: Department of Child Safety Structure, Vision, Mission, and Values**

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

***Central Office Operations***

The Department's central administrative structure includes four operational sections that report to the Department's Director:

- Field Operations
- Business Operations
- Office of Child Welfare Investigations (OCWI)
- Office of Quality Improvement

Field Operations include:

- Five regions providing direct services for children and families
- DCS Hotline
- Prevention Administration
- Child Welfare Training Institute

Business Operations include:

- Comprehensive Medical and Dental Program
- Information Technology
- Facilities and Business Services
- Budget and Finance
- Contracts
- Office of Licensing and Regulation
- Human Resources
- Enterprise Risk Management

The Office of Quality Improvement includes:

- Ombudsman's Office
- Program Development
- Practice Improvement
- Child Fatality Review Team
- Policy Administration
- The Protective Services Review Team

Additional Central Office functions within these operational sections include:

- Interstate Compact on Placement of Children
- Statewide parent and relative locate services
- Adoption and resource home development and support programs
- Statistical analysis and data report development

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***Regional Operations***

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

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

Each region provides:

- Investigation of child abuse and neglect reports
- Case management
- In-home services
- Out-of-home services
- Permanency planning
- Foster home recruitment and training
- Adoptive home recruitment and certification

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

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

Mission: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

Organizational Values:

- Child-centered
- Family-focused
- Successful engagement
- Partnerships and community
- Professional Environment and Workforce Excellence
- Cultural Responsiveness
- Accountability and Transparency

# **Section II**

## **Collaboration with Stakeholders**

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The Department's framework for collaboration with stakeholders includes four components: a strategic plan, the Community Advisory Committee, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and tactics so that improvement initiatives are supported and sustainable.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's consultation framework, the Department shares outcome and goal-related data with staff and external stakeholders. The Department publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year. These reports and the Department's Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site. The Department presents outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings. For example, the Department has developed a report for use by the legislature's DCS Oversight Committee that includes the CFSR Round 3 data measures.

***Strategic Plan***

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization that uses evidence-based, evidence-informed, and best practices. The strategic plan outlines breakthrough initiatives, strategies, goals, and performance metrics that guide the Department's work and progress towards carrying out the Department's mission.

As a newly established department, DCS continues to build the systems and structure that will support outcomes for the future, while identifying challenges that have evolved over time. The following goals have been identified through the strategic planning process.

- Goal 1: Improve objective decision-making at the Hotline and investigations
- Goal 2: Improve performance and quality of services through employee retention
- Goal 3: Reduce length of stay for children in out-of-home care
- Goal 4: Reduce recurrence of maltreatment by improving service delivery
- Goal 5: Improve capacity to place children in family environments

The identified strategic goals each directly impact each other and are linked throughout DCS operations. The strategies outlined to accomplish the goals are geared toward the implementation of tools and processes. Thoughtful preparation has been taken to ensure that the processes are standardized, meaningful, sustainable, and will deliver better outcomes for children and families. The important task of keeping children safe and strengthening families requires intentional preparation, transparency, accountability, and continuous improvement. The implementation of the Strategic Plan provides a platform to make thoughtful decisions about sequencing our efforts to address current issues while building for the future.

DCS relied on the advice, evaluation, and consultation of numerous stakeholders and groups during the initial development of the strategic plan, as well as during the continuing evaluation and revision, as needed, of the plan. Stakeholders and leading national child welfare organizations that were consulted include Casey Family Programs, Chapin Hall, the Children's Bureau, court partners, advocacy groups,

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and DCS staff. More than 300 stakeholders were consulted through interviews, focus groups, and online surveys to inform the strategic plan.

The Department values communication with stakeholders, and believes dedicating resources to the continued efforts to include both internal and external stakeholders in continued improvement efforts is a priority. The Department hired a Communications Director during SFY 2016 specifically to expand communication to internal and external stakeholders. Internal communication to staff now includes a monthly live webcast from the Director to encourage and inform staff and a monthly agency newsletter to communicate key information and build staff morale. The Department has also improved communication with external stakeholders, through improvements to the agency website and other activities. The website now includes the option to read it in Spanish and primary navigation has been restructured to focus on stakeholder needs. A monthly e-mail to foster families has been initiated to express gratitude, provide encouragement, and provide valuable resources. Additionally, social media has been launched to more effectively communicate with the public.

***Community Advisory Committee***

In May 2014, during the Second Special Legislative Session, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee provides an opportunity for the Department and community stakeholders to collaborate so that together we accomplish our mission to successfully engage children and families to ensure safety, strengthen families, and achieve permanency. The makeup of the committee, pursuant to ARS 8-459, is comprised of representatives from the following:

- Child welfare agencies that directly provide contracted services to children and their families;
- Child advocacy organizations that deal with child welfare system policy issues;
- Current or former foster or adoptive parents;
- Medical providers, with a preference for pediatricians, who have experience in diagnosing and treating injuries related to abuse and neglect;
- Volunteers with the foster care review board or court appointed special advocate program;
- Persons with an academic appointment to a state university who conduct research in child welfare services, child maltreatment or child abuse or neglect;
- The courts - the representative must be involved in child welfare issues;
- A rural area in this state who has experience in the child welfare system;
- A Native American tribe or nation who has experience in the child welfare system;
- A child advocacy organization that advocates for or represents children who are victims of crime;
- Persons who have experience with children with special needs and the child welfare system;
- A law enforcement agency - the representative must have experience with the Department on cases that involve criminal conduct allegations;
- Schools - the representative must have experience in the child welfare system; and
- A faith based organization - the representative must have experience in the child welfare system.

***Targeted Engagement Opportunities***

As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts in the community. The Department has an extensive group of stakeholders who have participated, or are willing to participate in consultation activities to inform specific Department initiatives. These stakeholders include tribal representatives, community health center employees, court personnel, service providers, former foster children, foster parents, legislators, child advocates, and others subject matter experts as applicable.



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***Continuous Engagement Initiatives***

The Department benefits from a large and diverse stakeholder community available for continuous consultation and collaboration. Consultation occurs at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. This has proven to be an effective way to identify potential areas of concern and share best practices. When areas needing improvement are identified, a plan may be established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input is received to update and implement the Department's strategic plan and other improvement efforts.

- *The Arizona Citizen Review Panels* – Arizona has three fully operational Citizen Review Panels (CRP) comprised of private citizens and professionals (e.g. social service providers, educators, child advocates, adoptive and foster care parents, mental health professions, legal advocates, medical providers, former abuse and neglect victims, faith-based representatives, and representatives from the Department). The CRPs meet quarterly in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions as required by federal mandate. The fundamental role of the CRPs are to evaluate the extent to which the state and local child protection systems/agencies are effectively discharging their child protection responsibilities in accordance with the State's CAPTA Plan, child protection standards set forth in law, and any other criteria that the panel considers important to ensuring the safety, permanency, and well-being of children, which may include: (1) examining the policies, procedures and practices of State and local child protection agencies, and reviewing specific cases, where appropriate; (2) reviewing the extent to which the State and local child protection system is coordinated with the title IV-E foster care and adoption assistance programs of the Social Security Act; and (3) examining specific or relevant cases as determined appropriate by the panel, including child fatalities and near fatalities in the State. An annual CRP report detailing the CRP activities and recommendations to improve the child welfare system is submitted to the Department and made available to the public.
- *The DHS Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by twelve local child fatality teams located throughout Arizona. Teams are made up of a panel of experts that may include pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings, and makes recommendations regarding the prevention of child deaths. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child

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fatalities in Arizona. This is accomplished through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.

- *The Youth Advisory Board* – The State Youth Advisory Board (SYAB) is comprised of current and former foster youth, Child Safety Specialists, and other agency and community professionals. The Board meets quarterly to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the state plan on independent living. Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. The state and local boards provide a forum for youth to review and have input into legislation implementation, child welfare policy development or revision, foster and adoptive family recruitment, training for caregivers and Child Safety Specialists, and other areas. For more information on the Youth Advisory Board and other consultation activities with youth, see Section XI, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report*.
- *The Children's Action Alliance Child Welfare Committee* – This committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the Arizona State University (ASU) Center for Child Well-Being, foster and adoptive parents, citizen advocates, attorneys, and the Department. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers, the public, and the Children's Action Alliance about the Arizona child welfare system's laws, policies, resources, and practices.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence since 1964, is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Foundation for Human Service Providers is a 501(c)3 organization that serves as the education and training arm of the Arizona Council. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care, counseling, and other child welfare and behavioral health services. The Council's child welfare committee provides guidance on child welfare issues and policies. The Department provides information to the child welfare committee upon request. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives.
- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Department's consultation activities with the state's American Indian Tribes, see Section VIII of this APSR.
- *The Court Improvement Advisory workgroup* – The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. Department personnel, including the Department's Chief Quality Improvement Officer, continue to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored. The Advisory Workgroup also includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Department. These collaborations provide opportunities

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for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases.

- *The Committee of Juvenile Court Judges* - The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. The DCS Director and Chief Quality Improvement Officer are invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.
- *The Court Improvement Program ICWA Committee* - The ICWA Committee is a sub-committee of the *State Tribal Court Forum*, and actively plans a statewide summit, which occurs every other year. The last summit, *Connecting Legacies: Collaboration and Innovation with ICWA*, occurred in August 2015, and involved up to 200 judges, attorneys, and child welfare professionals from the State and Arizona Tribes. The Committee revised the Arizona ICWA Guide to account for the recently released *Guidelines for State Courts and Agencies in Indian Child Custody Proceedings* in SFY 2016. The committee is currently working with Casey Family Programs to plan and deliver regional judicial round tables, which will bring tribal and state judges together to discuss the joint efforts to serve tribal families.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for systems change to improve outcomes for maltreated infants and toddlers through greater judicial oversight of cases, more timely services, and providers who understand the unique needs of vulnerable young children. Locally in each county, a team of infant and toddler specialists, child welfare specialists, mental health representatives, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meet monthly to address systems issues and share community resources. In July 2015, Prevent Child Abuse Arizona and the Administrative Office of the Courts, co-hosted the annual Best for Babies statewide meeting attended by 13 of Arizona's 15 juvenile courts. The featured speaker was Brenda Jones Harden whose presentation was on Young Children in the Child Welfare System. Also, Arizona State University, Center for Child Well-Being presented preliminary information from their multi-year study of outcomes for young maltreated children, birth to three years in each county. Recent findings from the Maricopa County cohort show reduced re-entry for those children reunified with birth parents over a one year period. Prevent Child Abuse Arizona will be hosting the annual statewide Best for Babies meeting again in July 2016. The topics will include visitation, concurrent planning, and an update on the ASU research study of outcomes for children age newborn to three across all Arizona counties.
- *The Maricopa County Disproportionate Minority Contact (DMC) Workgroup* - This project is a collaborative effort between the Maricopa County Juvenile Court, probation, detention, schools, law enforcement, DCS, Florence Crittenton, The People of Color, and Magellan Health Services of Arizona. The goals of the workgroup include addressing DMC within detention, crossover youth, and other decision points within the probation system using race and ethnic data to guide

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decisions and focus areas. These efforts promote the court's emphasis on equity, fairness, and community safety for all youth and families in Maricopa County.

- *Resource Family Recruitment Liaisons and Councils* – All five regions have recruitment liaisons who develop Community Recruitment Councils and work with the contracted home recruitment agencies to actively engage their communities in recruitment efforts. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in the Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan submitted with the FFY 2016 APSR.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies in their respective counties who work together to educate the community about the growing need for quality, caring, foster and adoptive parents.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. The longevity and growth of this relationship is attributed to high-level leadership commitment of both institutions, shared commitment to child welfare training and social work best practices, and the sustained funding through federal title IV-E participation for those endeavors that are recognized as eligible by federal statute. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. ASU supports an integrative model of knowledge creation, transfer, and utilization that incorporates the unique local context in which child welfare practices are implemented and situates the university-agency partnership as a key mechanism through which evaluation and knowledge transfer can occur. This model is founded on the idea that evaluation topics that are relevant to the agency, and findings that are specific to the local context, can be readily applied to the range of practice and policy decisions within the real-world environment of child welfare agencies. As such, ASU's long history of commitment to child welfare in the areas outside of the agreement, such as child welfare prevention, intervention programming, child welfare advocacy, education, and policy influence establish ASU as a trusted ally. For additional information on the Department's collaboration with Arizona State University, see Section V, 4. Staff and Provider Training.
- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives.

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- *Positive Parenting Program Initiative* – The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Department has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona. Stakeholders include public health nurses, home visitors from several agencies, and members of the Children's Action Alliance.
- *The Crossover Youth Practice Model* – The Administrative Office of the Courts and Maricopa County continue to support the Georgetown University Crossover Youth Practice Model. The overarching goal of the model is to efficiently use time, resources, and information across multiple systems so that dually involved youth and their families can achieve better outcomes. The program began as a pilot in a portion of Maricopa County, and has now expanded into other areas of the county, as well as Mohave, Coconino, and Yavapai counties. There are plans to continue the expansion to Santa Cruz, Pinal, and Pima Counties during FFY 2017. The Courts, juvenile probation departments, DCS, mental health agencies, police departments, and school districts are working collaboratively, and within each of their independent systems, to implement policy changes in accordance with this goal.
- *FosterEd* - The FosterEd Initiative is a pilot program in Pima County, with leadership from the Pima County Juvenile Court and active involvement by the Pima Region Deputy Program Manager. The FosterEd initiative is addressing issues of educational stability through the assignment of “Education Champions” to school age youth as they enter care. For more information on the FosterEd Initiative, including the passage of a bill that has created a statewide FosterEd type program, see Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report.
- *The Substance Abuse Epidemiology Work Group (EPI Work Group)* – The EPI Work Group is a sub-committee of the Arizona Substance Abuse Partnership (ASAP), which is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The EPI Work Group is composed of representatives from state governmental agencies, universities, tribes, and community organizations, and seeks to develop the capacity of community coalitions, policy advisors, and other key stakeholders to make data informed substance abuse policy and programming decisions.
- *The Behavior Health Planning Council* – This community based group provides feedback and advice to the Department on the state mental health plan and mental health system. The Council has approximately 20 members including parents of children who have a severe emotional disturbance (SED), seriously mentally ill (SMI) consumers, and representatives from the Department of Education, Department of Corrections, and tribes.
- *The Safe Reduction workgroup*- This workgroup is facilitated by Casey Family Programs, and is an active collaboration between the Department and the Maricopa County Juvenile Court to identify and implement court and agency interventions to safely reduce the number of children in out-of-home care in Arizona. This workgroup includes several strategic subgroups with representatives from the Department, the Juvenile Court, behavioral health, child advocacy agencies, and community provider agencies. A parent, parent mentor (former DCS client now employed as a recovery coach), and attorneys representing parents and children also participate in the workgroup.
- *The Substance Exposed Newborn (SEN) Statewide Task Force* - This task force meets monthly

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and reports to the governor's office. The goal of this task force is to strengthen practice by OB/Gyn doctors, hospitals, and perinatologists in addressing substance exposed newborns and their parents. Task force members include DCS staff and community stakeholders representing Department of Health Services, hospitals, and pediatricians. Current work being done by the task force includes an update to the SEN Guidelines, which are procedures to be followed by DCS and community providers to identify and provide services for SENs.

- *The Interagency Leadership Team* – This team is a collaboration between the Department of Health Services, First Things First, DCS, AzeIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program.
- *Home Visitor Services Collaborations* - DCS is in the beginning phase of developing a collaboration with the Department of Health Services to discuss and coordinate services related the nursing components of the SENSE program, and to ensure DCS referred families receive timely nurse home visitor services. DCS also meets every other month with the Department of Health Services to discuss and coordinate home visitor programs such as Smooth Way Home, Healthy Start, Healthy Families, and Nurse Family Partners. These collaboration opportunities allow for discussions related to how the agencies can best serve the families of Arizona, and reduce or prevent child maltreatment

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

The Department engages with community partners in a cycle of continuous improvement to successfully implement the goals and strategies of Arizona's *Child and Family Services Plan* (CFSP) and Annual Progress and Services Report (APSR). Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results.

Arizona's CFSP 2015 – 2019 was initially developed from input and recommendations provided by then Governor Janice K. Brewer's independent Child Advocate Response Examination (CARE) Team, and from information gathered from stakeholders after the CARE Team issued its report. The CARE Team conducted an in-depth assessment of the policies, processes, and personnel of the agency then known as the Division of Children, Youth and Families. The CARE Team's examination of the state's child welfare agency, and consultation with stakeholders that continued after the CARE Team completed its work, resulted in the goals and objectives for improvement included in the Child and Family Services Plan 2015 – 2019.

The Department of Child Safety's Director, Gregory McKay, was appointed in February 2015 and began to lead the Department's continued engagement with stakeholders to identify improvement priorities and interventions. The Department published a strategic plan July 2015, with consideration of input gathered from more than 300 internal and external stakeholders through interviews, focus groups, and surveys. Additionally, the Department thoughtfully reviewed and incorporated a number of recommendations from national and local child welfare organizations. The Department has relied on the advice, evaluation, and consultation of leading national child welfare organizations, including Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau. The strategic plan for SFY 2016 is available on the Department of Child Safety's internet site, at [dcs.az.gov](http://dcs.az.gov). In June 2016, the Department reviewed progress and recent data to update the objectives and activities in the strategic plan. The Department's strategic plan for SFY 2016 remains closely aligned with the strategies and action steps described in Section VI of this APSR.

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In March 2015, Arizona began its third Child and Family Services Review (CFSR) cycle. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. Arizona's CFSR Final Report was published by the Children's Bureau in January 2016. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau to develop a Program Improvement Plan (PIP), which will be implemented over two years, following approval by the Children's Bureau. The consultation with employees and external stakeholders that occurred during the CFSR informed this strategies and key activities identified in this APSR. Consultation activities during the CFSR included the following:

- The Department coordinated with the Children's Bureau to conduct more than eleven stakeholder interviews between April and September 2015, including interviews and consultation with DCS staff, agency providers, court staff, Attorneys General, attorneys representing parents and youth, licensing staff, foster and adoptive parents, tribes, parents, youth, and others.
- The Department held a CFSR results information sharing and stakeholder input meeting in January 2016 with the assistance of Children's Bureau partners. During the morning session, the internal and external stakeholders were presented information about the CFSR process, the Department's strategic plan, the Arizona CFSR results, and draft ideas for the PIP. In the afternoon, stakeholders participated in facilitated breakout sessions during which improvement focus areas and strategies were discussed.
- The CFSR results and draft PIP strategies were shared and discussed with the following committees, workgroups, or individuals during the first half of calendar year 2016:
  - the Southern, Central, and Northern Citizen Review Panels;
  - the Inter-Tribal Counsel of Arizona;
  - the Court Improvement Advisory Workgroup;
  - the DCS Program Managers;
  - the Arizona Counsel of Human Service Providers; and
  - the Community Advisory Committee.

The draft PIP strategies were also shared with members of the Children's Action Alliance, the Juvenile Court Administrators Meeting (JAM) members, and the Committee on Juvenile Courts (COJC) meeting members. The workgroup members were asked to provide input and suggestions related to the improvement strategies included in the draft PIP.

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and provider agencies have been engaged to work side-by-side with DCS employees to reduce the total number of open reports for investigation and to conduct reviews of children in out-of-home care in order to expedite permanency.

# **Section III**

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



## **1. Child Abuse and Neglect Prevention Services**

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

Since 1991, the Department (and former Division of Children, Youth and Families) has provided funding to Regional Child Abuse Prevention Councils that are located throughout Arizona to increase public awareness of the problem through educational campaigns and advocate for effective programs and policies to prevent child abuse and neglect. Each Regional Council is comprised of community representatives from the professional, business, and civic sectors who volunteer their time to address the need for child abuse prevention in their community. Each Regional Council has elected officers and meets on a regular basis. The Department encourages all Arizonans to Act Now to Prevent Child Abuse by joining a council. The public can find locations, contact numbers, and information about events at [www.KeepAZKidsSafe.org](http://www.KeepAZKidsSafe.org).

The Councils are involved in activities to support Child Abuse Prevention Month each April. Activities include distribution of thousands of blue pinwheels throughout Arizona; official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month; coordination of media campaigns highlighting Child Abuse Prevention; and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsor one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences, and training. The multi-media campaign includes the use of radio and TV public service announcements, banners, billboards, web pages, posters, flyers, Facebook, Twitter, videos, original music, and movie theatre advertisements. Several communities hold fun family-day outings, resource fairs, sports activities, marches, and other events. Throughout child abuse prevention month, staff and stakeholders are encouraged to participate and actively support child abuse prevention. The Regional Child Abuse Prevention Councils are also instrumental in the annual statewide campaign, and have supported this effort by provided approximately thirty-two workshops on the devastating effects of Adverse Childhood Experiences and the healing community solutions that focus on the development of the Six Protective Factors.

The Department and community partners held a child abuse prevention kick-off event in Maricopa County in 2016. This was a gathering of leaders, stakeholders, child advocates, and members of the community who united for a common purpose of Preventing Child Abuse. The event included the Department of Child Safety Director and Deputy Director, Prevention Councils, the Courts, Head Start, the Department of Economic Security, First Things First, several non-profits, and Prevention Advocates. The event featured booths with information for children and families, pinwheel bouquets, an interactive spinning wheel of prevention, and Prevention Bingo. One of the rural Department regions held a similar event.

Another Child Abuse Prevention Month activity was a series of email blasts sent to the entire agency and community stakeholders. The statewide community was encouraged to get involved in child abuse prevention by taking action in one or more concrete ways. The community was encouraged to plant pinwheel gardens in public places, make and color pinwheels with children, display pinwheels at home and work, attend local events, follow evidence-based parenting tips, and spread the word about child abuse prevention. The message was that everyone has a role to play in preventing child abuse and supporting families, and that anyone can get involved by contacting a local Child Abuse Prevention Council. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment. The Six Protective Factors were promoted via informational pamphlets at various events, by embedding them within services, and during parent activities. The Six Protective Factors are: 1) knowledge of parenting

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and child development; 2) social and emotional competence of children; 3) nurturance and attachment; 4) social connections; 5) parental resilience; and 6) concrete supports. The Department is promoting the Protective Factors by educating Department staff and integrating the concept across the service array for families. Three years ago, the Protective Factor Survey was introduced into the In-Home Services (IHS) Program to facilitate family assessment and the development of service plans to strengthen the Six Protective Factors. Last year the Protective Factors were integrated into the service delivery of a new service for low risk families, known as Building Resilient Families (BRF). IHS and BRF providers received Protective Factor training via two webinars, and personal presentations were delivered in each region. This year, the Protective Factors were integrated into the new Regional Child Abuse Prevention Council Scope of Work and Parent Cafés were promoted. Additionally, hundreds of "Who Makes Families Strong? – Parents" booklets will continue to be distributed to Department staff, community members, and families. The booklets, designed by the National Alliance of Children's Trust & Prevention Funds (and many other experts and parent leaders), explain the Six Protective Factors in a family-centered way that allows the concepts to be quickly understood and implemented. This year, several IHS and BRF providers are piloting an evidence-based program called Nurturing Parenting, which has integrated the Protective Factors. Many providers also use Parent Cafés to support peer education and discussion of the Protective Factors. The Department is excited to continue promoting the Six Protective Factors and is looking forward to finding new ways to continue this integration process.

***Adverse Childhood Experiences (ACE) Consortium***

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

To accomplish this, the Department has taken a leading role in the development of a multi-media campaign that includes the following activities: a day long ACE Train-the-Trainer workshop (conducted one to two times a year); a one to four hour ACE community and family presentation/workshop (conducted approximately forty times a year); and the Statewide distribution of ACE brochures and posters. This campaign promotes the findings of the landmark ACE study (completed by the Centers for Disease Control and Prevention and Kaiser Permanente) and provides resources for the community and parents. Since this campaign began six years ago, thousands of Arizona residents have received this valuable information. The Department's Regional Child Abuse Prevention Councils have been instrumental in this campaign. Each year, they alone provide approximately twenty-five workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors.

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

On April 2, 2012, the Department was pleased to launch the "Who Do You Trust With Your Child?" campaign, in cooperation with the Arizona Coordinated Prevention Campaign. This child abuse prevention and awareness campaign continues to help parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. Prevention is the

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

***Healthy Families Arizona***

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.

A trained Family Support Specialist (FSS) provides emotional support and assists the family to obtain services. HFAz services include the following:

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

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

In SFY 2015, the HFAz sites and teams provided services to families living in 13 counties and 244 zip code areas in Arizona. For SFY 2015, there were 12 sites and 41 teams. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant. The Department remains the Central Administration to the HFAz multi-site system, including sites funded through First Things First (FTF) and the Arizona Department of Health Services (DHS) via the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. The Department, DHS, and FTF have maintained the Interagency Service Agreements to ensure a collaborative relationship and to share the costs and resources for the administration of the HFAz program.

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The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2015*, 4,911 families were reached by HFAz. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program is just under twelve months. The evaluation highlights both prenatal and postnatal services. Outcomes in 2015, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 96% of participating families had no substantiated DCS reports;
- Substance Abuse: 95% of parents received substance abuse screening;
- Child Health: 89% of children received immunization in the first year;
- Child Safety: 96% of parents lock up household poisons, 100% use car seats, and 92% use smoke alarms at 24 months.
- Maternal Life Course: 23% of mothers were employed full time at the time of their child's birth. 2 years later, 49% of mothers were employed full time.
- Maternal Stress: Significant improvement was observed in several areas, including problem solving, depression, personal care, mobilizing resources, parent/child behavior, home environment, commitment to parenting role, and parenting efficacy.

***Positive Parenting Program Initiative***

Positive Parenting Program Initiative

The Department continues to support the efforts of a broad-based consortium of community stakeholders interested in implementing the Positive Parenting Program (Triple P) model in Arizona. The consortium is comprised of professionals from Phoenix Children’s Hospital, Prevent Child Abuse Arizona, Parenting Arizona, First Things First, Southwest Human Development, Eight – Arizona PBS, Arizona Partnership for Children, and many other organizations.

The Department believes that Arizona’s families can benefit from the use of a strong parenting program that is implemented consistently with a high degree of fidelity, and monitored at the state level. The utility of Triple P, along with several other programs were assessed by the Department within the context of an evidence-based workgroup including representatives from In-Home Service Providers. Based in part, on the findings of this assessment, the consortium received a grant to train two cohorts of 20 people each, throughout the state. During SFY 2016, the trained providers utilized the Triple P program with clients, and data has been gathered to monitor the effectiveness of the program. Initial anecdotal information suggests the families participating are making successful strides in their parenting skills, and children are benefiting from that progress. Both families and practitioners have also reported enjoyment of the program.

In another project, the Regional Behavioral Health Authority (RBHA) in Arizona’s Northern Region is conducting a pilot of Triple P on-line services. The RBHA is tracking data and outcomes for families who receive Triple P. This pilot includes at least one foster parent, which may provide useful information for future services for this population as well.

The Triple P consortium is seeking addition funding to provide further trainings. The Department plans to apply for grants to provide Triple P online for a number of DCS families, and is developing a statewide process to efficiently refer eligible families to existing Triple P providers. During Child Abuse

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Prevention Month, DCS distributed hundreds of the Triple P Top 10 Parenting Tips and posted them on multiple social media outlets. The Tips will continue to be distributed throughout the year via the DCS provider network.

***The Arizona Substance Abuse Partnership (ASAP)***

The Arizona Substance Abuse Partnership (ASAP) is the Governor's statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The ASAP is chaired by Maricopa County attorney Bill Montgomery and vice-chaired by Debbie Moak, the Director of Governor Doug Ducey's Office of Youth, Faith and Family (GOYFF). The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group (Epi Work Group) facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

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

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

The ASAP continues to focus on prevention efforts including the substance abuse program inventory and the *Prescription Drug Misuse and Abuse Initiative*. The inventory of the prevention, intervention, treatment, and recovery-related substance abuse programming is administered by ASAP member agencies. A small workgroup of ASAP members and other key stakeholders have been meeting to conduct this work. The specific goals of the ASAP program inventory are to:

- Identify evidence-based and promising practices in the substance abuse programming administered by Arizona Substance Abuse Partnership member agencies.
- Identify gaps in programming and services.
- Develop a mechanism for ASAP members and other stakeholders to use in presenting information on agency-specific and overall programming needs to policymakers and potential funders (e.g., in grant applications).
- Provide recommendations for current and future programming.

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

***National Strengthening Families Network***

Arizona is one of many states that is a member of the National Strengthening Families Network and a member of the National Alliance of Children's Trust and Prevention Funds. The Strengthening Families collaboration is sponsored by the Center for the Study of Social Policy. The Strengthening Families curriculum is a research informed curriculum that utilizes the five protective factors, which are parental resilience, social connections, knowledge of parenting and child development, concrete supports, and social and emotional competence of children. The five protective factor model is used to increase family's strengths, enhance child development and decrease the risk of child abuse and neglect. Being a member of this network allows the Department to learn about the many tools and emerging prevention strategies being explored and implemented across the country through monthly webinars and annual conferences.

**2. Child Abuse and Neglect Investigation and Child Safety and Risk Assessment**

***The Arizona Child Abuse Hotline***

The Arizona Child Abuse Hotline is the community's first point of contact for concerns of abuse, neglect, abandonment, or exploitation of a child within Arizona. The Hotline primarily receives communications through its 24/7 toll free reporting line and an online reporting service. The online reporting service is designed for use by professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent, and is currently available Monday through Friday, from 6:00 a.m. to 9:00 p.m. Fax and e-mail communications are received from a variety of sources including: parents, relatives, private citizens, social service professionals, law enforcement, judicial entities, and anonymous sources. Intake Specialists at the Hotline use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information received meets the legal criteria for a DCS report for investigation, and, if so, the response time to assign to the report.

As part of the Department's strategic plan, the Hotline screening tool was redesigned based on research of other jurisdictions' hotline processes that have a high level of report classification inter-rater reliability. Arizona's new tool was implemented on February 1, 2016. The new tool includes legal definitions of abuse and neglect, enhanced decision support by itemizing abuse types within categories and sub-categories, and prompts for staff to prioritize reports related to the vulnerability of the alleged victim, as well as if the reported abuse would be classified as felony abuse. For the next year, the Hotline will continue to perform inter-rater reliability testing of the new tool to determine if the redesign was successful in increasing the overall accuracy of referral categorization from the previously measured rate of 74% to the goal of 90%.

During SFY 2016, amendments were made to A.R.S. § 8-455 which are likely to result in a decrease in the number of reports received by the hotline. These amendments go into effect in August 2016 and include the following:

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- incidents alleged to have occurred more than three years prior to the call to the hotline and there is no information or indication that a child is currently being abused or neglected will not be accepted as a report unless the allegations fit criminal conduct criteria; and
- the identity or current location of the child victim; the child's family; or the person suspected of abuse or neglect must be known or reasonably ascertained.

Communications that do not meet the criteria for a DCS report but allege criminal activity or contain information that a child may be at risk of harm by someone other than their parent, guardian, custodian, or an adult member of the victim's household are reported to law enforcement. All communications regarding abuse or neglect of a child that are determined to *not* meet the statutory criteria for a DCS report for investigation receive a second level review by an Intake Specialist IV. The review takes place within 48 hours, excluding weekends and holidays.

The improvement seen in SFY 2015 related to the significant decrease in hold times and abandoned calls continued during SFY 2016. In March 2016, the average speed of answer for calls coming into the Hotline was 25 seconds, compared to one minute 24 seconds in July 2014, and 24 seconds in July 2015. In March 2016, the call abandonment rate was 2.35%, compared to 6.6% in July 2014, and 2.46% in July 2015.

***Comprehensive Child Safety and Risk Assessment (CSRA)***

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

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

The Department's CSRA provides Child Safety Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The process includes the concept of safety threshold analysis, which aids critical decision making for accurate safety assessment. The CSRA assists Child Safety Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future abuse and neglect. The initial CSRA is completed within 45 days of case opening. Reassessment occurs at least every six months and when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities, and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage

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family members in identification of their unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

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

***Office of Child Welfare Investigations***

The Office of Child Welfare Investigations (OCWI) was established in 2012 to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety during child abuse investigations involving criminal conduct, as defined in Arizona Revised Statute 8-201. The OCWI has criminal justice agency status but does not replace law enforcement's primary role and duty to investigate crimes against children. The OCWI may employ sworn peace officers; however, civilian non-sworn investigators comprise the majority of personnel. OCWI provides the majority of its services in Maricopa and Pima counties; however, during SFY 2016 services have expanded to some of the rural areas of the state. OCWI began to assist with criminal conduct cases in January 2016 in Prescott and Flagstaff, and upon request in the Kingman and Bullhead City areas. In addition, OCWI has expanded into Pinal County, and the Pima County OCWI unit has been responding to reports in Cochise, Graham, and Santa Cruz counties.

The OCWI primarily receives referrals from the DCS Hotline, but referrals can also be submitted by DCS field investigations staff if, during the course of a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed. OCWI response times are immediately or within 24 hours. The OCWI investigator contacts DCS and law enforcement to develop an investigative strategy pursuant to joint investigative protocol, and to coordinate investigative assignments such as report participant interviews. The OCWI has the authority to protect children by taking temporary custody when safety cannot be guaranteed. The decision to remove a child is done in consultation between OCWI staff and Department staff. The DCS Child Safety Specialist is responsible for all child welfare functions following removal, including placement, filing a dependency petition, services provision, and case planning. Decisions regarding the child's placement and parent-child visitation are made in consultation between the OCWI investigator, DCS Child Safety Specialist, and law enforcement. The OCWI also assists in locating and recovering missing or abducted children known to the child welfare system.

***Protective Services Review Team (PSRT)***

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2015, PSRT processed proposed substantiated findings and



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proposed substantiated findings pending dependency adjudication for 17,589 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

A recent change in statutory language established a precise deadline for an alleged perpetrator to request a hearing on a proposed finding of abuse or neglect. Prior statute prescribed that a request for an appeal be received by the Department “within 14 days of receipt of the letter.” The statutory change requires that a request for an appeal “must be received by the Department within 20 days after the mailing of the notice by the department.”

***Multi-Disciplinary Approach Capacity Building***

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between Child Safety Specialists, Child Safety Specialist Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place. Joint investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews. The Joint Investigation Protocols for each county within Arizona may be viewed on the Arizona Child & Family Advocacy Network website ([acfan.net](http://acfan.net)).

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative Child Safety Specialists in Pinal County, OCWI staff in Maricopa and Pima Counties, law enforcement, medical professionals, advocates, mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial response, and allows for collaborative expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. Multidisciplinary teams (MDT) also play a crucial role in this process by establishing a mechanism to bring the identified professionals together to share ideas, review efforts to coordinate investigations, establish relationships, and provide inter-disciplinary education. Establishment of multidisciplinary teams, especially in counties that do not have advocacy centers, promotes best practice and coordination.

There are 14 advocacy centers in Arizona, serving Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, and Yuma Counties. OCWI is co-located in advocacy centers in Maricopa and Pima Counties, and DCS is co-located in the Pinal County advocacy center. The six rural counties that do not have a formal advocacy center have multidisciplinary teams that meet monthly to discuss and coordinate efforts on child abuse cases requiring a joint investigation.

### **3. Family Preservation, Family Support, and Time-Limited Family Reunification Services**

#### ***In-Home Family Support, Preservation, and Reunification Services***

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

Services provided through the Department's Family Support, Preservation, and Reunification Services contract, known as the In-Home Service Program, are available statewide. This integrated services model includes 1) high risk intensive, 2) moderate, 3) low risk family support (replaced by Building Resilient Families in Maricopa County), 4) reunification and placement stabilization, and 5) clinical assessment services provided in accordance with the needs of the child and family (replaced by Psych consults with contracted psychologists in Maricopa County). All five types of in-home services are available within all of the regions across the state. The model is provided through collaborative partnerships between the Department, 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.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive clinical family assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the Child Safety Specialist; individual, family, and marital therapy (utilizing all types of therapeutic interventions based on the family's needs); communication and negotiation skills; structured parenting education and child development; problem solving skills and stress management; home management and nutrition; domestic violence treatment and/or education; behavioral management and modification; conflict resolution; anger management; job readiness education and training; peer mentoring; sexual abuse intervention (utilizing all types of therapeutic interventions based on need); coordination with title XIX providers; systems of support; and development of linkages with community resources to serve a variety of social needs. The In-Home Service Program also assists families to access services such as substance abuse treatment, housing, and child care. Services are provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

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

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Some services are crisis-oriented, thus initial client contact is made within twelve hours of receipt of the referral for an intensive case and within two consecutive days for a moderate case.

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- Initial client contact is made within five working days for potential or low risk cases.
- In-home services are available to clients twenty-four hours per day, seven days per week, based on the needs of the family.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be provided for items or resources not otherwise available and deemed essential to family functioning through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place before the case is closed.

Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and a substance abuse treatment provider that may include the Arizona Families F.I.R.S.T. program. To be eligible for enrollment in the program, and the infant must be under 90 days old, in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Services are typically provided for 90 to 120 days, but may continue if the parent requires additional time to complete substance abuse treatment services. The SENSE program began to be available in Mohave County in December 2015, and the Department is expanding the accessibility and utilization of the SENSE program to Yavapai, Coconino, and Pima counties during SFY 2017. See *Section VII: Progress Implementing Goals, Objectives, and Interventions* for additional information about the expansion of the SENSE program.

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

- 90% of families referred to in-home services for the intensive, reunification, and placement stabilization or moderate levels have signed the initial interim plan and agreed to services.
- 90% of families referred who have agreed to intensive, moderate, family support, or reunification/stabilization levels of service have shown overall improvement in areas identified in the Department-prescribed pre- and post-tests.
- 82% of children referred for family reunification services who are in out-of-home placement shall return to their home within 30 days of the Order for Change of Physical Custody or if in voluntary placement, from the time of referral.
- 85% of children referred for placement stabilization services shall be safe and stabilized in the identified placement at the end of 120 calendar days from time of the referral.

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- 90% of families successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports, excluding reports made by the Contractor, during service delivery.
- 90% of families' successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports within six months of case closure.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody during service delivery.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody within six months of case closure.
- 95% of family satisfaction surveys returned shall express satisfaction with the contractor's service delivery based on a survey issued at closure.
- 95% of Child Safety Specialists involved with cases provided by the contractor during the time period shall express satisfaction with the contractor's service delivery based on an annual survey.

Data related to the above performance measure and outcomes goals is compiled quarterly, except for the satisfaction outcome goal which is compiled annually, by the contracted providers and Department staff. The Department continually works to enhance and upgrade its database in order to produce statewide data on outcomes that are measured through a variety of data sources. This data is shared with all the contracted providers as well as Department leadership.

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

In order to stay current with the latest research on evidence-based practices, the Department sponsors an on-going evidence-based practices workgroup. Information gathered through this group will be used to inform the upcoming new scope of work. In addition, further design of the program model will take place with input from the responses from a recent Request for Information regarding intensive family services, continued feedback from internal and external stakeholders, and research-based information. A standardized and scientific approach to the design and planning of a new scope of work is essential for successful and sustainable innovation. Application of the standardized approach will occur over the course of the next several months, which coincides with the renewal timeframe of the program scope of work.

***Parent Aide Services***

Parent aide services are available statewide. In SFY 2015, approximately 6,500 families were provided parent aide services. These services are available to parents and caregivers whose children have been

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placed in the Department's physical/legal custody and are referred by the Child Safety Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of parenting time between children and their parents, guardians, significant others and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training. A new contract is scheduled to begin in July 2016 and will add service enhanced training components; education and experience requirements; and concrete guidelines on service start timeframes, forms, professionalism, documentation, and performance measures. Additionally, a standardized process to measure service fidelity and outcomes is being designed and implemented in order to guide practice and continuous quality improvement.

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

The mission of Arizona Families F.I.R.S.T. (AFF) is to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. This is accomplished through the provision of family-centered substance abuse and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family.

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers using modalities that include substance abuse awareness, outpatient, intensive outpatient, residential treatment, and recovery maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and a recovery maintenance phase to manage relapse occurrences. As of June 2015, more than 67,500 individuals had been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 8,562 new referrals for AFF services were received in SFY 2015. This represented a 34% increase in referrals from the 6,419 that were received in SFY 2014. The following data demonstrate the effectiveness of the AFF program in meeting the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors made initial contact with families within an average of less than a day in SFY 2015, 98.8% of new referrals received some form of outreach, 92.4% of new referrals received some form of outreach within one day or less, and 50% of all referrals resulted in the client providing a release of information, signifying their voluntary acceptance of AFF services. On average, a release of information was obtained 21 days after the referral has been received by the treatment provider. Among those individuals who did not provide a release of information, 23% were due to the inability of the provider to locate the client for initial outreach and 20% were unable to be reached for the intake session. Client's refusal to accept services was infrequently cited by the AFF provider as a reason for case closure (6.9%). AFF services were provided in SFY 2015 to 4,877 new individuals (out of 6,706 new individuals who had been referred).

In order to ensure continued quality of coordinated services, DCS staff participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with the local DSC offices.

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The Department also educates DCS field staff on the AFF outreach, engagement, and referral processes in an effort to increase parent involvement and secure their acceptance of services.

***Housing Assistance***

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved in an open DCS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

The Housing Assistance Program is available statewide. Although there is no waiting list to receive these funds, affordable rental housing may not be available in all communities. Background checks by rental companies are another factor affecting the use of this program. Applicants with a history of evictions or of leaving units while owing money often have difficulty finding rental housing, despite the availability of Housing Assistance Program money.

The maximum amount of money available to individual families through this program is \$1,800. In SFY 2015:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 859 children within 332 families throughout Arizona, which is an increase of 26 children and a decrease of 17 families compared to the SFY 2014.
- The total amount expended statewide was \$467,640 – about \$26,394 less than in SFY 2014.
- An estimated \$5,359,473 would have been expended by the Department for foster care maintenance if the 859 children who benefitted from Housing Assistance during SYF 2015 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SYF 2015 Housing Assistance Program expenditures of \$467,640, there was a cost avoidance of \$4,891,833.

**4. Permanency Planning and Placement Support Services**

***Permanency Planning***

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

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Department's 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

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family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by ASFA.

The Department updated policy and procedure to conform with Public Law 113-183 during SFY 2016. New policy and procedure includes the following requirements.

- For children 14 years and older, the Department shall develop the case plan in consultation with the youth, and include:
  - the child's education, health, visitation, and court participation rights;
  - the right to receive a credit report annually, if available; and
  - a signed acknowledgment that the child was provided these rights and that they were explained in an age-appropriate way.
- DCS staff must inform youth 14 years or older that the youth may invite two individuals selected by the child who are not the CSS or the foster parent to the case plan staffing.
- DCS staff must ensure the reasonable and prudent parenting standard (RPPS) is discussed at case plan staffings and that the plan describes the child's opportunity to regularly participate in age or developmentally appropriate activities.
- DCS staff must document that out-of-home placements were provided information and understand the "reasonable and prudent parenting" standard to ensure the child's ability to participate in age and developmentally appropriate activities.

DCS also revised the *Notice of Rights for a Child in Out-of-Home Care* form, which is to be provided, reviewed, and signed by children in out-of-home care who are 12 years and older. The rights documented in this form include the right to be involved in the creation of the case plan and receive a copy of the plan; to receive a credit report annually and get help correcting the report; to engage in healthy activities to learn life skills and to be able to do things children who are not in out-of-home care are doing; to help develop one's own permanency plan with the assistance of up to two people chosen by the child; and to receive personal information prior to being discharged from out-of-home care including one's birth certificate, Social Security card, health insurance information and medical records including immunization records, educational records, and a driver's license or equivalent state-issued identification card.

Timely permanency hearings within twelve months of the child's removal support achievement of the Department's permanency goals. At the time of the child's initial removal pursuant to court order, the parent(s) are informed that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. For children younger than three at the time of removal, Arizona law requires a permanency hearing within six months of the child's removal from the home.

The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for Child Safety Specialists to ask families when gathering information to assess strengths and functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other

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sources. Child Safety Specialists arrange and monitor services to address risks within the home, maintain family relationships, support timely achievement of the permanency plan, facilitate information sharing among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Department involvement. This plan may be developed in a Team Decision Making (TDM) meeting. Follow-up and support services are put in place to ensure a safe and successful reunification.

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

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

All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living as another planning permanent living arrangement (OPPLA). The Department has clearly communicated statewide that long-term foster care is a goal of last resort. Department policy was changed in February 2016 to prohibit a permanency goal of long-term foster care goal, which is the state's version of OPPLA, for children younger than sixteen. Many regions also require management approval for a goal of independent living, which is the Department's OPPLA goal for youth age sixteen or older. Although Independent Living is not the preferred goal, these youth often live in a stable setting with relatives or foster parents.

***Placement and Placement Support***

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or impending and unmanageable danger of abuse or neglect. 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



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meet the child's needs. State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that whenever possible the Department:

- place children in the least restrictive placement available, consistent with the needs of the child;
- seek adult relatives or adults with whom the child has a significant relationship to meet the placement needs of the child in out-of-home care;
- place siblings together unless there is documented evidence that placement together is detrimental to one of the children;
- place children in close proximity to the parents' home and within the child's own school district; and
- place children with caregivers who can communicate in the child's language.

Placement types include licensed or court-approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. By court order a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest.

Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation. Within thirty days of a child's placement in out-of-home care, the Department must try to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the Child Safety Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about certain relatives is unavailable, the Child Safety Specialist can use the state's Family Locate program for a professional search by a contracted agency.

Recent improvement efforts to streamline and coordinate efforts to locate relatives have included a one day Kaizen event held in March 2016. The goal of this event was to standardize the process of locating relatives and kin for children in DCS custody. Prior to this effort, searches were being conducted by multiple people without coordination of efforts or results. As part of the Department's efforts to streamline and standardize relative searches, a new case note type in CHILDS was developed where all efforts and results related to searches for relatives and kin is documented. This standard location for documentation of efforts and information will greatly cut down on duplicate efforts, and serve as a common place for such information to be located. The placement coordinators, whose job duties include searching for relatives and kin in waiver project sites in Maricopa and Pima Counties, were given access to person search software called, Lexus Nexus. It is believed this software will greatly increase the number of relatives and kin located for children in congregate care settings.

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

Policy requires that the Department promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes

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

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

State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the child's placement needs and whether additional services to the foster family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation, and the planning of supportive services. The foster parent bill of rights includes the following:

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

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

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

***Kinship Caregiver Identification, Assessment, and Support***

Consistent with national best practice standards, the Department gives placement preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promulgates practices that recognize kinship connections are not limited to blood relationships, and there are policies in place requiring staff to identify and pursue all of the child's important emotional connections. Kinship placements provide the best possible means for maintaining connections to neighborhood, community, faith, family, tribe, school, and friends. Kinship placements typically provide homes for entire sibling groups, thereby reducing the number of sibling groups needing non-related foster homes and increasing the Department's flexibility to manage its foster family resources so that homes are available for sibling groups when kin are not available. The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. Aside from the many advantages for the children involved in kinship placements, there are advantages also to the child welfare agency. Primarily, use of kinship placement dramatically reduces the need for non-relative licensed family foster homes. On September 30, 2015, 45% of children in out-of-home care in Arizona were in kinship placements, reducing the need for licensed family foster home beds by 8,362 children (source: Semi-Annual Report).

Department policy requires that adult relatives and persons who have a significant relationship with the child be identified and assessed for the placement of the child in out-of-home care. The assessment of a relative or significant person who asks to be a placement option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated.

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

- Policy requires that the Child Safety Specialist identify relatives and persons who have a significant relationship with the child, and make efforts to determine if those persons have interest in providing care for the child. The Department's *Relative Search Best Practice Guide* is available through the on-line policy manual and provides information about the importance of finding and involving relatives in child welfare cases, as well as practice standards for conducting diligent and comprehensive relative searches.
- Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian to provide the names, types of relationship, and all available information necessary to locate persons related to the child or who have a significant relationship with the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.
- The Department's 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.
- The Department's case note type of "relative contact" continues to be available in CHILDS, so that staff can easily locate information about kin and assessments of kin as placement resources.

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This centralized location of such information makes it convenient for important information about relatives to be located easily in the future. Also, in May of 2016 the Department changed the case note type "parent locate" to "locate efforts" to consolidate documentation related to locating all family members, not only the child's parents.

- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Department to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin.
- The Department's title IV-E waiver demonstration project, Fostering Sustainable Connections, includes: (1) hiring DCS Family Engagement Specialists to identify and locate relatives and kin important to the children for emotional support and possible placement, (2) expanding the current TDM process to identify and transition youth who are placed in congregate care into family-like settings, and (3) increasing the availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified. Implementation is scheduled for July 1, 2016 in two Phoenix area offices. The Department will then expand to additional offices through 2019. By then, this will have been implemented statewide and embedded into Department of Child Safety practice.
- If a relative cannot be located by the CSS, a referral can be submitted to the Department's Family Locate Unit. Also, as part of the waiver demonstration project, placement coordinators, whose job duties include searching for relatives and kin, were given access to person search software called, Lexus Nexus. It is believed this software will greatly increase the number of relatives and kin located for children in congregate care settings.
- Team Decision Meetings are a helpful resource for locating and engaging kin. From July 2015 through March 2016, 4,657 TDMs were held throughout Arizona. Fifty-three percent (53%) of these TDMs were attended by at least one relative associated with the case. The total number of children discussed at these meetings was 8,910. For 30% or 2,658 of the children discussed during a TDM, a relative able and willing to be an immediate placement for the child was identified (Source: TDM database).
- The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among Child Safety Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship foster caregivers. SFY 2016 activity included the following:
  - The Kinship Specialist provided kinship placement training to 268 DCS staff members and ASU MSW and BSW stipend students through 16 trainings that occurred across nine cities within Arizona.
  - The Kinship Specialist was present at the 2015 Supervisor Summit and distributed over 200 "kinship folders" to staff. These folders contained valuable information concerning kinship placement resources and supports. These folders were also provided to each of the 268 attendees to the in-person trainings mentioned above.
  - Arizona State University assisted the Department in developing a training for Child Safety Specialists entitled "Partnership with Foster Parents." This eight hour course includes information related to avoiding and resolving concerns with licensed foster

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parents and unlicensed relative placements. Three pilot presentations occurred between July 2015 and March 2016. Eighty-three staff have participated in this training thus far, and the training is scheduled to be delivered a minimum of four times per year as part of the new worker training.

- The Department continues to hold monthly information sessions at different locations in the Phoenix area for kinship foster caregivers. Half of the sessions are held in the evenings and half in the mornings for the convenience of attendees, and child care is provided free of charge. During this period, a total of 91 kinship foster caregivers attended these sessions. Similar sessions are held in Tucson. During the reporting period, 72 kinship foster caregivers attended the sessions held in Tucson.
- During this time period, the Kinship Specialist attended a special resource day at a large community center in west Phoenix. The Kinship Specialist spoke individually to more than 100 kinship caregivers and provided resource materials specific to each caregiver's situation.
- In the Phoenix area, kinship home studies are conducted by Southwest Human Development (SWHD) through a contract with the Department. Approximately 200 home studies are conducted per month, or a total of 1,800 during this time period. SWHD staff generally visit the kinship homes early in the placement process in order to conduct the home studies. In addition to the home studies, the DCS Kinship Specialist has collaborated with SWHD staff to provide specific materials and encouragement to kin related to financial, social, and educational resources. The Kinship Specialist provides training to SWHD to ensure accurate and up to date information is shared with the families. SWHD is also able to provide written material to the kinship foster caregivers such as:
  - the *Kinship Foster Care – Relatives Caring for Children in DCS Custody* booklet;
  - information related to financial resources, support groups, social and educational activities for both kin and their children, and detailed information kin need to apply for the TANF Cash Assistance; and
  - the Kinship Information Session schedule for the year.
- From July 2015 through January 2016, information was sent to kin providers in Phoenix and Tucson with their regular CMDP mailings. The information included information about the TANF Cash Assistance and the Kinship Information Session schedule for the year. Between the CMDP mailing and the SWHD in-person contacts, approximately 25 telephone calls per month were directed to the Kinship Specialist for additional information or support.
- The Kinship Specialist also receives telephone calls from kin who have been in contact with kin-serving agencies and as a result of contact information being on an AARP web site. Almost all of the latter calls are from informal kinship caregivers (not connected to DCS) so information and/or referral is given to put them in touch with local kin-serving agencies who are most adept at serving the needs of informal kinship caregivers.

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- Relatives report that they are committed to caring for the children regardless of financial compensation; however, placement of children can put significant financial strain on kinship families. In SFY 2016, the Department continued to actively encourage kinship caregivers to become licensed so they could receive financial benefits, the support of a licensing worker, opportunities to meet with others in their situation, respite care, and the greater perception of legitimacy afforded by completion of the home study and training processes. Department staff are required to discuss licensure and encourage kinship caregivers to become licensed in situations where it appears that the placement will not be of short duration. Policy and procedures require staff to review with the kinship caregiver information about all the benefits available to kinship caregivers, including TANF benefits, licensing, and non-financial services. The *Kinship Placement Agreement and Notification of Resources* form is used by the DCS Specialist to review financial and non-financial benefits that may be available to the kinship foster caregiver, and document that the resource conversation took place. This form was revised during this period and is an area of emphasis in case manager initial training. There are two agencies serving the families of Arizona, one in the Phoenix area and one statewide. Both agencies' services include assisting and supporting kinship foster caregivers with the licensing process. Additional supports include social events organized by the agency; free items such as smoke alarms, fire extinguishers and locking cabinets; and free monthly trainings.
- Kinship waivers are available to kin on non-safety related factors to promote kinship caregivers being able to get licensed. If kinship foster caregivers choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. The waivers most often relate to some aspect of the sleeping arrangements. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. Many sibling groups are placed in these homes. Kinship foster caregivers often take all the siblings in the family who need placement. During this reporting period, waivers were granted to allow 256 children to remain in kinship homes that became licensed. Sixteen of the children were single child waivers; however, the remaining children were part of 81 sibling groups. The number of grandparents or great-grandparents receiving kinship waivers was 148.
- Up to 144 hours per year of respite care is now available for unlicensed kin placements. Families who chose to not utilize this respite care due to not wanting the children to be with stranger caregivers are encouraged by the licensing agencies to make contact with other kin who may become licensed for respite, or use other venues for getting to know other licensed kin by attending social events so that respite could be provided with someone familiar to the family.
- For those kinship families where foster care licensing is not appropriate or possible, it is recommended that the kinship caregivers apply for TANF cash assistance benefits for the child(ren). During SFY 2014, 893 kinship foster caregivers applied for and received TANF Cash Assistance. 1,405 children (a 2% increase over the last reporting period) were approved for the cash benefit. The number of applicants is rising slowly, partly due to the number of kinship foster caregivers who become licensed, as they cannot receive both benefits at the same time.
- State legislation was passed during this reporting period to lift the "TANF cap" that previously prevented a child from receiving TANF if his or her mother was receiving cash assistance at the time she gave birth to a child. This new law, which will be effective late summer 2016, removes the TANF cap for all dependent children.

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- The Department continues to partner with the Department of Economic Security's Family Assistance Administration (FAA) to troubleshoot TANF Cash Assistance applications. DCS has direct access to an FAA employee who can coordinate and assist with applications, and the process for kinship families to apply for benefits has been improved to decrease errors and delays. An example of a change made during SFY 2016 is the development of a centralized e-mail address for applications.
- In 2013, the Arizona Legislature enacted a financial resource for certain unlicensed kinship foster caregivers known as the "Grandparent Stipend." Eligibility for this resource includes all of the following: (1) applicants must be grandparents or great-grandparents, (2) there must be a DCS open case in which each child applied for is placed with the applicant by the Department, (3) the applicant cannot be receiving TANF Cash Assistance for the child(ren) for whom benefits are sought, (4) the applicant cannot be licensed as a foster parent, and (5) the applicant must have a household income at or under 200% of the federal poverty level established for the year 2013. The benefit of this program is \$75 per month to each eligible child, paid retroactively on a monthly basis and prorated on a daily rate to the kinship foster caregiver. From July 1, 2015, through April 1, 2016, \$553,238 was expended through this program. During this period, 697 grandparents and great-grandparents received the \$75 monthly benefit on behalf of 1,363 children. The average number of children receiving the Grandparent Stipend per month was 830. During this time period, 322 new kinship foster caregivers started receiving this benefit on behalf of 700 children placed with them. It is significant to note that 52 of the kinship out-of-home providers were caring for sibling groups of four children or more (Source: CHILDS Grandparent Stipend ADHOC Report).
- The Fostering Connections grant provided kinship navigator services directly to kinship caregivers in portions of Arizona until its end on September 30, 2015. From March 2015 through September 2015, the grant served over 557 kinship foster caregivers who provided placements for 1,124 children. During this time period there were six kinship navigators responding to telephone calls related to service needs in the areas of legal services, support groups, parenting education, foster licensing and adoption, navigating the various governmental agencies, food, housing, and clothing resources. Other activities supported by the grant included social events (263 adults and 487 youth attended), and Children of Incarcerated Parents adults and youth groups (47 adults and 91 youth attended).
- The Department continues to distribute its *Kinship Foster Care for Relatives Caring for Children in DCS Custody* booklet. This booklet is available in English and Spanish, and provides more extensive information for kinship caregivers, including information about:
  - the benefits provided to children in care;
  - financial and non-financial benefits available to kinship caregivers;
  - the benefits of becoming licensed;
  - the licensing process and licensing requirements, including standards related to criminal history;
  - licensing waivers;
  - the Department's expectations for the care and supervision of children, provision of transportation, and communication about the child's medical, dental, educational, and behavioral health status and needs;
  - medications or therapies for children;
  - approved discipline techniques;
  - visitation with parents and siblings;
  - caregiver participation in meetings and court hearings; and
  - case plans and permanency plans.

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- The Southeast Region has staff designated to provide additional support to kinship caregivers. This support often includes in-person contacts with kinship foster caregivers to identify and resolve unmet needs and provide information about local services and supports by support staff and case aides.
- The DCS Kinship Specialist is a member of the Central Arizona Kinship Care Coalition. This is an advocacy and information group of kinship caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets monthly to exchange resource information and to identify kinship caregiver needs and issues. Regular networking with key staff from these agencies has enabled the Kinship Specialist to make important connections resulting in community agencies assisting more directly in serving kinship foster caregivers. The Kinship Specialist has also been involved during this time period in the Grandparent Ambassadors group. This was originally a group of grandmothers in Tucson who sought to get more needed services for themselves and their children. This eventually became a state-wide advocacy group. The Phoenix group meets monthly and the combined Phoenix-Tucson steering committee meets quarterly. During this time period, this group was a major influence in getting legislation passed regarding the lifting of the TANF cap and in the renewed funding of the Grandparent Stipend program.
- 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 (AzCA) continues to provide a multi-dimensional program for kinship caregivers in 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. Arizona Kinship Support Services, Duet, Benevilla, and Child Crisis Arizona are other programs in the Phoenix metro area that offer kinship services.
- The *Arizona Statewide* newsletter continues to include kinship foster caregivers in their mailings and in some of their articles. This newsletter is produced quarterly and mailed out to foster and adoptive parents, as well as kinship foster caregivers.

On June 30, 2015, there were 7,919 children placed in 4,595 kinship foster homes. Of the 7,919 children, 1,098 were placed in licensed kinship homes and 6,521 were placed in unlicensed kinship homes. Of the 4,595 kinship homes, 582 were licensed and 4,003 were not licensed. (Source: Report 43)

#### ***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.



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Likewise, any person, court, or public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona Compact Administrator is responsible for reviewing ICPC referrals and sending them to the Compact Administrator in the receiving state, and for referring requests for placement in Arizona to a local receiving agency. The local receiving agency oversees the evaluation of the referral and notifies the sending state's Compact Administrator of the placement approval or denial.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 980 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2015, 62 less than the 1,042 requests in FFY 2014. In FFY 2015, Arizona made 1,479 requests to other states for home studies, which is 154 more than in FFY 2014.

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

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

Arizona uses an array of interstate resources in order to expeditiously locate permanent homes for children across jurisdictional lines. These include the AdoptUsKids website, internet resources such as Adoption.com, features on nationally syndicated programs, quarterly newsletters to Arizona's licensed foster parents and parents receiving adoption subsidy benefits, and listing on the CHILDS Adoption Registry. Adoption promotion funds are available statewide to provide transportation services that encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Department will continue to encourage staff to use this resource.

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Arizona was awarded \$2,703,836 in Adoption Incentive funding in FFY 2015 for exceeding baselines during FFY 2014. Since the total amount of the Adoption Incentive awards earned by states exceeded the total federal appropriation for this program for FFY 2014, the award was footnoted as being prorated at 38.5% of the FFY 2015 payments. The remainder of the award earned by Arizona will be forthcoming when federal funds under this program are available. Arizona uses adoption incentive funds to support adoptive home recruitment resources and efforts. The funding is also used to support current adoptive parents who are having challenges navigating the behavioral health system and are caring for children who are at risk of re-entering the foster care system. There are no planned changes for the use of incentive funding next year. With the continued growth in children in out of home care in need of an adoptive placement, the Department anticipates expending the full amount earned in a timely manner.

***Adoption Subsidy***

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

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 21,943 on September 30, 2014, to 24,523 on September 30, 2015, with 2,580 new special needs adoptions being subsidized in FFY 2015. The Department reimbursed \$3,220,240 of nonrecurring adoption expenses in FFY 2015.

The Adoption Subsidy program continues to offer post-adoption support to adoptive families of special needs children. Adoption subsidy staff provide support and resources to families and collaborate with community agencies to assist in meeting the needs of adoptive children. For example:

- The Adoption Subsidy handbook provides information about the program and addresses questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is available to assist families.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children. The Adoption Subsidy Behavioral Health Clinical Coordinator is also available to assist with formulating plans to meet the unique and combined complex needs of children and families providing permanency through adoption. If an adoptive family submits a request for an increase in the adoption subsidy due to the need for additional mental health services, the Adoption Subsidy Behavioral Health Clinical Coordinator may be requested to work with the family to navigate the behavioral health system to ensure the child's needs are met.
- The Adoption Subsidy Mental Health Specialist provides adoptive parents with support to obtain behavioral health services for the children with special needs they adopted. The Mental Health Specialist is working with the Regional Behavioral Health Authorities (RBHA) to develop protocols and procedures for working with adoptive children, and is providing further education related to behavioral health to the Department's Adoption Subsidy staff.
- Adoption subsidy staff participate in the November National Adoption Day celebrations

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- The Department has compiled a list of support groups for adoptive families across the state. This list is provided to the licensing agencies, adoption subsidy workers, and the field to be provided to families as needed. Examples of agencies that support adoptive families include the Lodestar Family Connections Center in Phoenix, the KARE Family Center in Tucson, and Arizona Children's Association (AzCA) in Yuma. The Department continues to identify new community resources for children eligible for adoption subsidy.

***Services for Children Adopted from other Countries***

Community services are available to adopted children and their families, including families who have adopted a child from another country. These services can address risk factors associated with adoptive placement disruptions and dissolutions. For example, private agencies such as Lodestar KARE, AKSS, and AzCA provide support services to any family raising a child that was not born to them. These community agencies provide assistance including information and referral services, and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

The Department of Child Safety makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect and the assessment determines there are risk factors that necessitate such services. In addition, when children adopted from other countries come into the custody of the Department of Child Safety, they and their families are provided protective and treatment services. Services are offered to resolve the problems that led to the child and family being involved with the Department and return the child to the adoptive family when safe and possible.

**6. Subsidized Guardianship and Independent Living Services**

***Subsidized Guardianship***

Guardianship subsidy 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 have 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 payment. Many of the permanent homes supported by the Subsidized Guardianship program are kinship placements.

This program is available statewide to children in the custody of the Department exiting out-of-home care to permanent guardianship. The number of children served in the guardianship subsidy program at the end of September 2015 was 2,783. Due to the nature of guardianship, there is no significant increase or decrease in the number of children entering and exiting guardianship subsidy each month.

***Independent Living and Transitional Independent Living***

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at age of majority. Youth and Department staff work together to establish youth-centered case plans

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that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age sixteen or older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2015, 8.6% had a permanency goal of independent living. The number of youth served by Arizona's Young Adult Program increased from 1,921 in CY 2014 to 1,941 in CY 2015.

State policy allows youth to continue to receive Department services and supports to twenty-one years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, eighteen through twenty years of age, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2015, 227 former foster youth received assistance from this program – a slight decrease from the 235 former foster youth served in CY 2014.

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

The Department of Child Safety and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) continue to respond to the need for timely and accessible services to address the unique needs of families with teenagers by providing and developing services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition to the from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the CFT determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. DCS continues to collaborate with DBHS to ensure this population receives the SMI determination when appropriate.
- The Arizona Behavioral Health Planning Council has identified Transition to Adulthood as one of its key projects for the next year. The Council advises the Arizona Department of Health Services/Division of Behavioral Health Services on the State's utilization of Community Mental Health Block Grants and Substance Abuse Block Grants. The Council will be meeting and interviewing youth and providers throughout the State of Arizona regarding the transition to adulthood protocol. Providers are encouraged to meet the youth's needs through the CFT process.

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- In SFY 2013, the Arizona Children’s Executive Committee’s Clinical Subcommittee developed a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol and provided it to the RBHAs and behavioral health providers for utilization. The training’s purpose is to ensure everyone involved understands DBHS’ practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority, and is a collaborative effort between local RBHAs, the Department, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. The training continues to be used regionally to support recommended behavioral health practice for children nearing the age of majority.
- Some child services continue to twenty-one years of age, when appropriate. This is supported by a special capitation rate for youth eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community.
- The Child and Adolescent Service Intensity Instrument (CASII), is used for all children ages six through seventeen to identify the need level and recommended service intensity. The results inform the CFT process, through which services and supports to best meet the youth’s needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Department, in conjunction with Comprehensive Medical and Dental Plan (CMDP), DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for its foster children. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. The majority of the youth in care prescribed psychotropic medications are teens. One of the improvements made during SFY 2016 is the DBHS' finalization of the youth assent process for psychotropic medication prescribing. Since youth are not able to legally provide informed consent, the youths’ assent, or agreement, to take the medication allows the youth to be more engaged in his or her care, case planning, and decisions made.
- The Department has provided guidance through various stakeholder meetings for DBHS in its implementation of the State Youth Treatment Grant from SAMHSA. The State is in its third year of this grant which targets youth of transition age who are experiencing substance abuse, with the use of evidence based outpatient treatment and workforce development as the primary interventions.

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

#### ***Young Adult Transitional Insurance (YATI)***

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who

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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 700 youth who reached the age of eighteen while in foster care during the last year will benefit from this program.

***Education and Training Vouchers***

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

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

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

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

***Family-Centered Case Management***

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

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

Engaging family members in the continual evaluation of their strengths, needs, and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered

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practice principles continue throughout the Department, including being one of the four focus areas in the Department's 2016 PIP. Family-centered practice principles and techniques are trained to new staff, emphasized to existing staff, and embedded throughout the Department's philosophy, policies, programs, and activities. For example:

- The Department partnered with Arizona State University during SFY 2016 to develop a Family Engagement Training. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue. This course is mandatory for ongoing CSSs and provided during the Ongoing Academy Training.
- In partnership with Casey Family and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. These efforts are part of the Department's title IV-E waiver demonstration project. The goal of the family finding model is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation, and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the Child Safety Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve years 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 Department 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 Department policy require an exhaustive search for all adult relatives of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life.

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- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into the case plan.
- Content on family engagement is currently included in Child Safety Specialist core training, as well as parent aide/case aide core training. Child Safety Specialist core training has an emphasis on engaging fathers. The Department's Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques.
- The Department's current supervisor core training includes a two day course on strength based supervision. The session includes coursework on best practices in group and individual clinical supervision, modeling strengths-based family-centered practice, and use of the parallel process during supervision. The course demonstrates the three functions of supervision: administrative, supportive, and educational.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training (initial foster parent training curriculum) for resource parents.

#### ***Team Decision Making***

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

TDM meetings are held when emergency removal of a child has occurred, the removal of a child is being considered, there is potential for disruption or an unplanned placement change occurs for a child in out-of-home care, the permanency goal may need to change or a child may begin the reunification transition to their family, or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority). Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry or preserve a placement, discuss permanency options, and plan for adulthood. In some cases the family and team are able to identify a sufficient in-home safety plan. TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the Child Safety Specialist and DCS Unit Supervisor. TDM procedures help TDM Facilitators and Child Safety 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. In 2015, 3,456 or 50% of TDMs were for emergency removals, 2,093 or 30% were considered or pre-removal TDMs, 325 or 5% were Placement Stability TDMS (formally referred to as Change of Placement TDMs), 531 or 8% were Permanency Planning



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TDMs, 169 or 2% were Reunification TDMs, and 295 or 4% were Age of Majority TDMs (youth within six months of aging out the foster care system).

The Department continues to collect and disseminate data with regard to TDMs, including the number of meetings by type, attendees, and child specific outcomes. The Department continues to use the revised team-decision making training curriculum for newly hired TDM facilitators. Regions are addressing issues of the roles and responsibilities of staff at a TDM by conducting TDM overviews with various staffing units. The Department recently held a Kaizen event related to considered removal TDMs. The goal of the event was to develop a plan to increase the consistency of considered (pre-removal) TDMs, when safe, which will decrease the number of children entering care when they can be safely served in their homes. See *Section V: Assessment of Systems Performance* for additional information.

***Case Manager Contacts with Children***

The Child Safety Specialist's contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; give parents, out-of-home care providers, and children (including children younger than twelve years of age) opportunities to identify their strengths, needs, progress, goals, and services; and gather information to ensure children's educational, physical health, and behavioral health needs are met. As a result, activities to improve the frequency and quality of Child Safety Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

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

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

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

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The Department is working to ensure that the total number of monthly Child Safety Specialist visits to children in foster care is not less than 95% of the total visits that would be made if each child were visited once per month. The increase of children in foster care has created overwhelming caseloads, and the completion of monthly caseworker visits with children is directly related to the availability of staff with manageable caseloads. To address this need, the Department has continued to actively strengthen case manager recruitment, retention, and training, and initiate key activities to safely reduce the number of children in out-of-home care, which will allow more time for frequent and quality child contacts. Please see Sections IV, VII, and X for more information about these activities.

In an effort to increase the number of children who are placed out of county receive visits, the Pima Region maintains two DCS Specialist positions in Maricopa County to provide assistance to Pima Region children who are placed in Maricopa County, Northern Pinal County, and northern counties. These positions provide ongoing assistance to conduct monthly contacts with children placed out of county in shelters and group homes, and provide assistance on investigations and in emergency situations as time allows.

DCS used the federal Monthly Caseworker Visit Grant funds during SFY 2016 to support monthly caseworker visits with children in foster care by improving caseworkers' ability to benefit from technology, in the form of providing smart phones and laptops. Having access to e-mail, texting, and the statewide information system, CHILDS, allows case managers to access and enter necessary and required information timely, even when away from the office. This use of technology contributes to CSSs having more time to assess and meet the needs of children in out-of-home care. Having the ability to use text messages on a state provided smart phone allows CSSs to maintain contact with older youth in OOH care who prefer texting over phone calls to setup visits or communicate in between monthly in-person contacts. In addition, providing field staff with up to date technology, such as smart phones and laptops, may improve staff satisfaction and retention, which will in turn benefit the children in out of home care by decreasing in the number of caseworkers they are assigned while in out-of-home care.

***Case Manager Contacts with Parents***

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

If the case plan goal is a goal other than Remain with Family or Family Reunification, the CSS is to conduct quarterly contact with the parent until the court has ordered a change in case plan goal. Contact may be face-to-face, written, or by telephone. If a youth's case plan goal is independent living, policy indicates the CSS shall have at minimum, quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated.

***Family Locate Efforts***

Federal regulation requires the exercise of due diligence in the location of parents or relatives of children removed from a home by the Department of Child Safety (DCS). State policy requires an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources and supports for children in out-of-home care prior to key

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decision points in the life of a case and no less than every six months. The Department has several systems in place, or planned to meet the need for family locate efforts.

If the CSS is unable to locate a family member, a referral for a search can be sent to the Family Locate Team. Referrals are also initiated through the Attorney General's Office, the Hotline, and the Adoptions Unit (in select locations only). The Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, relatives, and children. The unit utilizes the Children's Information Library and Data Source System (CHILDS), Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Hospital Based Paternity data (HPP), Juvenile Court Records (ICIS) and internet search sites including correctional facilities, the Social Security death index, and social media including, but not limited to, Facebook, Google, and Switchboard. The Department also utilizes a robust investigative tool, *Accurint*, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the Family Locate Team collaborates with Interpol, Foreign Consulates, U.S. Immigration and Customs Enforcement (ICE) and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. For the location of parents and relatives, the unit also uses the services of the Arizona Parent Locator Service (APLS) through the Department of Economic Security's Division of Child Support Services. From July 2015 to February 2016, the Family Locate Unit attempted to locate 6,152 people and obtained location information for 3,446 of the individuals. This is 877 more individuals compared to the number located between July 2014 and February 2015.

Another resource for relative and kin searches is being implemented in July 2016, through the development of the placement coordinator positions as part of the Department's title IV-E waiver project. Placement coordinators, whose job duties include searching for relatives and kin in waiver sites within Maricopa and Pima Counties, are expected to gather information and conduct searches for family and kin for children in congregate care settings. These DCS positions were provided specialized training, and given access to person search software called, Lexus Nexus. The identification and contact with family and kin will increase the natural supports and family-like settings for children in out-of-home care.

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

Each child's Child Safety Specialist coordinates with the child's parents, out-of-home care providers, school, health care providers, behavioral health, and others to identify the child's needs and obtain or advocate for services. The Department encourages parents to identify their children's educational, physical health, and behavioral health needs, and participate in the development of case plans to address identified needs. The Department's safety assessment, risk assessment, and case planning process and tools guide the Child Safety Specialist to gather information about the children's strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health, and mental health needs; and services to address those needs.

### ***Educational Services***

Child Safety Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Education case plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, informal meetings between the Child Safety Specialist and parent, and special education meetings initiated by the child's school. The case plan for every child in out-of-home care specifies the child's educational status and needs, and services provided to the child or out-of-home caregiver to address the child's educational

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needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. Child Safety Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. Child Safety Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

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

The Educational Case Management Unit employs two full-time case managers to serve youth, statewide. The purpose of the educational case management unit is to help youth: 1) graduate from high school; 2) pass the Arizona Merit 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 XI, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*. The Department partners with the Arizona Department of Education, school districts, and individual school personnel to identify educational barriers for youth in foster care and to assist youth to complete educational assessments that help Child Safety Specialists ensure each youth's educational needs are met.

Activities to support educational outcomes for foster youth continued across Arizona in SFY 2016, including the following examples:

- The Department continues to strengthen and maintain its relationship with the local Educational Homeless Liaisons to support continuous enrollment of youth in the child's home school.
- The FosterEd Initiative pilot program in Pima County was launched in January 2014. In May 2016, HB 2665 was signed by the Governor, and includes provisions to establish and fund a statewide expansion of FosterEd. The Tucson pilot program is guided by a local advisory council, which includes representatives from the Court system, the six main school districts, the Department's southern Arizona Education Specialist, and the Pima Region Deputy Program Manager. The FosterEd initiative addresses issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care. The initiative also provides for improved information sharing between the collaborating partners. One of the strategies is a web-based tool called "Goalbook," which provides a method for students, school staff, caregivers, case managers, and others to share current information on student progress, including needs and accomplishments.

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- Changes in federal legislation (FERPA) removed barriers to child welfare staff obtaining school records for children in their care, improving their ability to assess and address children's educational needs.
- The Department's Education Specialists participated in the following activities:
  - ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system;
  - continued update and distribution a State Reference Guide to Arizona scholarships grants and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners; and
  - in July, 2015, facilitating an interactive education workshop for youth across Arizona participating in the Annual State Youth Conference held in Prescott, Arizona.
- The two day "College Goal FAFSA" was held by the Arizona Commission for Postsecondary Education. Over three hundred financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2016-2017 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted thirty sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Department's Education Case Management Unit also provided assistance at this event.
- The Education Specialists attended the three day Transition Conference in August 2015. The Arizona Department of Education's Exceptional Student Services, along with the Arizona Department of Economic Security's Vocational Rehabilitation Program and Division of Developmental Disabilities sponsored the event to collaborate and provide information for young adults with disabilities. This interagency collaboration was designed to improve postsecondary opportunities for young adults with disabilities in areas of employment, education, training, and adult living.
- In April 2016, OCJ Kids (Off Campus Jams) held the Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Department's Education Specialists participated by offering information on financial aid opportunities specific to current and former foster youth. Foster youth participated in the fair and were able to talk with various trade school and college representatives.
- In April 2016, Pima County Juvenile Court collaborated with one of the Department's Education Specialists for the annual Youth Career Day held at Pima Community College. Young adults took a tour of the campus and learned about the center for training and development, financial aid, and scholarships.
- The Department's Northern Arizona Education Specialist helped youth achieve educational outcomes by:

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- assisting and collaborating with staff at Northern Arizona University (NAU) who initiated the "Fostering Success" program, which was designed to 1) provide current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and 2) offer personalized assistance to foster care students while attending NAU, resulting in an increase in the number of graduates among youth who have aged out of foster care;
  - participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, which is a scholarship program dedicated to providing educational opportunities for individuals who would not normally receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support; and
  - participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth to successfully transition from secondary to postsecondary education programs at both Arizona State University (ASU) and Maricopa County Community Colleges, and support and assistance in order for the youth to successfully remain in school to graduate.
- The Department's Southern Arizona Education Specialist is a member of the Pima County McKinney-Vento Group. The goal of this group is to share updates and resources, and collaborate on projects that will benefit the children, youth, and families that we serve.
  - The Department collaborated with Children's Action Alliance and Financial Aid Representatives for Post-Secondary Education to discuss and implement a new process for the Tuition Waiver Pilot Program for Foster Youth in Arizona.

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

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

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

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state. CMDP, in partnership with legal guardians and foster care providers, ensures the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Statewide, CMDP utilizes over 13,700 physicians and other appropriate

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medical and dental professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

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

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

Per national best practice, DCS is strongly encouraging a medical examination within 72 hours of the child's entry into OOH care to ensure that:

- urgent healthcare needs are identified and addressed (including dental, behavioral, visual, or medical);
- children are assessed for signs of child abuse and neglect;
- all necessary medications and medical equipment are ordered; and
- support and education is provided to the family caring for the child.

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

No changes are anticipated in the geographic areas served by CMDP. CMDP has observed membership growth due to increases in the out-of-home care population. Average enrollment continues to climb as noted by the following data:

| <u>Average Eligible Members</u> | <u>Growth</u> |
|---------------------------------|---------------|
| 2011 11,621                     |               |
| 2012 13,954                     | 20.07%        |
| 2013 14,834                     | 6.30%         |
| 2014 17,009                     | 14.66%        |
| 2015 18,643                     | 9.60%         |

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Despite the continuing increase in children in out-of-home care, CMDP maintained very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintained its system of outreach and reminder notifications throughout SFY 2016. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the Child Safety Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective. The Department will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities to increase Child Safety Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental, and mental healthcare needs of children in out-of-home care.

During 2015, CMDP developed a report which identifies members that have not received a preventative medical or dental service within the first 120 days of care (by absence of claims data). CMDP and DCS strive to have all children seen within 30 days of a placement as per DCS policy; however, when CMDP has not received a claim for a child within 120 days of placement, the DCS Specialist is contacted and asked to work with the placement to ensure the child receives the appropriate services. If there is no response from the CSS within seven days, the supervisor is contacted to ensure the member gets the required services.

***Child Behavioral Health Services***

Meeting the behavioral health needs of children served by the Department continues to be the shared responsibility of DCS, the Arizona Department of Health Services' Division of Behavioral Health Services (ADHS/DBHS), and the Arizona Healthcare Cost Containment System (AHCCCS), which is Arizona's Medicaid agency. During SFY 2016, Behavioral Health Services for title XIX eligible children in foster care were delivered through ADHS/DBHS, who contracted with three Regional Behavioral Health Authorities (RBHAs) for the delivery of behavioral health services for title XIX eligible clients. As of July 1, 2016, ADHS/DBHS transitioned to AHCCCS, and the RBHAs directly contract with AHCCCS to provide services for the majority of children in out-of-home care. The services and DCS oversight of the behavioral health services will remain the same, the change is only in funding source structure. American Indian children are served through five Tribal Regional Behavioral Health Authorities that 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, and the Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by the RBHA serving the geographic area. Also, tribal members continue to have the choice of receiving their care through their Tribal Regional Behavioral Health Authority (TRBHA), tribally operated behavioral health program, Indian Health Services or the local RBHA. AHCCCS also contracts with a statewide Children's Rehabilitative Services Managed Care Organization (CRS MCO) to deliver integrated services for children with a qualifying CRS condition, including behavioral health conditions. The Department's CMDP provides coverage for behavioral health services for children in foster care who are not eligible for access coverage.

The DCS Behavioral Health Unit (BHU) provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between DCS and behavioral health providers when barriers are present. The goals of the DCS BHU include the following:

- ensure that all CMDP members are provided accessible, comprehensive behavioral health services in the most appropriate setting and in accordance with best practices designed to aid youth to achieve success in school, live with their families, avoid delinquency and become stable and productive adults as detailed in the Arizona Vision;



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- ensure that CMDP members receive services to address the unique needs of this population including a focus on the following:
  - Provision of services consistent with the principles of Trauma Informed Care;
  - Access to Trauma Specific Interventions;
  - Empowerment and engagement of youth and families;
  - Provision of services and supports in the most developmentally appropriate/home-like setting possible to support reunification/permanency, youth remaining with families and prevention of disruptions whenever possible.

BHU Staff include the following positions:

- Behavioral Health Clinical Coordinators (BHCCs): Staff assigned to each region of Arizona whose primary responsibility is to ensure that the goals detailed above are implemented from an individual youth and family perspective.
- Behavioral Health Clinical Supervisors: Provide direct supervision and oversight of BHCCs.
- Director of Behavioral Health: Provides direction and oversight to the overall functioning of the BHU as it relates to individual youth and family and system of care issues.
- CMDP Behavioral Medical Director: Provides extensive oversight of the behavioral health clinical activities within the BHU from an individual youth and family as well as system of care perspective. Provides subject matter expertise to DCS leadership on behavioral health and Trauma Informed Care.

Activities of the BHU include participation in CFTs development of service plans; participation in professional staffings; participation in DCS Clinical Case Reviews (CCRs) for court orders requiring DCS to provide therapeutic out-of-home placements, RBHA NOAs/denials, and complex N-T19 youth; attendance at court hearings; participation in hospital staffings/discharge planning; involvement in behavioral health related Notices of Action (NOAs)/denials of care; resolution of Court Orders; training and consultation; and advocating for youth and families for appropriate covered behavioral health services.

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. All title XIX children are automatically enrolled in a RBHA based on their place of residence. For children in DCS custody, they are enrolled in a RBHA based on their court of jurisdiction. Children with a CRS condition are enrolled in the single statewide plan regardless of their court of jurisdiction.

Referrals from DCS for behavioral health services are initiated through a DCS rapid response service request at the time of a child's removal from his or her home. If the child has already established care with a behavioral health provider prior to the removal, the child will be re-engaged by this provider to ensure continuity of care. The behavioral health system's rapid response must occur within 72 hours of referral. This contract requirement is congruent with national best practice guidelines and contributes to the higher percentage of children being enrolled in mental health services in Arizona (67% in FFY2014) compared to national rates (32%). After the initial rapid response, children in foster care are referred for ongoing behavioral health services for a period of at least six months unless services are refused by the guardian or the child is no longer in DCS custody. Behavioral health services are provided to:

- mitigate and address the child's trauma;
- support the child's temporary caretakers;

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- promote stability and well-being; and
- address the permanency goal of the child and family.

Arizona has a full array of covered behavioral health services for children in foster care, including a full continuum of care, from outpatient psychosocial interventions to residential and inpatient services. The categories of behavioral health services are further described in Table 1. Decisions are made about necessary behavioral health services through the Child and Family Team (CFT) process in Arizona.

Covered Behavioral Health Service Categories

| Service Category               | Description   |
|--------------------------------|---|
| Treatment Services             | Individual and group counseling, therapy, assessment, evaluation, screening, and other professional services  |
| Rehabilitation Services        | Living skills training, cognitive rehabilitation, health promotion, and ongoing support to maintain employment  |
| Medical and Pharmacy           | Medications which relieve symptoms, promote and/or enhance recovery from behavioral health condition  |
| Support Services               | Case management, self-help/peer support services and transportation   |
| Crisis Intervention            | Stabilization services provided in the community, hospitals and residential treatment facilities.   |
| Inpatient Services             | Inpatient treatment services delivered in hospitals and sub-acute facilities, provide 24-hour supervision, intensive treatment, and on-site medical services  |
| Residential Services           | Residential treatment with 24-hour supervision  |
| Behavioral Health Day Programs | Skills training and ongoing support to improve the individual’s ability to function within the community; Specialized outpatient programs provided to a person, group of persons and/or families in a variety of settings |

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

The Rapid 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

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identified by the family (such as members of faith-based communities, educational agencies, or youth organizations):

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

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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. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and help facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts, and logistics. The CFT explores all opportunities to maintain the child in the most appropriate setting, the home, and community to the extent possible through the provision of a variety of wraparound and evidence-based 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.

Children who are enrolled in the Children's Rehabilitative Services (CRS) health plan continue to have their mental health services through CRS. CMDP participates in the behavioral health coordination of these members; however, CRS acts as the care coordinator.

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

In recent years, there has been increasing federal and state oversight of the psychotropic prescribing to children in foster care to ensure psychotropic medications are used appropriately and safely. In 2012, DCS evaluated Arizona's prescribing patterns for 2008, and in 2015 DCS updated the analysis to review 2013 psychotropic prescribing data. As expected and similar to most states, children in foster care in Arizona were more likely than the general Medicaid population to be prescribed psychotropic medication. Factors contributing to the findings for both study years include a much higher likelihood that children in foster care will access behavioral health services compared to the general Medicaid child population, as evidenced by the higher penetration rate for behavioral health services for foster children compared to the general Medicaid child population. This higher penetration rate is due to both a higher need for behavioral health services due to a higher prevalence rate of behavioral health conditions compared to the general Medicaid child population, and policy requirements related to mandated enrollment with a behavioral health agency.

The Department is awaiting the finalization of a report to be published by AHCCCS that provides information related to psychotropic prescribing for children in Arizona. The report is expected to contain data such as the number of children, both foster care and non-foster care, prescribed psychotropic medication, the number of medications prescribed, the oversight of the medications, and cost. This report will compare current prescribing to previous years. This is the second report of this type published by

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AHCCCS. Arizona is the only state known to compile this data, therefore there will be no ability to compare this information to other areas of the country. Additional information related to AHCCCS can be located on the website <http://www.azdhs.gov/bhs/children/CPS.htm>.

CMDP has an internal process focused on the appropriate utilization and oversight of psychotropic medications for youth who receive these medications from their Primary Care Physicians (PCPs). This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. A retrospective review of PCP medical records is conducted during PCP Psychotropic Prescribing Oversight Meetings, which have participation from the CMDP Medical Director, Behavioral Health Medical Director, Director of Behavioral Health Services, Behavioral Health Nurse, and Behavioral Health Care Coordinator. The purpose of the review is to ensure the prescribing of the psychotropic medication is consistent with established guidelines. In the event the guidelines are not followed interventions are implemented as appropriate.

Also in recent years, there has been increasing concern related to the use of antipsychotic medications in children due to the potential short and long term side effect, which includes extrapyramidal symptoms and metabolic syndrome. Efforts to reduce inappropriate prescribing include adoption and dissemination of practice guidelines to providers as required by the AHCCCS Medical Policy Manual, Chapter 1000, following the ADHS/DBHS requirement of prior authorization for antipsychotics for children age 0-5 and for concomitant antipsychotics, and a review of prescribing trends by medication category at the RBHA level Pharmacy and Therapeutics Committee. The findings from recent monitoring completed by AHCCCS and the RBHAs demonstrate a reduction in the prescription of antipsychotics by 4.7% between study years 2008 and 2014 for children in foster care. The use of psychotherapeutic interventions for young children with a psychiatric diagnosis continues to be the preferred treatment over psychotropic medications due to the concern that the long term effects of psychotropic medications in children age 0-5 have not been systematically studied. The AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial, and requires the RBHAs to implement a credentialing mechanism which reviews the level of skill, training, and scope of practice of behavioral health staff who are prescribing psychopharmacological treatments to children age 0-5.

Concomitant prescribing of two or more psychotropic medications has also received increased oversight and monitoring due to the additive potential side effects and drug interactions. ADHS/DBHS has prior authorization requirements for intraclass concomitant drug therapy (antidepressants and antipsychotics), and prior authorization requirements for children 0-5 as outlined above. AHCCCS will continue to monitor and address any concerns found with the RBHAs.

***Collaboration with the Behavioral Health System***

Collaboration between the Department and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) is one of the most important factors supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. In addition to meetings between DCS regional staff and local mental health agencies, DCS and DBHS employees meet regularly at the state level. An important avenue for strategic collaboration has been DCS's continued participation as an active member of the Arizona Children's Executive Committee (ACEC). The purpose of this committee is to collaborate and collectively ensure that behavioral health services are provided to children and families according to the Arizona Vision and the 12 Principles. The ACEC includes representation from the Department of Health Services, the Department of Child Safety, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, the Administrative Office of the Courts, and includes participation of local Regional Behavioral Health Authorities (RBHA) and family members.

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The Department continued to participate in the ACEC Training Subcommittee during SFY 2016. This subcommittee continues efforts to cross train the schools and behavioral health systems about the CFT process and the role of educators in CFTs; educate families of children with behavioral health needs about the educational system and its role in their children's lives; and educate the behavioral health system about the school system, legal requirements, special education, educational interventions, and collaboration with school systems.

The Department is 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 Council advises, reviews, monitors, and evaluates the Community Mental Health Block Grant and the Substance Abuse Block Grant. The Council is increasing the board membership with community members and professionals who have experience with substance abuse assessment and treatment. The Department's Statewide Behavioral Health and Appeals Coordinator was appointed to the Council and serves on the Council's Planning and Evaluation Committee, Community Advisory Committee, Advocacy and Legislation, and Executive Committees. The Executive Committee is responsible for overseeing the review of the state plan for the Council. The Statewide Behavioral Health and Appeals Coordinator began serving as the chair of the council on January 1, 2014.

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

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

The Department's Adoption Subsidy unit continues to employ a Behavioral Health Clinical Coordinator who is available to adoptive parents to assist them in navigating the behavioral health system. The Coordinator continues to meet with RBHA staff across the state to discuss the unique needs of adopted children, and act as a liaison between adoptive families and the behavioral health providers when necessary. The work between DBHS and the Adoption Subsidy Behavioral Health Clinical Coordinator has opened the door to issue resolution and has provided an avenue for clarifying practice protocol. Community education and development of post-adoption specific support are ongoing. For example the KARE Center in Pima County facilitates three peer support groups per week for kin and adoptive families and the Adoption Subsidy Behavioral Health Clinical Coordinator has provided informational materials to be shared as needed during these groups.

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

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

The *Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS* practice protocol is without required data reporting elements, but remains a clinical guidance document. Additionally, the "Unique Needs" training remains a required training for all behavioral health providers who provide direct service to children and/or families in the child welfare system. Department staff continue to co-facilitate these trainings with each RBHA.

The CMDP Behavioral Health Unit will provide assistance to the field for any behavioral health issues for CRS enrolled children. CMDP and CRS meet bi-weekly for care coordination of the child being served by CRS to consult and ensure the needs of these children are being met.

***Services to Populations at the Greatest Risk of Maltreatment***

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the DCS Hotline, and enter out-of-home care at higher rates than children over age five. The majority of children who die due to abuse or neglect by a parent or caregiver are age five or younger.

The Department's attention to the needs of this highly vulnerable population starts with the Hotline. The DCS Hotline utilizes a tracking and monitoring system for information received related to concerns about unborn children. The Arizona law does not allow the Department to classify these types of concerns as a report; however, this information is taken and tracked. When the appropriate amount of time has passed suggesting that the child may have been born, research is completed to determine if the child was born, where the child is currently residing, and the concerning information is then made into a report which results in an assessment of safety, risk, and needed services. This monitor and tracking system assists the Department to ensure the safety of these children, and provide services and supports for families in need that may have otherwise gone unmet.

The Department also prioritizes the response times for allegations of abuse or neglect for children under the age of five. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Reports alleging a substance exposed newborn require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. As of February 1, 2016, reports alleging a victim child age three or less require a response time no longer than 48 hours, and victim children age four or five require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by Child Safety Specialists when determining if a safety threat is present.

Services targeted to children ages birth through five, considered to be at the greatest risk of maltreatment, are described below. In particular, the Healthy Families Arizona program and the SENSE program are specially designed to meet the needs of families with young children:

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- The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The Department's strategic plan includes a timeline to expand the SENSE program to areas outside of Maricopa county. The SENSE program began to be available in Mohave County in December 2015, and will expand to Yavapai, Coconino, and Pima counties during SFY 2017.

***Services for Children under the Age of Five***

The number of children who were under the age of five and in out-of-home care has been increasing, reaching 6,724 children on September 30, 2015. This is a 10% increase from one year prior and a 20% increase from two years prior. (Source: Semi-Annual Report)

Of children who were under the age of one and entered care for the first time in CY 2014, 28% exited to reunification within twelve months of entry and 35% exited to reunification by December 31, 2015. Of children who were age one through five and entered care for the first time in CY 2014, 38% exited to reunification within twelve months of entry and 48% exited to reunification by December 31, 2015 (AZ Chapin Hall Data Profile). Services are provided to maintain the parent-child relationships and achieve reunification when child safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2012, 49% had exited to adoption by December 31, 2015. Of children who were age one through five at the time of first entry in CY 2012, 28% had exited to adoption by December 31, 2015. 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 the Foster and Adoptive Parent Diligent Recruitment Plan, submitted with the 2016 APSR, for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. As of February 1, 2016, children age three or younger require a response time no longer than 48 hours, and children age four or five most often require a response time



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no longer than 72 hours. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by Child Safety Specialists when determining if a safety threat is present.

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

- The Arizona Department of Health Services/Behavioral Health Services (BHS) continues to maintain protocols regarding infant and toddler mental health, including "Working with the Birth to Five Population" and the "DBHS Practice Guideline Psychiatric Best Practice for Children Birth to Five Years of Age." The psychiatric best practice guidelines include a mandatory assessment for medication taper to be conducted every six months until the child reaches the age of five, mandatory use of psychotherapeutic interventions, before the prescribing of any psychotropic medication for children under the age of five, and required consultation and re-consultation of prescriptions by a non-child psychiatrist with a board certified child and adolescent psychiatrist if medications are prescribed for a child under the age of five.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role.
- Children age birth to five in Apache and Navajo Counties are referred to a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development. All families of children born at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.
- Staff training includes instruction on the needs of young children. Child Safety Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program and local Regional Behavioral Health Authorities around the state. The Best for Babies program facilitates monthly meetings of the Maricopa Community Court Team, as well as the Yavapai Court Team, both of which are attended regularly by DCS staff as well as a broad range of community providers. Systems issues and a 'topic of the month' are presented and discussed by those present.
- The CMDP Medical Director provides trainings on identifying child abuse and neglect and the identification of substance exposed newborns. Because most of the very serious injuries happen to children under age five, generally under age two, the majority of the training focuses on the injuries seen in these age groups. These trainings are attended by foster care providers, licensing agencies, judges, attorneys, CASAs, GALs, and DCS staff.

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

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

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

Highlights of the successes and activities of Best for Babies in SFY 2016 include the following:

- The Maricopa County Cradle to Crayons (C2C) Child Welfare Center continues to serve families with children birth to three who are involved in dependency cases with the juvenile court in Maricopa County. C2C provides services to the biological parent and child(ren) to support family reunification. The C2C program has four components including Family Time Coaching, Resource Coordination, Individual Adult Trauma Therapy, and a clinical assessment with subsequent parent-child therapy. The program uses evidence-based trauma-focused therapeutic interventions such as Eye Movement Desensitization and Reprocessing (EMDR) for the parent trauma therapy, and Child Parent Psychotherapy (CPP) for the parent child therapy. The evidence-based parenting intervention, Triple P Positive Parenting Program, is also used in conjunction with Family Time Coaching. In SFY 2015, 42 families were served through parent child therapy and Family Time Coaching (FTC), 63 parents were served through trauma therapy and 227 families were served through resource coordination.

Preliminary data suggests that children who reunify with parents who participated in the C2C program are likely to remain home with their parents and not re-enter foster care. Of the 57 families who 1) terminated their involvement with the program through either a reunification or severance and 2) participated in at least one of the C2C services (assessment, parent child therapy, FTC or trauma therapy) from December 2012 through June 30, 2015, 40 (70%) exited the program due to a reunification, and as of June 30, 2015 none of the 40 families had a new dependency petition filed.

The Community Coordinator Program is another important aspect of the C2C project. This program facilitates on-going communication among community stakeholders including the Court, public, and private agencies that provide services and support to C2C families. Coordinators advocate for C2C clients to receive timely, high-quality service delivery specific to the identified needs of the child and family members. This includes identification and resolution of barriers to service provision and reporting the results to the Court. The Community Coordinator program received 1,015 referrals to assist with resolving barriers in C2C cases in SFY 2015.

In SFY 2015, 2,936 dependency cases with children birth to three were added to the Maricopa County Cradle to Crayons (C2C) judicial caseloads. In SFY 2015, there were six specialized Cradle to Crayons Judicial Officers who were located at the Southeast and Durango Juvenile

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Courts, located in Maricopa County. Data shows a higher percentage of reunification for children who receive C2C services and who have a C2C judge. Exit cohort data for SFY 2015, indicates 54% of the 149 children under the age of 3 who exited care and had received C2C services and had a C2C judge exited to reunification, as compared to 41% of the 1,239 children who only had a C2C judge, and 28% of the 282 children who did not have a C2C judge or C2C services.

- Maricopa Community Court Team Topic of the Month discussions for SFY 2016 included the following:
  - Dependency Treatment Court data report
  - Medically Assisted Treatment
  - SB 1375/CMDP
  - Mercy Maricopa Integrated Care
  - Substance Exposed Newborns/SENSE Program
  - DCS Model Office
  - Safe Reduction Initiative
  
- In July 2015 Prevent Child Abuse Arizona & the Administrative Office of the Courts co-sponsored the annual Best for Babies Statewide meeting, attended by 13 of Arizona's 15 juvenile courts. The featured speaker was Brenda Jones Harden whose presentation was on Young Children in the Child Welfare System. Arizona State University, Center for Child Well-Being presented preliminary information from their multi-year study of outcomes for young maltreated children, birth to three years in each county. Recent findings from the Maricopa County cohort show reduced subsequent abuse (i.e. re-entry) for those children reunified with birth parents over a one year period. Prevent Child Abuse Arizona plans to host the annual statewide Best for Babies meeting again in July 2016. The topics will include visitation and concurrent planning, as well as an update on the ASU research study of outcomes for children age newborn to three across all Arizona counties.

The AZ PS-MAPP curriculum, which is currently used for resource parent applicants, is a pre-service training that includes activities, lecture, and assignments that define the needs of children of all ages, including infants and toddlers. The training includes activities to review symptoms of and basic care for young children who were exposed to substances in utero. Participants are also provided with written information about fetal alcohol syndrome and effect. The curriculum is also designed to expose participants to the specific needs and experiences of children in foster care, and to offer information, suggestions, and interventions regarding how:

- the physical, mental, emotional, social, and spiritual/moral health of children can be supported in a foster home;
- to promote, rebuild, and support positive attachments of children and youth in foster care;
- a child's attachment affects his sense of well-being;
- behaviors are indicators of underlying needs;
- personal emotional reactions may create challenges for selecting effective parental interventions; and
- to choose specific behavioral strategies and techniques that assure a child's safety.

Department staff have been participating in conferences and webinars to learn about trauma informed care, as well as the developmental approach to child welfare services for young children. The Department has been learning about resources, such as the National Child Traumatic Stress Network, and the "CAPPD" strategy for trauma informed practice that was developed by Philadelphia-based Multiplying Connections. The Best for Babies initiative has provided training and technical assistance to counties

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developing Court Teams, including training by experts in services with a developmental approach and the impact of trauma on infant and toddler development. The Department will continue to collaborate with DBHS, Best for Babies, the courts, service providers, and others to develop trauma informed assessments, services, and training.

# **Section IV**

## **Assessment of Performance Achieving Outcomes**

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The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Data is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. This APSR provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS), internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Department reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. Profiles provided to the state by DHHS following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Department, as required by Arizona statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Department uses a data dashboard to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed initial assessments; in-person contacts with children; parents and out-of-home care providers; child removals and returns; time to reunification; and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the Chapin Hall Center for Children at the University of Chicago for inclusion in a multistate data repository. Chapin Hall organizes the data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review (PICR)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. The number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served. In addition, percentages can fluctuate substantially from year to year due to small sample sizes and sampling error, rather than an actual change in performance. The PICR results do provide information about areas of relative strength and need in the Arizona’s child welfare outcomes, which helps the Department to target areas for further analysis and improvement. More information about the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

## 1. Case Volume and Workforce Resources

Child Safety Specialist caseload volume continues to be a challenge for the Department, although recent data confirms substantial progress reducing caseload size in SFY 2016. Between CYs 2012 and 2015, growth in DCS Hotline reports, in-home cases, and the number of children in out-of-home care outpaced the Department's ability to hire and retain staff, so caseloads grew to exceed the Department's caseload standard, which is:

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

During SFY 2016, the Department has implemented strategies to safely reduce the number of open investigations, and safely reduce the number of children in out of home care. These efforts have had a demonstrably positive effect on workload. Following introduction of a more objective Hotline screening tool, DCS has observed a reduction in the monthly volume of new reports for investigation. In addition, the number of open reports for investigation has decreased 45%, from 33,245 in April 2015 to 18,404 on June 20, 2016. The growth rate in the out-of-home care population has decreased from 8.3% in SFY 2015 to around 4.8% in SFY 2016. The total number of children in out-of-home care decreased in March, April, and May of 2016. This is the first time that the Department has experienced a decrease in three consecutive months since 2009.

There has been focused work to fill 100% of positions and reduce turnover in order to develop sufficient staff resources to provide quality services to this growing number of children and families. Significant work has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. To support this effort, the Department has implemented several statewide strategies during SFY 2016.

- The Department continues to employ a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates. The Department has centralized the statewide recruitment of the DCS Specialist classification, under the direction of the Recruitment Manager. The Department continues its active recruitment process to fill all positions. As of May 2016, the Department had filled 94% of the 1,406 funded positions.
- As of May 2016, DCS funds 234 supervisor positions, 92% of which are filled. The breakdown of funded supervisor positions by region and the Hotline are as follows: Hotline-13, Central-70, Pima-52, Northern-22, Southeast-10, and Southwest-67. The Department is actively recruiting to fill the vacant supervisor positions, which will reduce the Child Safety Specialist to supervisor ratio.
- The Department's Human Resource (HR) team has made improvements to the hiring process during SFY 2016. An analysis was conducted in relation to the ratio of staff hired and leaving DCS employment, which resulted in additional efforts to recruit field staff. The HR team now has a goal of 60 new hires per month, which exceeds the average number of staff leaving the Department. In order to reach this goal, the team contacts all applicants immediately upon receipt of the initial application, sends recruitment packets via email to speed up the transmission of information, conducts follow up emails or phone calls to applications to obtain missing or incomplete information, schedules the new hire interview immediately upon receipt of the complete application, and has added an additional staff member to assist in completing

background reference checks. The HR team has also started to monitor the number of new hires that leave DCS within the first year to allow future analysis of this information.

- The Department continues to post job listings/requisitions for specific regions on the azstatejobs.gov website to encourage applications from individuals searching for employment in a specific community.
- Two or more job fairs are attended per month, including job fairs at military bases throughout Arizona. The HR team also coordinates with post-secondary institutions in an effort to recruit recent graduates.
- To properly facilitate the recruiting process, HR team positions have been increased to include three staffing analysts and two coordinators. The main job duties of these positions are to manage the timely hiring and application process for new hires.
- In February 2016, the Department implemented a career ladder for case aides with five or more years of experience with DCS to promote into Child Safety Specialist I positions, which brings staff already familiar with the child welfare system to areas of need.
- The Department engaged in a Talent Science pilot, which was implemented in September 2015. Talent Science is a computer based assessment to determine job fit, aimed at hiring candidates best suited for the position being offered. Data is currently being collected and will be evaluated to determine the effectiveness of the program.
- To expedite the new hire fingerprint card process, a full time person at the Department of Public Safety continues to be available to process requests for fingerprint cards. In June 2016, DCS added a new method to secure Fingerprint Clearance Cards, including the submission of the applications via the internet. This process is expected to reduce the processing time to approximately 3-5 business days.

In SFY 2017 the Department plans to restructure the DCS Specialist series classifications. A new position of DCS Specialist Trainee will be established for new hires, for the first 22 weeks of employment. When the new employee successfully completes the 22 weeks of initial training, the DCS Specialist Trainee will be promoted to a DCS Specialist 1 position. The DCS Specialist will then be eligible for a promotion and pay increase after one year of service. The Department believes that earlier salary increases in the first year of employment will improve retention.

See *Section XIII: Statistical and Supporting Information*, for more information on the Department's workforce.

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

### ***Safety Outcome Progress Measures***

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, CHILDS extract date 6-4-16)  
FFY 2013: 54.9% (of 43,653 reports)



FFY 2014: 60.3% (of 47,387 reports)  
FFY 2015: 76.7% (of 51,204 reports)

The Department's CY 2015 Practice Improvement Case Review instrument includes a determination of whether each alleged child victim was seen face-to-face and alone during the initial assessment. The requirement to see each child alone during the initial assessment exceeds the federal requirements.

CFSR Measure: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.1% or less (CFSR Data Profile 5/26/2015<sup>1</sup>)

FFY 2013: 5.3%  
FFY 2014: 5.7%

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

Of children in out-of-home during a 12-month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 8.50 or less (CFSR Data Profile 5/26/2015)

FFY 2013: 2.36  
FFY 2014: 2.72

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry) will be 95% or more (Initial Assessment PICR Item 6.A.4.)

CY 2013: 73% (of 33 applicable cases)  
CY 2014: 66% (of 38 applicable cases)  
CY 2015: 80% (of 61 applicable cases)

Item 6.A. of the Department's 2015 Practice Improvement Case Review instrument evaluates whether the Department made concerted efforts to prevent removal or re-entry by taking the least intrusive actions to control safety threats, such as provision of safety services, services to address risk, and/or development of an in-home safety plan to control the safety threats.

CFSR Item 3: Risk and Safety Assessment and Management

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<sup>1</sup>The Department has not received a CFSR Data Profile from the Children's Bureau since the 5/26/15 profile, therefore updated data is not available for reporting purposes.

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

|          |                              |
|----------|------------------------------|
| CY 2013: | 85% (of 33 applicable cases) |
| CY 2014: | 75% (of 40 applicable cases) |
| CY 2015: | 84% (of 67 applicable cases) |

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

|          |                               |
|----------|-------------------------------|
| CY 2013: | 24%                           |
| CY 2014: | 22% (of 98 applicable cases)  |
| CY 2015: | 22% (of 206 applicable cases) |

### ***Assessment of Performance Achieving Safety Outcomes***

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve safety related processes and safety outcomes. The following data describes some of the areas where improvement has been made, and others where improvement is still required and planned to occur.

- Statewide in FFY 2015, 77% of all reports received a timely response. This is an improvement compared to 60% in FFY 2014. The Department responded on time to more reports during FFY 2015 than during the prior two years, despite an increase in the number of reports received. The most recent data indicates continued improvement. From January through May 2016, the monthly timely response rate has ranged from 83% to 88%. Timely response is more frequent with the highest level reports. By level, the on-time response rate in FFY 2015 was: response time 1 – 86%, response time 2 – 79%, response time 3 – 69%, response time 4 – 81%. This is the percentage of reports to which the Department responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded first and confirmed the child was not in present danger.
- According to the CFSR Arizona Final Report published in December 2015, the Department performed better than the national CFSR standard that 9.1% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. The Department's risk-standardized performance was measured to be 6.9%.
- The Department also performed better than the national CFSR standard that the rate of children with a substantiated abuse or neglect report per 100,000 days of out-of-home care is 8.50 or less. The Department's risk-standardized performance was measured to be 3.37 victimizations per 100,000 days in care.
- Arizona has a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew significantly from 2009 through 2015. However, recent data shows that the growth rate in the out-of-home care population has slowed substantially. Since October 2015, more children have exited out-of-home care than entered in four of the seven months, largely due to the efforts being made to safely reduce the number of children in out-of-home care summarized in *Section VII: Progress Implementing the Goals, Objectives, and Intervention*.

- The Department's PICR results indicate a need to improve standardization of practice so that in-home options to control safety threats are always thoroughly explored before removing the child. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats so that the child can remain at home. The Department's strategies to improve consistent decision making in investigations are described in *Section VII: Progress Implementing the Goals, Objectives, and Intervention*.
- The Department's PICR results indicate a need for more consistent application of the safety and risk assessment model to decisions affecting children in out-of-home care, such as consideration of unsupervised visitation or reunification. These decisions are made with service team members and court oversight, but the Continuous Child Safety and Risk Assessment (C-CSRA) instrument is not consistently completed so that the decision-making process is documented to have occurred prior to starting unsupervised visits or reunifying a child.

See *Section VII: Progress Implementing Goals and Objectives* for information about the Department's current activities to improve safety outcomes and processes.

### 3. Permanency Outcomes 1 and 2

#### *Permanency Outcome Progress Measures*

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

CFSR Item 4: Stability of Foster Care Placement

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

CFSR Measure: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.12 or less (CFSR Data Profile 5/26/2015)

|           |      |
|-----------|------|
| FFY 2013: | 3.82 |
| FFY 2014: | 3.53 |

CFSR Item 5: Permanency Goal for Child

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

|          |                               |
|----------|-------------------------------|
| CY 2013: | 88%                           |
| CY 2014: | 78% (of 119 applicable cases) |
| CY 2015: | 75% (of 212 applicable cases) |

CFSR Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Concerted efforts made by the court and Department to achieve permanency in a timely manner was not assessed through the Practice Improvement Case Review

during CY 2015; however, administrative data on permanency outcomes and length of stay is available on the entire out-of-home population. This question was added to the CY 2016 PICR instrument and data will be reported in future APSRs. Data for children with an OPPLA goal related to permanency of the child's living arrangement and services to support transition to adulthood is captured through the PICR in the item on Needs and Services of Child, Parents, and Foster Parents.

CFSR Measure: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 40.5% or more (CFSR Data Profile 5/26/2015)

|           |       |
|-----------|-------|
| FFY 2011: | 30.4% |
| FFY 2012: | 31.3% |

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 43.6% or more (CFSR Data Profile 5/26/2015)

|           |       |
|-----------|-------|
| FFY 2013: | 51.8% |
| FFY 2014: | 52.4% |

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 30.3% or more (CFSR Data Profile 5/26/2015)

|           |       |
|-----------|-------|
| FFY 2013: | 42.3% |
| FFY 2014: | 42.4% |

CFSR Measure: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.3% or less (CFSR Data Profile 5/26/2015)

|           |      |
|-----------|------|
| FFY 2011: | 9.9% |
| FFY 2012: | 7.6% |

CFSR Item 7: Placement with Siblings

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

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

|          |     |
|----------|-----|
| 9/30/13: | 65% |
| 9/30/14: | 66% |
| 9/30/15: | 63% |

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.<sup>2</sup> (CHILDS ad hoc report)

|          |     |
|----------|-----|
| 9/30/13: | 76% |
| 9/30/14: | 76% |
| 9/30/15: | 73% |

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

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

The percentage of cases where children in out-of-home care have visits of sufficient quality with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (Out-of-Home PICR Item 6)

|          |                               |
|----------|-------------------------------|
| CY 2013: | 56%                           |
| CY 2014: | 50% (of 105 applicable cases) |
| CY 2015: | 51% (of 194 applicable cases) |

CFSR Item 9: Preserving Connections

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

|           |     |
|-----------|-----|
| FFY 2013: | 92% |
| FFY 2014: | 91% |
| FFY 2015: | 92% |

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

|           |     |
|-----------|-----|
| FFY 2013: | 37% |
| FFY 2014: | 40% |
| FFY 2015: | 44% |

The percentage of cases where the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences will be 95% or more (Out-of-Home PICR Item 5.D.)

|          |                              |
|----------|------------------------------|
| CY 2015: | 82% (of 17 applicable cases) |
|----------|------------------------------|

CFSR Item 10: Relative Placement

The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (Out-of-Home PICR Item 7)

|          |     |
|----------|-----|
| CY 2013: | 75% |
|----------|-----|

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<sup>2</sup> 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.

CY 2014: 72% (of 113 applicable cases)  
CY 2015: 73% (of 212 applicable cases)

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

During the 2015 CFSR On-site review, 39% of cases were rated strength on relationship of child in care with parents. This area was not evaluated through the Department's Practice Improvement Case Review in 2015.

This CFSR item has been added to the Department's PICR instrument for CY 2016. The Department will report this data in future APSRs.

### ***Assessment of Performance Achieving Permanency Outcomes***

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

- Arizona is performing better than the CFSR national standard for placement stability. According to the May 26, 2015 CFSR data profile, of all children who enter care in FFY2014, the rate of placement moves per 1,000 days of out-of-home care was 3.57, which is better than the national standard of 4.12 or less.
- Practice Improvement Case Reviews reveal that the child's permanency goal is appropriate to the child's needs, set timely, and pursued according to Adoption and Safe Families Act (ASFA) termination of parental rights (TPR) requirements in 75% of the cases reviewed. Some cases were rated as needing improvement because 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.
- Arizona has not achieved the CFSR goal for permanency within twelve months of entry. Over the last several years, children have been increasingly less likely to exit to reunification, and have experienced longer lengths of stay before reunifying. The likelihood of reunification is lowest for infants, who are most vulnerable.
- Arizona has achieved the CFSR goal for re-entry within 12 months of exit to reunification, live with relative, or guardianship. According to the May 26, 2015 CFSR data profile, of all the children who entered care in FFY 2012 and exited to reunification, living with a relative, or guardianship, 7.2% re-entered care within twelve months. The national standard is 8.3% or less.
- Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the May 26, 2015 CFSR data profile, of all the children in care on the first day of FFY 2014 who had been in care between 12 and 23 months, 50.3% had discharged to permanency by the last day of the following year, exceeding the national standard of 43.6% or more. Of children in care on the first day of FFY 2014 who had been in care for 24 month or more, 38% discharged to permanency by the last day of FFY 2014,

exceeding the national standard of 30.3% or more. Many of the children who have been in care for 24 months or more exit to adoption.

- On September 30, 2015, 63% of sibling groups in care had all siblings placed together, and 73% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because a case is identified as “siblings placed together” if two children are placed together on the given day, even if the children spent other days in separate placements.
- Child visitation with parents and siblings in out-of-home care was found to be a strength in 51% of the cases reviewed in CY 2015. Concerted efforts were made to ensure that visitation was sufficiently frequent to maintain or promote continuity of the child’s relationship with the mother in 70% of cases, with the father in 58% of cases, and with siblings in 81% of cases reviewed in CY 2015. Given the increased number of children in out-of-home care, particularly young children, the Department has been responsible for an increasing number of parent-child and siblings visits. During SFY 2016, efforts were made to decrease the number of referrals on the wait list for supervised visits. These efforts resulted in a decrease from 484 referrals in July 2015 to 90 referrals in March 2016.
- The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent has increased from 37% in FFY 2013, to 40% in FFY 2014, to 44% in FFY 2015 (Report 43 flat file).
- Of the cases reviewed in 2015, there was sufficient inquiry conducted to determine whether the child may be a member of, or eligible for membership in an Indian tribe in 83% of the applicable cases reviewed (PICR Item 5B). In addition, timely notification was provided to the tribe in 89% of the applicable cases (PICR Item 5C) and 82% of the child placements were in accordance with, or concerted efforts were made to place the child in accordance with, ICWA placement preferences (PICR Item 5D).
- The child was placed in a stable relative placement in 49% of the out-of-home cases reviewed during the 2015 PICRs. Of children in out-of-home care on September 30, 2015, 44.8% were placed with a relative (*Child Welfare Reporting Requirements Semi-Annual Report*).
- Case reviewers found that the child was placed in a stable relative placement or that sufficient efforts to identify and assess maternal and paternal relatives had been made in 73% of the applicable cases reviewed in CY 2015. In cases needing improvement, paternal relatives were more likely than the maternal relatives to have insufficient efforts.

See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department’s activities to improve permanency outcomes and processes.

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

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

CFSR Item 12: Needs and services of child, parents, and foster parents

The percentage of cases in which the needs of the child(ren) are assessed and necessary services are provided (including independent living skills for children age 16 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

CY 2013: 89%  
CY 2014: 91% (of 131 applicable cases)  
CY 2015: 91% (of 253 applicable cases)

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

CY 2013: 68%  
CY 2014: 70% (of 102 applicable cases)  
CY 2015: 63% (of 197 applicable cases)

The percentage of cases in which the needs of the father are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8 B2 & B4)

CY 2013: 49%  
CY 2014: 56% (of 93 applicable cases)  
CY 2015: 43% (of 176 applicable cases)

The percentage of cases in which the needs of the foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8C1 & C2)

CY 2013: 83%  
CY 2014: 82% (of 108 applicable cases)  
CY 2015: 86% (of 192 applicable cases)

CFSR Item 13: Child and family involvement in case planning

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9 B)

CY 2013: 54%  
CY 2014: 57% (of 102 applicable cases)  
CY 2015: 51% (of 203 applicable cases)

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (In-Home and Out-of-Home PICR Item 9 C)

CY 2013: 36%  
CY 2014: 42% (of 83 applicable cases)  
CY 2015: 32% (of 176 applicable cases)

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 9 A)

CY 2013: 64%  
CY 2014: 62% (of 71 applicable cases)  
CY 2015: 64% (of 159 applicable cases)



CFSR Item 14: Caseworker visits with children

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 10 A1)

|          |                               |
|----------|-------------------------------|
| CY 2013: | 77%                           |
| CY 2014: | 81% (of 132 applicable cases) |
| CY 2015: | 81% (of 253 applicable cases) |

The percentage of cases in which the quality of visits between the Child Safety Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit, will be 95% or more (In-Home and Out-of-Home PICR Item 10 B)

|          |                               |
|----------|-------------------------------|
| CY 2013: | 58%                           |
| CY 2014: | 51% (of 127 applicable cases) |
| CY 2015: | 65% (of 246 applicable cases) |

CFSR item 15: Caseworker visits with parents

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

|          |                               |
|----------|-------------------------------|
| CY 2013: | 36%                           |
| CY 2014: | 31% (of 105 applicable cases) |
| CY 2015: | 36% (of 205 applicable cases) |

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact with the father will be 95% or more (In-Home and Out-of-Home PICR Item 11 B1 & D)

|          |                               |
|----------|-------------------------------|
| CY 2013: | 18%                           |
| CY 2014: | 24% (of 83 applicable cases)  |
| CY 2015: | 17% (of 175 applicable cases) |

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

CFSR Item 16: Educational needs of the child

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

|          |                               |
|----------|-------------------------------|
| CY 2013: | 87%                           |
| CY 2014: | 93% (of 104 applicable cases) |
| CY 2015: | 90% (of 196 applicable cases) |

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

CFSR Item 17: Physical health of the child

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

CY 2013: 36%  
 CY 2014: 47% (of 121 applicable cases)  
 CY 2015: 51% (of 232 applicable cases)

CMDP uses outcome-based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona’s Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks. State Medicaid audits indicate significant improvement or maintenance of high performance in all the measures, with CMDP rated among the highest in the state. For FFY 2013, CMDP exceeded the statewide average in all nine of the performance measures and exceeded the national Medicaid and commercial insurance means for:

- Children’s Access to Health Care (exceeded state & national means for all four age groups); and
- Annual Dental Care - preventative and restorative visits.

**CMDP Performance Measures – Data from FFY 2013\***

| Measure   | Minimum Performance Standard (MPS) | 2011 CMDP Rate | 2012 CMDP Rate | 2013 CMDP Rate | Arizona Medicaid Average | NCQA Medicaid Mean | NCQA Commercial Mean |
|---|------------------------------------|----------------|----------------|----------------|--------------------------|--------------------|----------------------|
| Children's Access to Care (12 - 24 months)      | 93%                                | 96.5%          | 99.7%          | 98.8%          | 97.7%                    | 96.1%              | 98.0%                |
| Children's Access to Care (25 months - 6 years) | 83%                                | 91.3%          | 91.1%          | 93.6%          | 90.0%                    | 88.3%              | 91.9%                |
| Children's Access to Care (7 - 11 years)        | 83%                                | 94.4%          | 94.8%          | 94.7%          | 91.9%                    | 90.0%              | 92.5%                |
| Children's Access to Care (12 - 19 years.)      | 81%                                | 95.9%          | 96.8%          | 98.2%          | 89.8%                    | 88.5%              | 89.9%                |
| Well Child Visits (3-6 years)                   | 66%                                | 64.8%          | 63.7%          | 71.8%          | 66.7%                    | 61.6%              | 79.0%                |
| Adolescent Well Care Visits                     | 42%                                | 64.0%          | 63.9%          | 68.3%          | 40.5%                    | 71.5%              | 74.3%                |
| Annual Dental Visits                            | 57%                                | 80.3%          | 82.7%          | 81.9%          | 61.1%                    | 50.0%              | 44.5%                |
| EPSDT Participation                             | 68%                                | 97.8%          | 100.0%         | 92.6%          | 59.9%                    | *                  | *                    |
| Dental Participation                            | 46%                                | 68.3%          | 79.0%          | 76.0%          | 62.3%                    | *                  | *                    |

\*Data is provided by AHCCCS and the Department will provide updated data when provided by AHCCCS.

CFSR Item 18: Mental/behavioral health of the child

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

|          |                               |
|----------|-------------------------------|
| CY 2013: | 83%                           |
| CY 2014: | 89% (of 102 applicable cases) |
| CY 2015: | 87% (of 199 applicable cases) |

***Assessment of Performance Achieving Child and Family Well-Being Outcomes***

Well-being outcomes are achieved for the majority of children served in out-of-home care. Provision of services to meet children's educational needs was a strength in 90% of cases, and to meet children's mental health needs was a strength in 87% of cases. Performance is stronger with mothers than fathers. More consistent practice is needed to ensure that all fathers are assessed, provided services, involved in case plan development, and visited by the assigned CSS each month. The Department is committed to continually improving practice and services so positive outcomes are achieved for all children and families served. The Department's child and family well-being outcome data assists the Department of Child Safety to identify priorities for improvement:

- The Department continually assessed and provided services to address the needs of children in 91% of cases, and their foster or kinship caregivers in 86% of cases reviewed in CY 2015. This item does not include assessments and services to meet children's educational, physical health, and mental health needs, which are assessed in other PICR items. Foster and kinship parents interviewed during PICRs often report that they are pleased with the support they receive and that their needs are promptly addressed by the Child Safety Specialist.
- The mother's needs were thoroughly and continually assessed in 64% of cases reviewed in CY 2015, and sufficient services were provided to address the mother's identified needs in 82% of the cases reviewed. Father's needs were thoroughly and continuously assessed in 46% of cases, and sufficient services were provided to address the father's identified needs in 68% of cases. Greater consistency in concerted efforts made by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children, would improve performance in this area.
- During the 2015 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 had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned Child Safety Specialist, or the Child Safety Specialist made concerted efforts to have these conversations.
- In some cases there was not sufficient effort to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but these contacts did not include efforts to elicit the parent's input about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).

- Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the Child Safety Specialist visited with the child each month, but did not ask for the child's input into case planning issues.
- In 81% of cases reviewed in CY 2015, the target child in out-of-home care and those served in-home received monthly in-person contact from the assigned Child Safety Specialist. Due to extremely high caseloads, other Child Safety Specialists, DCS Supervisors, Program Specialists, and Case Aides sometimes conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs.
- Data retrieved from the Department's Business Intelligence Dashboard (data current as of June 4, 2016) shows that the statewide average of monthly contact rates by the assigned Child Safety Specialist or another person (such as the supervisor or case aide) was 91.5% in CY 2015. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.
- The quality of the case manager's contact with the child met the practice standard in 65% of cases reviewed in 2015. This is an increase from 51% rated strength in 2014. There is a need to continue to increase the percentage of children who are seen alone for part of each monthly contact.
- PICR data reveals higher rates of contact with mothers than fathers. Contact was sufficiently frequent with 40% of mothers and 19% of fathers. In some cases greater and continual efforts to locate a missing parent were needed, or there was insufficient contact with a parent who was detained or incarcerated. The quality of contacts was also better with mothers (66%) than fathers (56%).
- Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. The Department is performing well in this area, achieving the standards in 90% of cases reviewed.
- The PICR evaluates whether the Department's specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers found that 79% 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 60% 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. Of applicable cases reviewed in CY 2015, 71% of children who had been in care more than six months had received a dental examination within the most recent six months. This is a significant improvement over the 58% in CY 2014. Reviewers found that 79% of children who required dental health treatment services and 92% of children who required medical services did receive timely and appropriate services.
- State Medicaid audits indicate significant improvement or maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in all of the nine performance measures and exceeded the national Medicaid and commercial insurance means for Children's Access to

Health Care (exceeded state & national means for all four age groups) and Annual Dental Care - preventative and restorative visits.

- Arizona's PICR data indicates that behavioral health care is an area of strength for 87% of children served in-home or in out-of-home care. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department's activities to improve child and family well-being outcomes and processes.

# **Section V**

## **Assessment of Systems Performance**

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## **1. Statewide Information System Capacity**

### ***Statewide Information System Description***

Since February 1998, Department of Child Safety staff have used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child in foster care. CHILDS supports Hotline functions, initial assessment/investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides on-line help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services.

CHILDS is available statewide to DCS staff in all local offices and has more than 3,000 registered users. Service providers and other agencies are granted access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit, and placement codes to differentiate between families served by the Department and those served by other state agencies. CHILDS is a SACWIS compliant system that conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide an initial, one day, new employee orientation to familiarize staff with CHILDS. New employee training covers system navigation, e-mail usage, and Child Safety Specialist core training using the ongoing case management and investigation windows. Specialized training is presented to staff, tribes, and contracted providers for provider maintenance, payment processing, and case notes entry. 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. User training, Missing Mandatory Data alerts, data field edits, and ongoing review of data error reports are the basis of an effective system to ensure data accuracy. The DCS Regional Automation Liaisons (RALs) also have an important role in training new staff and providers when system changes and enhancements are implemented.

The CHILDS Project measures success by its ability to capture the data necessary to respond to the evolving needs of its users and maintain SACWIS compliance. In SFY 2015, the CHILDS Project held regular RAL meetings to preview CHILDS enhancements and modifications. The RALs then informed and trained field staff on the changes. CHILDS continues to conduct quarterly system modifications. Deployments typically include six to ten system changes. System changes are assigned a priority based on the urgency of federal and state legislation, the schedule for Operating Advance Planning Document Updates (submitted to the federal government annually), Governor and Director directives, and recommendations from process improvement workgroups.

DCS has completed the first of a two-phased approach to procure, develop, and implement the replacement for CHILDS, known as Guardian. DCS conducted a feasibility study to ensure the selection of the most cost efficient and advantageous solution. This solution will support the new CCWIS requirements. DCS has submitted the Implementation Advance Planning Document and received Federal approval on June 3, 2016. Based on this, DCS is pursuing a procurement strategy that starts with a mobile solution to benefit case managers in the field, and a foundational technology platform. When the platform is in place, functional modules will be developed and implemented.

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***Statewide Information System Strengths and Concerns***

System Requirement: Statewide Information System

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

The Department's Statewide Information System was rated strength and achieved substantial conformity during the 2015 Child and Family Services Review. The Department's statewide information system, CHILDS, is functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. CHILDS is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff.

CHILDS includes components to increase data quality, such as interfaces with other state agency information systems to collect and confirm the accuracy of case participant demographic information. For example, an interface with the statewide Family Assistance Administration (FAA) system allows CHILDS to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, family's address, and other information that is obtained and verified during eligibility determination processes by the FAA. As another example, CHILDS uses the Finalist program from Pitney Bowes, which increases address accuracy.

CHILDS was found to be Statewide Automated Child Welfare Information System (SACWIS) compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which include collection and retention of the information included in CFSR item 19. CHILDS was also found to be in substantial conformity during the CFSR Round 3, according to the December 2015 CFSR Arizona Final Report. The Department is working to replace CHILDS with a new system, and will address CCWIS compliance with the new system.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from CHILDS, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data quality reports provide the number of records with missing data. The Department's FFY 2013B, FFY 2014A, FFY 2014B, FFY 2015A, and FFY 2015B AFCARS submissions had no elements with error rates above 10%, which is the threshold for an AFCARS penalty. The FFY 2016A AFCARS submission had one (entry of removal end date within 60 days of exit) data element that was over the 10% threshold. The FFY 2016A data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

|                            |   |
|----------------------------|---|
| FC-06 Date of Birth:       | 0 missing records                           |
| FC-07 Sex:                 | 7 missing records of 24,292 (0.03% failing) |
| FC-08 Race:                | 0 missing records                           |
| FC-09 Hispanic Origin:     | 0 missing records                           |
| FC-18 First Removal Date:  | 0 missing records                           |
| FC-20 Last Discharge Date: | 0 missing records                           |
| FC-21 Latest Removal:      | 0 missing records                           |



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|                          |   |
|--------------------------|---|
| FC-41 Current Placement: | 723 missing records of 24,292 (2.98% failing)   |
| FC-42 Out of State:      | 1,062 missing records of 24,292 (4.37% failing) |
| FC-43 Most Recent Goal:  | 1,889 missing records of 22,616 (8.35%)         |

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, every child’s placement is known to the Department; 723 children did not have current placement data entered into the placement fields in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation.

## **2. Case Review System**

### ***Case Review System Description***

The Department’s policies and procedures require written case plans that address all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that these case plans be developed with family and child input. Case plan staffing, TDM, CFT, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

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

Staff are trained about the need to provide case plans to the court, FCRB, and the assigned CASAs. Case plans are to be attached to reports to the court, and discussed at court and FCRB hearings. The Department’s court report outlines require the Child Safety Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, placement of the child, services to the child, and visitation with parents and siblings.

Periodic review requirements are met through juvenile court hearings and FCRB meetings. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

Permanency hearings are held within twelve months of the child’s initial removal from the parent or guardian, within six months if the child was younger than age three at removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child’s best interest and not ordered. Subsequent permanency hearings are held at least every twelve months thereafter, as long as the child remains in out-of-home care. At the hearing, the court determines the child’s permanent plan and orders a specified period within which the plan must be accomplished. The court also enters findings as to whether reasonable efforts have been made to finalize the permanent plan and the facts that support this finding. As permitted in state law, permanency hearings are at times consolidated with review hearings for effective workload management, and findings of reasonable efforts to finalize the permanent plan are made at these consolidated hearings.

Department policy requires that the Department file a motion for the termination of parental rights (TPR) when the child’s permanency goal is adoption. The Department assigns this goal when adoption is in the

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child's best interest and sufficient grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Department file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. For children who are initially placed in out-of-home care under a voluntary placement agreement, the time in out-of-home placement is considered in calculating the cumulative time in out-of-home care for TPR purposes.

Foster parents, pre-adoptive parents, and relative caregivers of dependent children are to receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. FCRB staff have access to CHILDS so they are able to retrieve reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver within five days of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or TPR proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her CASA.

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

The Courts are also attentive to the need for team members, particularly out-of-home caregivers and youth, to receive notice and an opportunity to be heard in hearings held with respect to dependent children. Arizona statutes require the court to provide notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The FCRB is especially diligent in encouraging caregiver participation in reviews. The same FCRB Program Specialists who facilitate the boards generate the notices, because they know the interested parties who should be invited. Notices are generated in English and Spanish and contain a website address where youth can send their thoughts and concerns, which are then forwarded to the appropriate board.

***Case Review System Strengths and Concerns***

System Requirement: Written Case Plan

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

System Measures: The percentage of cases in which the agency 1) developed the initial permanent case plan according to required timeframes, if applicable during the Period Under Review (PUR), 2) maintained a written case plan that was no more than 6 months old, and 3) reassessed and revised the case plan when a change in permanency

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goal was considered or there was a significant change in case circumstances, if applicable during the PUR (PICR Item 9.D.)

|          |     |
|----------|-----|
| CY 2013: | 38% |
| CY 2014: | 46% |
| CY 2015: | 40% |

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9.B.)

|          |     |
|----------|-----|
| CY 2013: | 54% |
| CY 2014: | 57% |
| CY 2015: | 51% |

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9.C.)

|          |     |
|----------|-----|
| CY 2013: | 36% |
| CY 2014: | 42% |
| CY 2015: | 32% |

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 9.A.)

|          |     |
|----------|-----|
| CY 2013: | 64% |
| CY 2014: | 62% |
| CY 2015: | 64% |

The Department's Practice Improvement Case Review (PICR) generates statewide data on the timely development of written case plans and the involvement of mothers, fathers, and children in the development of those plans. Cases are reviewed each month in each region, statewide. PICR results and practice trends are distributed agency-wide, and are discussed with Child Safety Specialists and Department of Child Safety Supervisors throughout the year to generate root cause analysis and improvement activity.

The Department has identified timely case plan development and involvement of parents and children in case plan development as areas needing improvement. This area was also rated as an area needing improvement during the Arizona 2015 CFSR Round 3. See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information related to improvements made in the area of improving ongoing workload, and *Section VI: Update to the Plan for Improvement* for information regarding family engagement activities planned within the Department's Program Improvement Plan.

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System Requirement: Periodic Reviews

The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every 6 months, either by a court or by administrative review.

The occurrence of periodic review hearings for each child no less frequently than once every six months was rated strength during the Arizona 2015 CFSR Round 3. In Arizona, report and review hearings, initial

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permanency hearings, permanency hearings, Foster Care Review Board hearings, and administrative reviews all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types includes a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan. An administrative review is an internal review process that can substitute for an FCRB meeting when the FCRB is unable to conduct a review within required timeframes.

The Arizona Department of Child Safety monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, FCRB, and administrative review). This data shows that of all the children in care on September 30, 2015, who had been in care more than 7 months, the percentage who had a periodic review hearing in the six months prior was 85%. (Source: CHILDS, Report 43)

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the five hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the five periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 85% of children had a periodic review hearing and the data quality issues can only result in underreporting, the Department is able to confidently report that more than 85% of children in care for seven months or more have had a periodic review hearing in the past six months.

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**System Requirement: Permanency Hearings**

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

The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, provided the following statewide data:

- Of all children who were the subject of a dependency petition filed in FFY 2014, 98% had a permanency hearing held within twelve months of the petition being filed.
- Of all children who were the subject of a permanency planning hearing held in FFY 2014 and who remained under the court's jurisdiction for the next twelve months, 98% had a subsequent permanency hearing held within twelve months of the hearing that was held in FFY 2014.

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This data was obtained by the Arizona AOC from each county court system's juvenile court database. The AOC's Court Improvement Program Data Specialist reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

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System Requirement: Filing for Termination of Parental Rights

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

Timely filing of termination of parent rights petitions and documentation of compelling reasons was rated area needing improvement during the Arizona 2015 CFSR Round 3. This area will be included in the Department's PIP, and will be one of the areas for improvement during the two year PIP implementation period.

The Department's PICR instrument includes questions to determine how well the agency is functioning related to timely filing of TPR motions in accordance with Adoptions and Safe Families Act (ASFA) provisions. Practice is determined to meet the required provisions if (1) the Department filed or joined a motion to TPR by the time of the child's 15<sup>th</sup> month in care, (2) the child was placed with a relative and the agency pursued guardianship, or (3) a compelling reason to not file a motion for TPR was documented in the child's written case plan. The date at which the child had been in care for 15 months is calculated from a start date of the child's dependency adjudication or 60 days from entry into out-of-home care, whichever is earlier. Time in runaway status is not included. Of the 88 applicable cases reviewed during CY 2015, 66% of the cases were rated strength.

In an effort to improve the timely filing of TPR motions and the documentation of compelling reasons, these topics are often discussed with field staff during Practice Improvement Case Review feedback meetings. These topics was also discussed with stakeholders during the CFSR and PIP development. Feedback obtained through these discussions includes the need to alter the case plan window in CHILDS to prompt and all for documentation of a compelling reason in all applicable cases; the need to train and clarify the purpose and meaning of compelling reasons with DCS and court staff; the fact that many delays in TPR are related to attorney requirements for the agency to have time-in-care grounds for termination; and the misconception that a permanent home must be identified for the child prior to beginning TPR proceedings. Please see *Section VI: Update to the Plan for Improvement* for information related to efforts included in the PIP to improvement in this area of practice.

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System Requirements: Notice of Hearings and Reviews to Caregivers

The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard in, any review or hearing held with respect to the child.

Notice being provided to foster parents, pre-adoptive parents and relative caregivers of children in foster care related to upcoming hearings and their right to be heard was rated area needing improvement during the Arizona 2015 CFSR Round 3. This rating was based on information shared during stakeholder interviews that a uniform process is needed in order to provide the required notification.

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and Foster Care Review Board hearings. Ninety-five

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percent of the 168 applicable cases reviewed during CY 2015 were rated strength in relation to this question.

Arizona Revised Statutes require that the court provide notice of review hearings and the right to participate in the proceeding to the child's foster parents, shelter care facility or receiving foster home, physical custodian where the child resides or has resided within the last six months, and any person who has filed a petition to adopt or who has physical custody pursuant to a court order in a foster-adoptive placement. Furthermore, the petitioner (most often the Department) must provide the court with the names and addresses of all foster parents, shelter care facilities, and receiving foster homes who are entitled to notice pursuant to this statute.

DCS policy supports out-of-home placements attending and having a right to be heard in court hearings by directing the CSS to give the out-of-home provider a copy of minute entry setting a future dependency or delinquency hearing involving the child as part of the mandatory placement packet upon placement of the child. Also, the monthly *Child and Caregiver Visitation Field Guide* and documentation template prompts the CSS to review with the child and out-of-home caregiver the date and time of upcoming court hearings. There is; however, no consistent statewide process to notify out-of-home caregivers of hearings and the right to be heard. The Department plans to address this area in future strategic plans, after the most pressing issues that are directly related to child safety and workload are resolved.

Each county court and agency region determines its process for notifying out-of-home caregivers of hearings and the right to be heard. Information gathered from each county court and agency region indicates that the following methods are used:

- In Maricopa (review hearings only), Pima, Pinal, Graham, Coconino, Gila, Cochise, Navajo, and Yuma Counties the agency is required to provide current placement information to the court at the time of the initial hearing, prior to subsequent hearings using a form with addresses that is either attached to the court report for the hearing or provided at the time of the move between hearings, and whenever there is a placement change that requires a change of physical custody order from the court. The court then notifies the required out-of-home caregivers of the upcoming hearing by mailing a notification letter or the last minute entry with the date of the next hearing. In these counties, the Child Safety Specialist may also inform the out-of-home caregiver of upcoming hearings during in-person or telephone contacts.
- In Maricopa (other than review hearings), Mohave, Greenlee, Santa Cruz, Apache, and Yavapai counties, the court does not provide notification to the out-of-home caregivers and directs the Child Safety Specialist to do so. In these counties, the units develop methods for notification. In some units the secretary sends letters to the foster parents based on a court calendar provided by the court. Several of these form letters were viewed and were found to contain the date and location of the hearing. Some, but not all, contained a statement about the caregiver's right to be heard. In other units, the Child Safety Specialist notifies the out-of-home caregiver during monthly home visits or by telephone.
- In a few counties, the juvenile court judge asks during the hearing if the out-of-home caregivers are present. If they are not, the judge asks the Child Safety Specialist if the caregivers were notified of the hearing and why they are not present.

### **3. Quality Assurance and Quality Improvement Systems**

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

The Department's Office of Quality Improvement includes six units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and evidence-informed approach:

- *The Ombudsman's Office* – The Ombudsman's Office receives and addresses complaints from family members, foster parents, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Child Fatality Review Team* – The Child Fatality Review Team is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. 8-807 (F.2.). This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. This unit also participates in the Arizona Child Fatality Review Program. This Unit tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.
- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review and Child and Family Services State Planning processes, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes and implementation of related practices. Practice Improvement (PI) Specialists conduct feedback meetings to coach staff and gather information about root causes of identified problems. This unit identifies problems and gathers information to inform the analysis of those problems.
- *The Policy Unit* – The Arizona Department of Child Safety (DCS) Policy Unit develops policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. The policy unit coordinates with other units within the Office of Quality Improvement to ensure policies and procedures are updated when a need is identified. The unit also provides information sessions to staff when a significant policy change is made, and is available to answer questions and provide guidance to the field related to policy and procedures.
- *The Protective Services Review Team (PSRT)* – The unit provides due process to persons who have been alleged to have abused or neglected a child and about whom the Department proposes to substantiate a finding in the Central Registry. The PSRT unit receives and processes questions and appeal requests from parents, guardians, or custodians who disagree with a substantiated finding of abuse or neglect. The PSRT unit conducts a review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within

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the file. The PSRT unit is also available to DCS staff as subject matter experts when needed to determine if a family situation rises to the level of requiring a substantiated finding.

- *The Program Development Unit* - The Program Development team is responsible for the oversight of the development, implementation, and maintenance of programs within the Department to create long-term sustainable change that will transform Arizona's child welfare system. Using an implementation science approach, the team 1) designs and enhances new and existing programs; 2) conduct readiness assessments and activities for implementation; 3) initiates and monitors implementation; and 4) manages fidelity and outcome monitoring of the new and existing programs. The fidelity and outcomes monitoring process is a structured method for reviewing, observing, and measuring the overall practice to ensure it is aligned with the intended purpose of the program or service model. It allows for technical assistance to be provided as information and data is gathered and analyzed. Further, evidence is gathered for continuous quality improvement of the program and service. Current and prior initiatives worked on by the unit include a child welfare practice model, an alternative response system, evidence-based programs within the title IV-E waiver goal of reducing children in congregate care, Arizona Families FIRST, In Home Services Program, Parent Aide Services, Healthy Families Arizona, Team Decision Making, and Targeted Permanency Staffings.

Standard processes and procedures are necessary elements of a working environment that promotes accountability and continuous improvement. Standard investigation and case management processes are currently being tested in Model Field Offices where they will be refined and then rolled out to offices statewide. A single, tested statewide process will increase consistency of outcomes. Standard processes and procedures are developed in teams that can solve problems and adapt to the daily challenges through the utilization of standard tools, process adherence, performance management, and leadership at all levels.

Quality assurance and quality improvement functions are also embedded within some service programs and occur within the case management process through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services provided by the Department is also reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified. Furthermore, the Department has a quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, so that stakeholders and decision-makers can make informed decisions, develop effective change initiatives, and monitor the results of system change.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as DCS reports;
- PSRT review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect; the alleged perpetrator is a parent, guardian, or custodian; and the related documentation is sufficient and accurate;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;



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- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the Child Safety Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve employee performance.

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

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Office of Quality Improvement. The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through data reports and the Department's Practice Improvement Case Review (PICR). The state will not implement the use of the federal Onsite Review Instrument (OSRI) as part of the state's ongoing CQI process. The PICR is closely aligned with the OSRI, with the majority of the questions and rating standards being identical. The PICR has additional items related to supervisory decisions and functions, and the period under review for the state reviews is three months, which allows the Department to monitor current practice, and identify practice changes more timely. The inclusion of the supervisory item allows the Department to monitor clinical supervision practices, as these are seen as critical to supporting consistent application of the Department's practice standards across regions and units.

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

- *Quality Data Collection* – Administrative data is collected through CHILDS. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and CHILDS user guides. CHILDS includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Central Office Reports and Statistics Unit provides AFCARS Data Quality Utility and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Data and Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The PICR provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Central Office staff review a random sample of initial assessment, in-home service, and out-of-home cases from each region to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of initial assessment cases focuses on implementation of the Child Safety and Risk Assessment (CSRA)

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process. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:

- identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
- provides Department management, committees, and workgroups with information to identify and initiate improvement activities;
- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. The annual sample includes at least two cases from each unit in the state, with adjustments for mixed or partial units. Approximately 150 initial assessment and 250 in-home and out-of-home cases are reviewed each calendar year. The Department has nine dedicated regional Practice Improvement (PI) Specialist positions and one Statewide Practice Improvement Specialist who assists to review cases when there is a vacancy at the regional level.

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

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

Reviewers must make concerted efforts to gather all necessary information so that each review measures the family's experience and outcomes, not simply the thoroughness of the documentation. Reviewers must read all pertinent information in CHILDS and review the hard copy record if it might contain information to clarify or fill gaps in the CHILDS documentation. During the preliminary review, the reviewer seeks to fill gaps in the information documented in CHILDS by reviewing the case file and communicating with the assigned Child Safety Specialist or supervisor by phone or e-mail. The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 14 or older involved in the in-home case, or who is identified as the target child for review. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in the guides when conducting case reviews. The PI team consults with

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policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guides as indicated once clarification is received.

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

- *Analysis and Dissemination of Quality Data* - Region and Central Office staff maintain administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard, databases on a data server (accessible by all regions), and hard copy reports. Data in these reports is typically available at the region, county, section, unit, worker, and child or case level. Pre-designed tables and charts are available to track results over time, where applicable. The Reports and Statistics Unit consults with the Department management to identify the need for new or updated data reports.

An example of a recently developed report is the DCS Report Triage for Investigations. This report has proven to be particularly helpful in that the user is able to examine all open reports for the selected area of the state, and filter the reports based on risk factors present within the family that may warrant more immediate attention, such as the age of the victim, the presence of domestic violence or substance abuse, or an allegation meeting the criteria for criminal conduct. This report also allows the user to quickly and easily determine what phase of the investigation the report is currently in, and allows for monitoring of timely completion of the investigation process. Other priority reports available include:

- Cases with no case note activity for 60 days
- Out-of-home – Congregate care
- Out-of-home – No placement identified
- Out-of-home – At a glance
- Missing dispositions
- Missing findings
- AFCARS error reports
- Child Care – DCS reauthorization
- DCS Reports open and closed
- Timeliness of investigations (data dashboard)
- Timeliness of initial response (data dashboard)
- Federal visitation – Child Safety Specialist visits with children (data dashboard)
- Visitation with children, parents, and caregivers (data dashboard)

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- Removals and returns (data dashboard)
- Open investigations requiring closure (data dashboard)
- Adoption movement summary and related sub-reports (report 48)

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

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

The Office of Quality Improvement (OQI) conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Three members of the OQI have been trained through the Chapin Hall Advanced Analytics course. In addition, each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

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

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions. At the region level, the PI Specialist meets with Child Safety Specialists and Supervisors from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the Child Safety Specialist or Child Safety Specialist's Unit Supervisor. PI Specialists also routinely attend their region's management and/or supervisor meetings to discuss practice and outcome trends.

The OQI works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making, and strategic planning. The Reports and Statistics Unit and the regional Automation Liaisons ensure timely distribution of quantitative data reports. Reports on the Department's business intelligence dashboard are refreshed on a

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weekly or daily basis depending on the type of data provided. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

The Department's *Child Welfare Reporting Requirements* semi-annual report is available to the public on the Department's internet site. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement.

Department leadership uses field staff input, data analysis, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

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

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

***Quality Assurance and Continuous Quality Improvement Systems Strengths and Concerns***

**Systemic Requirement: Quality Assurance System**

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

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2015 CFSR Round 3. This system meets the five systemic factor requirements in the following ways:

*Operating in the jurisdictions where the services included in the CFSP are provided*

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The Department's QA and CQI system is centrally administered and operating in all jurisdictions of the state. The Department's CQI functions are administered by the Office of Quality Improvement, described above. The Practice Improvement Unit performs essential CQI functions and are located across all of the Department's five regions.

Initial assessment (investigation), in-home service, and out-of-home care cases are randomly selected for review from all eligible cases, statewide. Cases are reviewed from almost every region monthly, according to a schedule that ensures cases are reviewed from each field unit annually. In 2015, the Practice Improvement Unit reviewed 165 initial assessment and 253 in-home service or out-of-home care cases.

Administrative process and outcome data is continuously collected and analyzed at the state, region, and unit level. The Department's internal data dashboard is available to administrators and supervisors statewide and includes dashboards on processes such as timely initial response to reports of abuse or neglect, monthly contacts with children and parents, case plan completion, and identification of American Indian tribal affiliation. This data can be viewed at the state, region, unit, or caseworker level.

Adherence to the standards set by statute, rule, policy, and procedure is also monitored through internal and external quality assurance processes, such as:

- quality assurance review of all hotline communications about child maltreatment that are not categorized as Department of Child Safety reports for investigation;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect and the related documentation is accurate and sufficient to meet the legal standard for substantiation;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the Child Safety Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as timely entry of after-investigation findings and monthly case manager contacts with children;
- supervisory case reviews conducted to monitor compliance with policy, ensure accurate data entry, and improve employee performance;
- review of AFCARS data quality reports to identify and correct missing data and other data entry errors affecting the state's AFCARS submissions; and
- quality assurance reviews in the foster home and child care facility licensing processes, as described in items 33 and 34 of the Department's 2014 Statewide Assessment report.

*Has standards to evaluate the quality of services*

Practice and service standards from intake to permanency are defined through federal law, state law, and DCS policy. These standards are compiled in the Department's policy and procedure manual, available at [www.dcs.az.gov](http://www.dcs.az.gov). Department process and outcome measures are based on federal requirements (such as the federal CFSR data indicators) and state policy. For example, the Department's data dashboard includes a measure of timely entry of investigation findings, which is measured against the timeframes set by Arizona statute. In addition, Practice Improvement Case Reviews (PICR) are conducted using

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standardized instruments with detailed instructions based on the standards described in law and policy. PICRs of initial assessment cases evaluate the collection of information to inform risk and safety assessment; the analysis of risk and child safety; the sufficiency of safety planning to control safety threats; and the accuracy of decisions related to substantiation, service provision, and case closure. PICRs of in-home service and out of home care cases evaluate safety, permanency, and well-being outcomes using an instrument that is closely based on the federal CFSR on-site review instrument.

*Identifies strengths and needs of the service delivery system*

The Department identifies strengths and needs through the PICRs, analysis of administrative process and outcome data, and other means. PICR results are aggregated to identify strengths and areas for improvement at a state and local level. Administrative data on the data dashboard shows performance variance across time and jurisdictions. Data is shared and discussed with internal and external child welfare partners to identify priorities for improvement and root causes. The IV-E waiver design process is one of many examples. Data on permanency outcomes and the use of congregate care by age, county, and year was provided to internal and external stakeholders and decision makers during the title IV-E waiver application process. This data assisted the Department to identify a problem, explore the root causes, form a theory of change, and develop the intervention strategies. The Department will continue to analyze data relevant to the IV-E waiver to determine if the efforts are resulting in the desired outcomes.

Strengths and needs in the service delivery system are also identified through process improvement projects. The Department recognizes the importance of identifying best practices that eliminate inefficiencies and redundancies to continually increase the quality and timeliness of the agency's work. The Department continues to develop staff to assist all areas of the agency in:

- identifying and implementing process improvements using Lean and other methodologies to develop consistent, measureable, efficient processes and standards;
- implementing a management system to maintain and oversee ongoing compliance to improved processes and standards; and
- creating a culture of innovation and waste elimination throughout the workforce.

The Department plans to better provide for the safety and well-being of vulnerable children in Arizona while maximizing the resources allocated to the Department by using process improvement methodologies. Such process improvement methodologies have already yielded significant benefits in the Department's intake operations and in reducing the number of open investigations. The Department's Office of Excellence is continuing the process improvement efforts using a Lean Practitioner who is facilitating Kaizen events to help improve the department's functioning. A Kaizen event is a gathering of people, including front-line staff who map current processes, identify process waste (re-work, wait time, over-processing, etc.), and design improved process work flow. Kaizen events allow those who know the work best to participate in process mapping and process improvement design and implementation, which yields the highest value improvements and enhanced employee engagement. Recent Kaizen workgroups include:

- Considered and Emergency TDM Kaizen– The number of children entering care has continued to increase over the past several years. A three day Kaizen event was held in April 2016 to develop a plan to increase the consistency of considered (pre-removal) TDMs, when safe, which will decrease the number of children entering care when they can be safely served in their homes.
- Finding Permanent Placement Kaizen – A one day Kaizen event was held in March 2016 to standardize the process of locating relatives and kin for children in DCS custody. Prior to this

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effort, searches were being conducted by multiple people without coordination of efforts or results.

- Out-of-Home Services Referral & Approval Process – This Kaizen event began in December 2015, with a follow-up meeting in March 2016. The purpose was to standardize the service referral and approval process. As a result of this event, DCS implemented the Service Approval Matrix and standard work to improve the flow of service referrals and authorization, and to ensure that all efforts are made to apply the appropriate services at the appropriate time to create the best possible outcomes for children and families.
- Eligibility Determination – This Kaizen event occurred in February 2016 with the purpose of refining and implementing a process in which title IV-E eligibility is determined in a timely manner, and to ensure that DCS is fully maximizing reimbursement for children in care when eligibility determinations lag.

*Provides relevant reports*

Reports to inform QA and CQI processes are published and distributed internally and externally. For example:

- Annual statewide PICR results are aggregated and distributed following verification. PICR results are also distributed to local field units and sections each month during feedback meetings facilitated by employees of the Practice Improvement Unit.
- Data dashboard reports are available to administrative and supervisory staff statewide, and are updated weekly.
- Safety and permanency outcome data reports are available to internal staff and external partners at [www.dcs.az.gov](http://www.dcs.az.gov).
- Many data reports are available to internal staff and external partners at [www.dcs.az.gov](http://www.dcs.az.gov). Reports on this site include the Child and Family Services Plan (CFSP), the Child and Family Services Annual Progress and Services Reports (APSR), the Semi-annual Child Welfare Reporting Requirements reports, annual Housing Assistance Program reports, annual Kinship Foster Care reports, annual Arizona Citizen Review Panel reports, and several others.

*Evaluates implemented program improvement measures*

The Department evaluates the success of its implemented program improvement measures through the federal CFSP process, the CFSR, review of administrative data, continual review of practice through the Practice Improvement Case Reviews, and program-specific quality assurance processes. The Department's progress is also measured through external evaluations and oversight. For example, in SFY 2015, Chapin Hall at the University of Chicago conducting a legislatively mandated independent evaluation under contract with the Arizona Office of the Auditor General. The purpose of this evaluation was to "1) examine Arizona's current child safety system and consider best practices to improve the delivery of services in the state, and 2) provide consultation on the effective establishment of the new Department of Child Safety with a focus on implementation challenges" (*State of Arizona, Office of the Auditor General, Request for Proposals from Qualified Consultant*). The resulting report was published on June 26, 2015 and the Department has included the findings and recommendations in recent improvement strategies. Another example of an external evaluation of DCS the Arizona State University's evaluation of the title IV-E waiver demonstration project.

The Department also uses administrative and case review data to evaluate progress in rapid CQI cycles within particular projects. For example, the Department has been evaluating and focusing improvement



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efforts related to the number of open investigation reports. Administrative data has been used to identify the problem and monitor the improvements to close reports as appropriate. Current data demonstrates substantial improvement. In April 2015, the total number of open reports reached a peak of 33,245. As of May 31, 2016, there are 19,843 open reports statewide. This decrease in open reports represents a 40% reduction in the number of open reports in just over a year. The Department is 60% of the way to reaching the goal of having no more than 12,500 open reports, which represents approximately 90 days of investigation workload.

The Department continues to monitor data on other key indicators such as the number of reports for investigation received at the Hotline, the number of reports that receive an initial response, the number of investigations completed by the Child Safety Specialist, and the number of reports that are closed by a supervisor. By monitoring the flow of reports into and out of the system, the Department is able to evaluate the capacity of employees to process the caseload volume, and the points in the system where backlogs occur. This data is continuously analyzed to measure the effects of investigation process adjustments.

#### **4. Staff and Provider Training Description**

See the *Arizona Staff and Provider Training Plan for FFY 2017* submitted separately with this APSR.

#### **5. Service Array and Resource Development**

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

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

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

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- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources

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

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

- The Arizona Children's Executive Committee, including the Training Subcommittee
- Arizona Families F.I.R.S.T.
- Licensing and Contracting Stakeholder Meeting
- Partnerships with State Universities
- The Court Improvement Program
- The Pima County Court and Community Collaborative to Support Families committee

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

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

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

- DCS Investigative Child Safety Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Pinal and Pima counties, and a unit of OCWI staff is co-located at the Peoria Police Department.
- Regional Behavioral Health Agencies (RHBA) and Arizona Families F.I.R.S.T. (AFF) contract with service providers to provide services to DCS families in the community. In Maricopa County, AFF contracted service providers are co-located at five DCS offices and behavioral

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health providers are co-located at ten DCS offices. In addition, the Thunderbird, 19th Ave, and Pinnacle Peak DCS offices have units of behavioral health high needs case managers co-located with the DCS staff to allow coordinated service delivery to families served. In the other counties of the state, field staff may contact dedicated RBHA liaisons who can assist and advocate for children and parents if barriers or problems with services surface.

- Maricopa and Pima Counties have Department staff co-located at their county court buildings. Two court liaisons are placed at the Pima County court. DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. A visitation center continues to operate at one of the Maricopa County Juvenile Court buildings. One Child Safety Specialist and four Case Aides are allocated to the visitation center. Families served by the Cradles to Crayons units at the Glendale or Tempe DCS Offices are eligible to have their visits at the court building. Case Aides provide the transportation, and FCRB and/or CASA volunteers supervise the visits. Two Cradles to Crayons units are located very near one of the court houses in Maricopa County, allowing frequent communication and coordination with court staff, and convenience for families being served by both the Department and the court.
- Staff from DCS and the DES/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, DDD staff are co-located at the Multi Service Center in central Tucson to allow for greater collaboration on cases where DCS and DDD are both working with a family and/or child. This Multi Service Center also houses staff from Adult Protective Service, Child Support Enforcement, Child Support Enforcement Attorney Generals, The Jobs Program, FAA, and Rehabilitation Services Administration. DCS and DDD staff are also co-located in five offices in the Central Region, two offices within the Southwest Region, eight offices in the Northern Region, and six offices in the Southeast Region. Many of these offices house staff from other state agencies as well.
- The Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to parents with alcohol and drug problems. Since its inception in 2001, Family Drug Court graduates have a 90% reunification rate with their children. Department of Child Safety Specialists are co-located at the Pima County Juvenile Court to provide intensive case management to families enrolled in Family Drug Court. FDC also partners with Easter Seals Blake Foundation (Child-Parent Psychotherapy and Incredible Years) and Terros (Strengthening Families) to pair Recovery Support Specialists with each parent, conduct trauma screenings, and emphasize family-centered treatment. Each family's progress in FDC is tied to the stage of reunification, starting with unsupervised visits once the parents establish consistent compliance. Since 2014, reunification rates for all families who participate (not just graduates) are above 85%, with a reactivation rate under 3%.
- Pima County has partnered with Tucson Medical Center to co-locate one Department of Child Safety specialist at the facility to allow for immediate response to reports of abuse or neglect, and improved communication and information sharing between medical staff and the Department. Also, OCWI has a dedicated work space at the Phoenix Children's Hospital for staff to work when at the hospital responding to reports.

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*Service Array Strengths and Concerns*

**System Requirement: Array of Services**

The state provides an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The state ensures that these services are accessible in all jurisdictions covered the CFSP.

Arizona provides a wide array of services, as described above and in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes*. This service array includes child and family assessment services, in-home services to prevent removal or support safe reunification, and services to achieve placement stability and permanency with foster and adoptive parents. The Department plans to expand the availability and use of in-home services to allow more children to remain safely in their homes, or support least restrictive settings while in out-of-home care. This expansion is planned in relation to the SENSE program, described in *Section VII: Progress Implementing the Goals, Objectives, and Interventions*, and in relation to planned improvement strategies summarized in *Section VI: Update to the Plan for Improvement* related to the update to Arizona's safety assessment procedures. It is believed that with thoughtful revisions to the Department's safety assessment and intervention model, including revised training and coaching, more children can be safely served in-home with their families. The Department also plans to increase the number of children who can be safely served in-home or in a relative's home through efforts related to the title IV-E waiver project. Please see *Section IX: Child Welfare Waiver Demonstration Activities* for additional information.

The Department's Program Development team plays an invaluable role in ensuring the Department has available services to meet the needs of families served, and promote positive outcomes. The Program Development team is responsible for the oversight of the development, implementation, and maintenance of programs within the Department to create long-term sustainable change. This team gathers information related to the need for new or revised services, and makes recommendations to DCS management. The team's role also includes fidelity and outcome monitoring of the new and existing programs. The fidelity and outcomes monitoring process is a structured method for reviewing, observing, and measuring a practice to ensure it is aligned with the intended purpose of the program or service model.

The Department is in the process of restructuring the client services contracts to be performance based. The new contracts will require awarded providers to have to report out on key metrics to show their performance and effectiveness of services they provide. The contracts will be deliverable based, where each payment point will tie to a key deliverable outlined in the contract that directly benefits the clients the Department serves.

Another strategy being implemented during FFY 2016 is the implementation of a new CHILDS screen within the safety and risk assessment tools. This new screen will more fully identify and allow documentation of the safety and risk factors present within the family. This information will then be available for analysis to determine the type and amount of services for the families served.

**System Requirement: Individualizing Services**

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

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Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. The majority of services are provided based on an assessment of the children's and family's unique needs. As described above, the Department is working to improve data collection to better assess the sufficiency of the service array and to identify opportunities for improvement. Evaluation of the service array will include an assessment of the degree to which the services can be individualized.

**6. Agency Responsiveness to the Community**

System Requirement: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: how well is the agency responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. See Section II for a description of these collaborations and the types of participants who were engaged and consulted.

System Requirement: Coordination of CFSP Services with Other Federal programs

The State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. See Section III for a description of the Department's coordination of CFSP services with other federal programs.

**7. Diligent Recruitment of Foster and Adoptive Homes**

The Department continues to implement the recruitment activities listed in the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan* for FFY 2016. The activities and accomplishments that have occurred during SFY 2016 include:

- Continued consultation with the National Resource Center for Diligent Recruitment. Based on the NRC recommendations, the following activities have been occurred:
  - Three focus groups were held, two in Phoenix and one in Tucson, of newly and seasoned foster parents to obtain feedback on the New Foster Parent Orientation curriculum. Based on this feedback, DCS is developing an on-line orientation to replace the in-person orientation previously provided. This will allow foster parents to participate in this beneficial orientation at a time convenient for them, and cut down on travel which is particularly important for the rural communities.

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- The Office of Licensing and Regulation (OLR) in the process of creating a new training curriculum to eventually replace PS-MAPP. This new curriculum provides more in-depth, realistic set of information related to what it is like to be a foster parent.
- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership includes persons from five Arizona tribes and representatives from Casey Family Programs. The purpose of this workgroup is to increase recruitment and to retain Native American homes, as well as work with OLR to reduce barriers to tribally licensed families to reduce duplication of foster home licensing studies.
- The Department implemented statewide child specific recruitment in July 2015. Prior to this change, referrals were accepted from only Maricopa and Pima Counties.
- *The Foster and Adoptive Oversight Workgroup* was established in April 2016. The workgroup currently meets on a monthly basis, and participants include community members, Casey Family Programs, Southwest Human Development, the Children's Action Alliance, foster parents, adoptive parents, mental health providers, and the Arizona Senate Liaison. The purpose of the workgroup is to provide guidance and expertise on the provision of behavioral health services to children being served by the child welfare system.
- A streamlined fingerprint process was initiated for potential foster parents in June of 2016. This new process decreases the time an applicant has to wait to receive the results, automatically bills DCS, and has a decreased error rate in fingerprint competition.

Due to these efforts and activities, the number of active foster homes statewide has increased from 4,344 on July 31, 2014 to 4,531 on July 31, 2015, to 4,725 on April 30, 2016. This represents an 8.7% increase in the number of active foster home since the beginning of SFY 2015. A large majority of foster homes are licensed for more than one child, therefore this percentage represents an increase of more than 380 foster home beds.

Other improvements made or initiated during SFY 2016 include the following.

- The application process for initial foster home licensing was reevaluated during SFY 2016. The Department is currently working to streamline the licensing procedures to allow foster parents to move through the licensing process more quickly by:
  - allowing a portion of the initial training hours previously required prior to licensure to be completed during the first two years of licensure,
  - reducing the time to complete the fingerprint process,
  - eliminating unnecessary documentation, and
  - improving coordination between the community based licensing agencies and the Department.

During this reevaluation process, it was determined that a large number of delays in the licensing process were due to the prospective foster parents lack of knowledge of the requirements of the Life Safety Inspection of the home. To help resolve this barrier, the Department is in the process of creating a Preparation Guide for licensing Life Safety Inspections. DCS plans to train the

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licensing agencies about the minimum standards and provide the new guide to the licensing agencies and prospective foster families.

- The foster home licensing amendment process is also being reevaluated and updated to allow appropriate amendments to be conducted more efficiently and more quickly.
- New rules were put into place during SFY 2016 allowing licensed foster parents to become certified to adopt without an additional home study. This law change will decrease duplication of work and allow adoptions to occur more timely.
- The Tucson kinship liaison support unit provides support to all kin placements in Pima County. The support provided centers around helping families access resources and complete the fingerprint process timely. The assigned liaison is required to meet with the family within five days of receiving the referral, and then conduct follow up visits every 30 days for three months. This process is thought to greatly increase the retention and success of these kinship placements.
- The Southeast Region continues to support kin placements by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and dependency/child welfare information. The case aides meet with the families one week after initial placement, 10 days after that, and then monthly as needed.

*Policies that Limit, Ban, or Restrict the Recruiting of Diverse Foster and Adoptive Families*

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. Same sex couples, or lesbian, gay, bisexual, or transgender (LGBT) individuals are not restricted in any way from becoming resource parents. During this reporting period, all foster home recruitment, including recruitment targeted towards the LGBT community, was completed through contracted agencies, under the approval and supervision of DCS. Activities to promote the LGBT community to become resource families included:

- billboards;
- biweekly advertisements in Echo magazine, which has a readership of more than 50,000 and focuses on the LGBT community in Phoenix;
- website advertisements on the Echo website;
- an Open House/Mixer for prospective foster parents held at the Phoenix Pride LGBT Center;
- informational session and booth at the Pride in the Pines event, held in Flagstaff;
- multiple vendor booths at the annual Phoenix Rainbows Festival & Street Fair, which is a celebration of the diversity of the LGBT community; and
- multiple vendor booths at the annual Phoenix Pride festival.

For additional information, see the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2016*, submitted with the FFY 2016 APSR.

# **Section VI**

## **Update to the Plan for Improvement**



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The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization based on best practices. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the Department has been to strengthen communication and engagement across the state in an effort to keenly identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes.

To develop the strategies and key activities in the Department's CFSR Program Improvement Plan (PIP), which is also the plan for improvement provided in this APSR, the Department relied heavily on information and recommendations received through a review of the agency conducted by the Chapin Hall Center for Children at the University of Chicago, published in June 2015, and the CFSR Round 3 Final Report, published in January 2016. The Chapin Hall Independent Review provided recommendations such as that the Department, "establish and use clear safety assessment protocols and better standardize processes at the hotline and investigations," "address the backlog of cases that has accumulated at the front door of the system," and "expand in-home services and pay for the expansion with savings that accrue from reductions in foster care caseloads." This report confirmed many of the same areas of need that stakeholders and the Department's leadership had identified. The CFSR Round 3 Final Report provided findings that have been categorized into four thematic areas: child safety assessment, family engagement practice, quality assessment of needs, and permanency planning. The strategies and key activities in the CFSR PIP will build upon the improvement activities that were implemented by the Department in the past year to achieve its strategic plan goals and positively influence safety, permanency, and child well-being outcomes. The Department's strategic plans for SFY 2015 and 2016 identify five goals that either resemble the themes for improvement that were identified through the CFSR, or address critical underlying conditions:

- Goal 1: Improve objective decision-making at the Hotline and investigations – This goal closely aligns with the child safety assessment theme, and addresses the need for standardized decision-making on when children can remain at home with a safety plan and when removal is necessary.
- Goal 2: Improve performance and quality of services through employee retention – This goal addresses the underlying conditions of caseload size and employee retention.
- Goal 3: Reduce length of stay for children in out-of-home care - This goal resembles the timely permanency theme.
- Goal 4: Reduce recurrence of maltreatment by improving service delivery – This goal aligns with the quality needs assessment theme and addresses the underlying condition of service availability.
- Goal 5: Improve capacity to place children in family environments – This goal addresses the underlying condition of an insufficient number of kinship and foster homes.

The draft PIP was submitted to the Children's Bureau on April 5, 2016. Although the plan is not yet approved, the Department has begun to implement the strategies and key activities included in the PIP.

***1. Strategies and Key Activities to Improve Child Safety Assessment***

Safety Outcome 1; Safety Outcome 2; Systemic Factor-Service Array; Systemic Factor- Foster/Adopt Parent Licensing, Recruitment, and Retention

*See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced and services are available when needed to prevent removal and reentry.*

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**1.1 Reduce average investigation caseload so that Child Safety Specialists have more time to complete comprehensive safety assessments**

- 1.1.1 Continue to use a contracted staff augmentation model to complete and close investigations, so that the investigation backlog is reduced.  
Projected Completion Date: December 31, 2016
- 1.1.2 Implement a data monitoring process that includes at least quarterly review of the total number of open reports for investigation, the percentage of reports that close within 60 days of receipt at the Hotline, and the percentage of reports that close within 90 days of receipt at the Hotline.  
Projected Implementation Date: December 31, 2016 (two completed quarters)
- 1.1.3 Develop and implement a protocol on preparation and transfer of caseloads when a Child Safety Specialist separates from the Department, so that completed activity is documented and investigative work does not need to be redone.  
Projected Implementation Date: June 30, 2016
- 1.1.4 Develop and implement procedures for assigning an ongoing caseworker at the time of the preliminary protective hearing in dependency cases, so that work related to case planning and placement stability is completed by the ongoing Child Safety Specialist rather than the investigating Child Safety Specialist, so that investigators are available to respond to new incoming Hotline reports.  
Projected Completion Date: December 31, 2016

**1.2 Implement a policy and/or procedure that defines a specific time frame for completing face-to-face contact with children who are the subject of a report of child abuse or neglect**

- 1.2.1 Obtain information from the Capacity Building Center for States about best practices and common practices related to face-to-face contact timeframes during investigations.  
Projected Completion Date: June 30, 2016
- 1.2.2 Develop and review draft procedures with staff and stakeholders to gain consensus and support for the new procedures.  
Projected Completion Date: September 30, 2016
- 1.2.3 Communicate the procedures through addition to the policy and procedures manual, discussion at supervisor meetings, and inclusion in supervisory case record review guides.  
Projected Completion Date: October 31, 2016

**1.3 Develop and implement practice guidelines, tools, and/or training to improve application of the Department's safety and risk assessment model, so that there is greater consistency in decisions about when in-home services can be provided and when safety threats require removal**

- 1.3.1 Modify CHILDS to more thoroughly guide and document safety and risk assessments, and develop procedures for attaching this information to reports to the court.  
Projected Completion Date: August 31, 2016
- 1.3.2 Develop and implement standard procedures on when a Considered Removal (pre-removal) Team Decision-Making (TDM) meeting can be held rather than an Emergency (post-removal) TDM.

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Projected Completion Date: September 31, 2016

- 1.3.3 Enhance and implement policy and procedure for the use of short-term protective action plans or safety plans as an option to control safety threats pending a Considered Removal TDM.

Projected Implementation Date: September 31, 2016

- 1.3.4 Update Arizona's safety assessment procedures, forms, supporting documents and initial core training using technical assistance from the Capacity Building Center for States, child welfare peers from other jurisdictions, and/or Action for Child Protection (for example, revise policy and procedure to better define present danger versus impending danger, and to better describe circumstances where an in-home safety plan is appropriate to control safety threats and prevent removal).

Projected Completion Date: June 30, 2017

- 1.3.5 Finalize a computer based refresher training on safety and risk assessment to be taken by any Department of Child Safety staff who want or need to refresh their introductory knowledge of child safety and risk assessment.

Projected Completion Date: September 31, 2016

- 1.3.6 Make available an advanced skill-based workshop/training for supervisors and APMs on conducting thorough safety and risk assessments.

Projected Completion Date: January 31, 2017

- 1.3.7 Upon receipt of technical assistance through the Capacity Building Center for States, implement coaching on safety assessment and safety intervention, for designated staff, by external expert partners, to build a cadre of experts within DCS.

Projected Implementation Date: June 30, 2017

- 1.3.8 In consultation with court and legal system partners, develop and provide educational opportunities to judges and attorneys on the Department's safety and risk assessment model as it applies to removal, reunification, and other permanency decisions, so that Department employees, judges, and attorneys have a shared understanding of safety assessment and safety intervention (for example, definitions of unsafe, conditions for in-home safety interventions, and conditions for reunification).

Projected Completion Date: June 30, 2017

**1.4 Implement improved and/or expanded kinship search and foster family recruitment processes, so that more children are placed immediately or quickly in kinship or foster homes, so that children do not stay in DCS placement centers**

- 1.4.1 Implement a process to monitor statewide data on the number of children who stay in DCS placement centers or offices for more than one day.

Projected Implementation Date: December 31, 2016 (two completed quarters)

- 1.4.2 Through support from Casey Family Programs, provide training and coaching on Family Finding to the Department's Family Engagement Specialists and others to be determined (provided by Seneca Family of Services).

Projected Completion Date: March 31, 2017

- 1.4.3 Implement procedures for kinship search using Family Finding techniques, to be conducted by Family Engagement Specialists and others to be determined.

Projected Implementation Date: June 30, 2016

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1.4.4 Implement Life Long Connections Team Decision Making meetings for children in shelter care and non-behavioral health group homes; so that children currently in shelter or group home placements move to a parent, kinship, or foster home; so that shelter and group home placements are available when children need them; so that children do not stay in DCS offices.

Projected Implementation Date: July 31, 2016

1.4.5 Receive technical assistance from the National Resource Center for Diligent Recruitment on data tracking, market segmentation, geo-mapping, and foster family engagement to increase foster parent recruitment and retention, and implement at least one strategy recommended by the final report (anticipated report receipt date: May 2016).

Projected Implementation Date: July 31, 2017

**2. Strategies and Key Activities to Improve Family Engagement**

Permanency Outcome 2, Well-being Outcome 1, Systemic Factor-Case Review System

*In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents, children, and other family members to engage them in the planning and decision-making that affects them.*

**2.1 Develop and implement practice guidelines that describe family engagement techniques at key practice points from the first knock on the door through permanency, so that there is system-wide consensus on the practice standards, and written guidance for reference and training**

2.1.1 Conduct research on evidence-based, evidence-informed, and best practices to improve family engagement in each of the areas listed in 2.1.3.

Projected Implementation Date: September 31, 2016

2.1.2 Engage with stakeholders to develop the practice guidelines listed in 2.1.3, so that there is a shared understanding of the practice guidelines among child welfare system partners (parents, youth, state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: September 31, 2016

2.1.3 Develop and distribute practice guidelines on the following topics: family engagement during investigations, involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, and maintaining the relationship of the child in care with his/her parents.

Projected Completion Date: December 31, 2016

2.1.4 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 2.1.3 with staff, answer questions, and receive feedback to improve the practice guidelines documents.

Projected Completion Date: June 30, 2017

2.1.5 Incorporate each of the practice guidelines listed in 2.1.3 into initial or advanced Child Safety Specialist training (which includes the family engagement training referenced in 2.2.1 and 2.2.2), and into Supervisory Case Progress Discussion Guides to an appropriate degree.

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Projected Completion Date: June 30, 2017

**2.2 Provide training on family engagement techniques to Child Safety Specialists**

2.2.1 Continue to implement a full day family engagement training during the Ongoing Case Manager Academy.

Projected Completion Date: September 30, 2016 (Established for more than 6 months)

2.2.2 Expand the family engagement training to current ongoing and investigation field staff.

Projected Completion Date: December 31, 2016

2.2.3 Develop and provide training on case planning for ongoing Child Safety Specialist field staff, including how to engage parents and youth in the development of the case plan.

Projected Completion Date: December 31, 2017

**2.3 Develop advanced family engagement skills among a cadre of employees that will include, at minimum, TDM Facilitators, Family Engagement Specialists, Placement Coordinators, Practice Improvement Specialists, and trainers; so that they can model and coach these skills for Child Safety Specialists, Supervisors, and other DCS employees**

2.3.1 Through support from Casey Family Programs, provide training and/or coaching on family engagement (with parents, youth, and other family members) to the Department's Family Engagement Specialists, Placement Coordinators, Team Decision-Making Facilitators, Practice Improvement Specialists, and trainers (to be provided through Seneca Family of Services).

Projected Completion Date: March 31, 2017

**2.4 Implement procedures to 1) require that a TDM meeting is held for cases where a child's removal has occurred or is being considered, and 2) increase the percentage of considered removal (pre-removal) TDMs, so that parents are involved early in a meeting facilitated by a DCS employee who is trained in family engagement techniques, and family engagement practice is modeled for Child Safety Specialists**

2.4.1 Implement new or updated procedures and standard processes for considered removal and emergency removal TDMs.

Projected Implementation Date: June 30, 2016

2.4.2 Develop and implement a tracking mechanism to monitor the number and type of TDMs held.

Projected Implementation Date: December 31, 2016

2.4.3 Develop and implement methods to measure fidelity of TDM delivery to the established procedures and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.

Projected Implementation Date: December 31, 2016

**3. Strategies and Key Activities to Improve Quality Assessment of Needs**

Well-Being Outcome 1, Well-Being Outcome 3, Systemic Factor – Service Array

*In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents and children, to engage with them in a comprehensive assessment of needs.*

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*See strategy 1.3 for information on how the Department will improve application of the Department's safety and risk assessment model, so that families' needs are accurately assessed, so that individualized case plans are developed based on the identified safety threats and risks.*

**3.1 Develop and implement practice guidelines and service approval procedures so that families are referred to the right services at the right time to help them succeed, and so that waitlists are further reduced and services are available when needed to prevent removal and reentry**

3.1.1 Develop and implement service approval procedures for Supervisor, Assistant Program Manager, or Program Manger approval by service type, level, or timeframe.  
Projected Completion Date: April 30, 2016

3.1.2 Conduct research on evidence-based, evidence-informed, and best practices to guide the most effective use of the services listed in 3.1.4.  
Projected Completion Date: September 30, 2016

3.1.3 Engage with stakeholders to develop the service-related practice guidelines listed in 3.1.4, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).  
Projected Completion Date: December 31, 2016

3.1.4 Develop and distribute practice guidelines on the following topics, to describe standards for referring families to the right services at the right time and family engagement techniques to encourage parents' success: drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change.  
Projected Completion Date: December 31, 2016

3.1.5 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 3.1.4 with staff, answer questions, and receive feedback to improve the practice guidelines documents.  
Projected Completion Date: December 31, 2016

3.1.6 Incorporate each of the practice guidelines listed in 3.1.5 into initial or advanced Child Safety Specialist training and/or Supervisory Training, as appropriate to the topic.  
Projected Completion Date: June 30, 2017

**3.2 Develop practice guidelines related to Child Safety Specialists' evaluation of children's general needs**

3.2.1 Conduct research on evidence-based, evidence-informed, or best practices to improve the evaluation of children's general needs.  
Projected Completion Date: May 31, 2017

3.2.2 Engage with stakeholders to develop practice guidelines related to the evaluation of children's general needs.  
Projected Completion Date: May 31, 2017

3.2.3 Develop and distribute practice guidelines on the evaluation of children's general needs.  
Projected Completion Date: June 30, 2017

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- 3.2.4 Incorporate the practice guidelines referenced in 3.2.2 into initial or advanced Child Safety Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides, as appropriate to the topic.  
Projected Completion Date: June 30, 2017

**3.3 Develop practice guidelines related to Child Safety Specialists' assessment and monitoring of medical needs and services for children in out-of-home care**

- 3.3.1 Conduct research on evidence-based, evidence-informed, and best practices for Child Safety Specialist assessment and monitoring of children's medical needs and services, including prescription medications, annual medical exams, and semi-annual dental exams.  
Projected Completion Date: September 30, 2017
- 3.3.2 Engage with stakeholders to develop practice guidelines related to the assessment and monitoring of children's medical needs and services.  
Projected Completion Date: September 30, 2017
- 3.3.3 Develop and distribute practice guidelines on Child Safety Specialist assessment and monitoring of children's medical needs and services.  
Projected Completion Date: December 31, 2017
- 3.3.4 Update the monthly child contact field guide and documentation template to prompt Child Safety Specialists to ask about children's prescribed medications and oversight by a medical professional.  
Projected Completion Date: December 31, 2016

**4. Strategies and Key Activities to Improve Permanency Planning**

Permanency Outcome 1, Statewide data indicator- Permanency in 12 months for children entering foster care, Systemic Factor – Case Review System

*In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents, children, and other family members to engage them in permanency planning and decision-making that affects them; and so that Child Safety Specialists, Supervisors, and the court system are more able to be attentive to each child's progress toward timely permanency.*

*See the strategies and key activities in areas 1 and 2 for information on how the Department will improve safety assessment, safety intervention, and family engagement, so that accurate safety assessments are made and applied to permanency planning decisions, and so that family members are engaged in permanency planning and the decision-making that affects them, so that safe permanency is achieved more quickly.*

*See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced, so that services are immediately available to families, so that permanency is achieved more quickly.*

**4.1 Develop and implement practice guidelines related to timely filing of Termination of Parent Rights (TPR) motions and compelling reason assessment and documentation**

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- 4.1.1 Engage with stakeholders to develop the practice guidelines listed in 4.1.2, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).  
Projected Completion Date: March 31, 2017
  - 4.1.2 Develop and distribute practice guidelines on timely filing of TPR motions and compelling reason assessment and documentation.  
Projected Completion Date: May 31, 2017
  - 4.1.3 Hold a *Quality Conversations* webinar related to timely filing of TPR motions and compelling reasons assessment and documentation, to review the practice guidelines with staff, answer questions, and receive feedback to improve the practice guidelines documents.  
Projected Completion Date: May 31, 2017
  - 4.1.4 Incorporate the practice guidelines referenced in 3.2.2 into initial or advanced Child Safety Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides.  
Projected Completion Date: June 30, 2017
- 4.2 Implement case review processes to develop action plans to achieve permanency as quickly and safely possible**
- 4.2.1 Review ongoing caseloads to identify cases where the children can return home now, cases that would benefit from a targeted permanency staffing (see 4.2.2), and cases with complex issues that are delaying permanency.  
Projected Completion Date: September 30, 2016
  - 4.2.2 Hold targeted permanency staffings for children in out-of-home care who are identified through the case review described in 4.2.1 as likely to benefit from this staffing, to develop action plans to achieve reunification or another permanency plan as quickly as safely possible.  
Projected Completion Date: March 31, 2017 (practice established for more than six months)
  - 4.2.3 Employ a permanency expert to review cases with complex issues that are delaying permanency, develop plans to achieve permanency in these cases, and identify systemic barriers to timely permanency.  
Projected Completion Date: September 30, 2016 (employment established for more than three months)



# **Section VII**

## **Progress Implementing the Goals, Objectives, and Interventions**

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The following are the Department's updates to the goals and objectives listed in the APSR for FFY 2016.

**Goal 1: Improve Objective Decision-Making at the Hotline and in Investigations**

Objective 1.1: Increase the accuracy of referral categorization at the Hotline

Objective 1.2: Increase the accuracy of safety and risk assessments in investigations

Objective 1.3: Increase utilization of the dashboard to better define workloads, develop action plans, and accommodate volumes

The Department made substantial progress in relation to Goal 1 of the strategic plan during this reporting period:

- A new Hotline decision-making tool was implemented February 1, 2016, to improve the accuracy of report screening and prioritization. Inter-rater reliability exercises have demonstrated an increase in inter-rater reliability.
- A statutory change that improves the definitions of a report was proposed and signed into law. For example, the Department is no longer required to prepare a report when there is no information that would allow DCS to determine the location of the child, family, or perpetrator.
- The Department implemented new forms for Administrative Case Record Review and Supervisory Case Progress Review in October 2015, along with procedures that describe a schedule for these supervisory reviews. These forms and procedures provide a structured quality control process for every investigation at the field unit level. The Administrative Case Record Review form is a checklist for the supervisor to use at case closure or transfer, to ensure that required procedures have been followed and properly documented in the case record. The Supervisory Case Progress Review form is completed at key decision points in the life of an investigation. This form provides discussion areas and exploratory questions to facilitate a thorough discussion of case progress; efforts to achieve safety, permanency, and well-being outcomes; and actions required in order to achieve timely positive outcomes.
- The process to expand the use of pre-removal TDM meetings began, including a three day Kaizen event in April 2016 that produced improved TDM procedures.
- The Department's Child Fatality Review Team has been receiving training and technical assistance to implement a new approach to fatality and near-fatality case review based on Safety Science, with the objective of creating a safety culture of improved communication, increased learning, reduced secondary-trauma among Child Safety Specialists, and prevention of child fatalities and near-fatalities.
- A new CHILDS window for documentation of initial and ongoing safety assessments was developed to more fully document risk factors and safety threats. This window is scheduled for implementation in August 2016 and will allow the Department to analyze administrative data on the needs of families served by the Department, to inform service array development.
- New data dashboards were developed to assist in workload management for investigations. These dashboards list open reports for investigation and cases with reports that have been open for more than 60 days. The Report Triage for Investigations dashboard provides risk factor data so that supervisors can easily identify the most concerning reports (such as those involving children age zero to three and substance abuse) and oversee their progress through the investigation process.

**Goal 2: Improve performance and quality of service through employee retention**

- Objective 2.1: Create manageable workloads by addressing factors that contribute to the inactive backlog
- Objective 2.2: Reduce the number of inactive cases, which includes investigations that have been open for 60 days or more with no new report in the most recent 90 days
- Objective 2.3: Improve job fit using behavioral characteristic analysis of applicants
- Objective 2.4: Develop a compensation plan to recognize performance of all Department employees
- Objective 2.5: Increase advanced training opportunities of Child Safety Specialists and managers

The following accomplishments were made in relation to Goal 2 of the strategic plan during this reporting period:

- The *Child Safety and Risk Assessment Documentation and Field Guide* was developed and implemented. This guide improves information collection and timely documentation, and prevents the need for rework when caseworkers resign without entering the documentation related to their investigations.
- New State rules were approved that allow greater flexibility in the interviews and other actions that must be completed during investigations. The Department is writing procedures to describe more focused investigations in specific circumstances, so that investigation requirements better align with the family risk level. These specific circumstances and related assessment procedures will be clearly defined in DCS policy and procedure.
- Dedicated teams of Department employees and community partners have been created to complete investigations, which has significantly reduced investigation caseload. In April 2015, the total number of open reports reached a peak of 33,245. As of June 20, 2016, there were 18,404 open reports statewide. This decrease represents a 45% reduction in the number of open reports in just over a year. The Department is well over halfway to reaching the goal of having no more than 12,500 open reports, which represents approximately 90 days of investigation workload. More reports have been closed than received in 12 of the most recent 13 months. Since January 2016, a random sample of the reports closed through this process are reviewed each month by the Office of Quality Improvement and regional employees to ensure the quality of the closure decisions.
- Behavioral characteristic profiles are now being utilized to ensure the right fit for new hires.
- Exit surveys are being utilized to understand why employees chose to leave the Department.
- A supervisor summit was held in SFY 2016 to provide educational and networking opportunities to all supervisors, and another summit is being planned for SFY 2017.
- Advanced training opportunities have been made available to staff including the Investigation and Ongoing Training Academies, and the Certified Public Manager course.

For additional information about the Department's strategies and accomplishments pertaining to employee retention, see Section IV, 1. Case Volume and Workforce Resources.

**Goal 3: Reduce length of stay for children in out-of-home care**

Objective 3.1: Improve timeliness of reunification, guardianship, and adoption

Objective 3.2: Improve casework transitions and division of labor to increase efficiencies

Objective 3.3: Increase frequency of clinical supervision

The following accomplishments were made in relation to Goal 3 of the strategic plan during this reporting period:

- The Department implemented new forms for Administrative Case Record Review and Supervisory Case Progress Review in October 2015, along with procedures that describe a schedule for these supervisory reviews. These forms and procedures provide a structured quality control process for every ongoing services case, at the field unit level. The Administrative Case Record Review form is a checklist for the supervisor to use at case closure or transfer, or minimally every six months, to ensure that required procedures have been followed and properly documented in the case record. The Supervisory Case Progress Review form is completed at key decision points in the life of an ongoing case, and at specific intervals in ongoing cases. This form provides discussion areas and exploratory questions to facilitate a thorough discussion of case progress; efforts to achieve safety, permanency, and well-being outcomes; and actions required in order to achieve timely positive outcomes.
- The Department began reviewing the case of every child in out-of-home care, statewide, during SFY 2016. The goal of these reviews is to identify cases where the children can safely return home now, cases that would benefit from a targeted permanency staffing, and cases with complex issues delaying permanency that require additional supports or services. Barriers to permanency are also monitored and tracked for resolution. Every open ongoing, adoption, young adult, and in-home case will receive one of these specialized reviews. As of May 31, 2016, 4,511 cases have been reviewed. In 197 of the cases, a recommendation was made to file a change of physical custody motion to return the children home. In 91 of the cases, a recommendation was made to file a motion to dismiss the dependency as the children were already home and determined to be safe. In 133 of the cases, the removal end date in CHILDS had not been updated, inaccurately indicating the children were still in out-of-home care.
- The Department began to facilitate targeted permanency staffings for children in out-of-home care during SFY 2016. Cases are identified for this type of staffing in various ways. The goals of the targeted permanency staffings include improved safety and permanency discussions through modeling and coaching of the supervisory review of a case, and an increase in the number of children achieving safe and timely permanency. Over 230 of these permanency staffings have occurred between September 2015 and May 2016. Of the 415 children that had a Targeted Permanency Staffing between September 2015 and March 2016, at least 42 of the children exited to reunification or guardianship by the beginning of June 2016. For many more children steps have been taken to move toward another permanency option, such as the filing a TPR motion to proceed to adoption.
- The Department has begun the process to implement Placement Options TDM meetings for children in congregate care as part of the title IV-E waiver demonstration project.
- Family Engagement Specialists have been designated within the Department to conduct Family Finding for children placed in congregate care.
- Three practice guidelines have been developed and disseminated, which include practice

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standards and family engagement techniques to be used while working with families related to drug testing, parenting time (parent-child visitation), and consideration of guardianship as a permanency plan.

- A standard process flow for the transfer of cases from investigations to ongoing has been developed and implemented in several offices, and is scheduled to roll out to other sites.
- Data on the number of children in out-of-home care shows that the rate of growth is starting to slow. The growth rate in the out-of-home care population decreased from 8.3% in SFY 2015 to around 4.8% in SFY 2016. The total number of children in out-of-home care decreased in March, April, and May of 2016. This is the first time that the Department has experienced a decrease in three consecutive months since 2009.
- The Department has started the multi-year process to replace the current statewide information system (CHILDS). In addition to other improvements, the new system will be able to identify children who are free for adoption with no identified adoptive home, so that cross-jurisdictional adoptive home recruitment resources are consistently used for these children.
- Two new units were created in Maricopa County in January 2016 to focus on permanency for children who are under age 16, have been in care for more than 15 months, and have no identified permanency placement after concerted efforts have been made. The children served by these specialty units typically have a history of special needs, or are children who are not old enough for the young adult program and have expressed that they do not wish to be adopted. Staff in these units work with the youth to help them develop trust and permanent connections with natural supports that will lead to permanency or lifelong connections.
- A request was submitted during SFY 2016 to correct a case planning window in CHILDS to prompt the documentation of compelling reasons to not file a petition to terminate the parental rights of a child.
- Due to the increase in the number of children in out-of-home care and the need to provide timely court hearings to achieve timely permanency, in SFY17, the Maricopa County Courts plan to add an additional commissioner to assist with dependency court hearings. Also, the courts were recently granted funding over a two year period to support expedited safe permanency for all children. The Court intends to implement various strategies with this funding, including developing a system in which parties receive a copy of signed court orders prior to leaving the courtroom; a secure communication portal between DCS, the Courts, and other parties; early notification of initial hearing process for parents; public judicial calendar access to accelerate setting of next hearings; and advanced mediation training and coaching. Additionally, the Courts will be developing a Parent for Parents program to support new parents involved in a dependency action, and a position within the court focused on conducting case reviews of children in care for over 24 months to identify and address barriers to achieving permanency.
- The Maricopa County courts have also continued the CASA Program Peer Coordinator Support Model to increase the number of CASA volunteer advocates appointed to children in dependency cases. In SFY 2015, over 500 CASA volunteer advocates were appointed to 1,200 children to join the child welfare team working for safe, permanent homes for children in out-of-home care.
- Laws were enacted during SFY 2016 that will allow for more timely adoptions to occur. A.R.S 8-105 will allow licensed foster parents to become certified to adopt without an additional home

study, decreasing duplication of work in the form of a second home study. This law also expands the category of relatives who are exempt from pre-adoption certification to include great-aunts, great-uncles, and licensed foster parents if the child is currently placed with them by DCS and the adoption is recommended by DCS. A.R.S 8-102 will allow the adoption of a dependent child who is not present in the state at the time the petition for adoption is filed. This provision is expected to eliminate delays in permanency for dependent children who are in adoption placements out-of-state. These out-of-state adoptive placements are typically with relatives.

**Goal 4: Reduce recurrence of maltreatment by improving service delivery**

Objective 4.1: Expand the availability of in-home services to prevent repeat reports for investigations and foster care re-entry

Objective 4.2: Reduce waitlists for in-home and parent aide services

Objective 4.3: Implement targeted prevention strategies to reduce the need for Department intervention

The following accomplishments were made in relation to Goal 4 of the strategic plan during this reporting period:

- The Building Resilient Families program was implemented in Maricopa County to provide services for low to moderate risk families who do not need Department or court oversight.
- The SENSE in-home program was expanded as of December 2015 to be available to families in Mohave County who are referred to the Department due to allegations of substance use by the mother during pregnancy. Expansion of the SENSE program will occur in SFY 2017 to Yavapai, Coconino, and Pima counties.
- The Maricopa County Cradle to Crayons (C2C) program was expanded to all 19 judicial divisions in July 2015. In February 2016, the Bridge Program was added to C2C, which provides post-reunification resource navigation to families served through selected portions of the program. Recently, Arizona State University, who is conducting an independent evaluation of this program, shared preliminary results on the success of C2C, which include greater percentages of family reunification, shorter lengths of stay in foster care, and less placement changes. Success seen by this program has also led to the expansion of the use of Community Coordinators to cases involving children over the age of three. The community coordinator's role is to help resolve barriers to service provision for the child and family, increasing the likelihood of a successful reunification.
- The Out-of-Home Services Referral & Approval Process was created to standardize the flow of service referrals and the authorization process so that all efforts are made to apply the right services at the right time to create the best possible outcomes for children and families. As a result of the agency's efforts, the number of referrals on the wait list for the following services decreased from July 2015 to March 2016: parent aide 392 to 26, supervised visits 484 to 90, and in-home services 236 to 137.
- The Department partnered with faith-based groups in Pima County to create The Care Portal Network. The Care Portal Network provides tangible assistance to families such as beds, clothes, and housing repairs. In the Care Portal's first six weeks of service, churches in Tucson assisted the caregivers of 56 children involved with the Department with over \$7,400 worth of goods and services.

- The Courts have continued a strong partnership with the DCS and community stakeholders in the form of the Safe Reductions Initiative that began in October 2014. Through specific input and guidance from judicial and attorney workgroups, the Court has redesigned its mediation process to increase impact and maximize settling cases out of court; conducted forums called “bench bar forums” to improve communication and discuss practice and system issues between judges, attorneys, DCS, and system partners; focused specific attention on youth involved in both systems, known as crossover youth; and offered guidance and education to judges and court personnel on safety factors leading to child removals.

**Goal 5: Improve capacity to place children in family environments**

Objective 5.1: Increase the number of foster homes and the availability of foster home placements

Objective 5.2: Increase the time that children are placed with a kinship caregiver

Objective 5.3: Improve retention of existing licensed foster homes

The following accomplishments were made in relation to Goal 5 of the strategic plan during this reporting period:

- The Fostering Inclusion Respect Support Trust Advisory (FIRST) Commission was developed in May 2015 with a goal of making information and resources more accessible for foster families across the state. One of the accomplishments of the commission was the development of a website that provides information and resources that assist foster parents in their care of children in out-of-home care.
- The application process for initial foster home licensing was reevaluated during SFY 2016. The Department is currently working to streamline the licensing procedures to allow foster parents to move through the licensing process more quickly, including:
  - allowing a portion of the initial training hours previously required prior to licensure to be completed during the first two years of licensure;
  - a streamlined fingerprint process;
  - elimination of unnecessary documentation; and
  - improved coordination between the community based licensing agencies and the Department.

During this reevaluation process, it was determined that many delays in the licensing process occurred because prospective foster parents were not informed about the home life safety inspection requirements. To help resolve this barrier, the Department is creating a preparation guide for life safety inspections. DCS will train the licensing agencies about the minimum standards and provide the new guide to the licensing agencies and prospective foster families.

- The foster home licensing amendment process is also being reevaluated and updated to allow appropriate amendments to be conducted more efficiently and quickly.
- The role of placement coordinators has been revised to allow for more opportunities to identify available kinship placements for children in out-of-home care.
- Family Engagement Specialists have been identified to conduct family finding for children in congregate care as part of the title IV-E waiver demonstration project.
- The Tucson kinship liaison support unit provides support to all kin placements in Pima County.

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This support centers around helping families access resources and complete the fingerprint process timely. The assigned liaison is required to meet with the family within five days of receiving the referral, and conduct follow up visits every 30 days for three months. This process is thought to greatly increase the retention and success of kinship placements. The Southeast Region continues to support kin placements by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and dependency/child welfare information. The case aides meet with the families one week after initial placement, ten days after that, and then monthly as needed.

***Staff Training, Technical Assistance and Evaluation***

See the Department's *Staff and Provider Training Plan for FFY 2017* for the Department's staff development and training plan in support of the goals and objectives in the CFSP, and an explanation of how the training activities are designed to support the goals and objectives in the plan.

Arizona has been receiving technical assistance from the National Resource Center for Diligent Recruitment to implement market segmentation to improve foster home recruitment marketing strategies. This assistance began in August 2014 and is expected to continue through the end of FFY 2016.

The Department has received technical assistance from the Capacity Building Center (CBC) for States related to the implementation of the Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, in the form of information sharing and articles provided related to the law.

The Department has also received information from the CBC related to improving recruitment and retention of staff, and received a summary of policies from other states related to timely face-to-face contact with victim children during investigations.

The Department has applied for and begun a title IV-E waiver demonstration project, which includes an evaluation component. The Department has partnered with Arizona State University to conduct this evaluation of the impact of evidence supported practices and other strategies on reducing the use of congregate care. The Department is also receiving technical assistance from the Capacity Building Center for States related to the waiver. This support has included co-facilitation of the kick-off meeting held in September 2015, and coaching and consultation on implementation science, readiness assessments, and implementation planning.

Future topics for continued technical assistance from the CBC may include strengthening the Department's coaching/mentoring system and improving ICWA placements.



# **Section VIII**

## **Consultation and Coordination with Tribes**

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Arizona's Five Year Plan (2015-2019) identified the following five objectives related to the Indian Child Welfare Act:

ICWA Objective 1: Increase ICWA Units or Specialized Child Safety Specialists throughout the state to consistently use best practices when working with American Indian children and families.

ICWA Objective 2: Update ICWA initial training and develop advanced ICWA training for Child Safety Specialists statewide.

ICWA Objective 3: Increase and improve data collection on American Indian children placed out-of-home and subject to ICWA, including the ability to report quarterly data on the number of children identified as American Indian, the number of children subject to ICWA, the number of agency notices sent to Tribes, and the number of children placed per placement preference.

ICWA Objective 4: Maintain updated department policy and forms related to elements of ICWA: Identification, Notice to Tribes, Placement Preferences, QEW, and Active Efforts.

ICWA Objective 5: Develop mechanisms of Quality Assurance for ICWA cases.

The Department's progress in addressing all of the above objectives is provided throughout the following narrative:

### ***Consultations and Coordination between States and Tribes***

Department staff work closely with Arizona's tribal counterparts throughout the year. Communication and consultation between the state and tribes are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, and Indian child welfare case-related issues.

The Department has 16 contracts or IGAs with tribes: eight contracts for Family Support, Family Preservation, and Family Reunification Services; four contracts for Specialized Substance Abuse Treatment services; one contract for Comprehensive Service Development; one title IV-E IGA; one ICWA IGA; and one consultation contract. The Department has contracts for Family Preservation, Family Support, and Family Reunification Services with the following tribes: Colorado River Indian Tribes, Gila River Indian Community, Navajo Nation, Quechan Indian Tribe, Pascua Yaqui Tribe, San Carlos Apache Tribe, Salt River Pima Maricopa Indian Community (SRPMIC), and the White Mountain Apache Tribe. The Department has contracts for Substance Abuse Treatment services with the following tribes: Fort Mojave Indian Tribe, Pascua Yaqui Tribe, White Mountain Apache Tribe, and the San Carlos Apache Tribe.

The Department and the Navajo Nation continue to meet to ensure successful implementation of the IGA's provisions. The Department began discussions with the Salt River Pima-Maricopa Indian Community and the Tohono O'odham, Pasqua Yaqui and Hopi Tribes to coordinate child welfare cases under ICWA with an IGA. In addition, the Department is supporting SRPMIC in its efforts to apply for title IV-E funding. The Department has explored assistance from the Center for Capacity Building to support its coordination with tribes and development of these IGAs. The Department expects to request this assistance in SFY 2017.

Additional tribal collaboration activities during FFY 2016 and continuing in FFY 2017 include the following:

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- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.
- The Department, ITCA, and Arizona State University's Office of American Indian Projects partnered in the delivery of ICWA training seminars and tribal child welfare academies throughout the year. The Department participates on workgroups and task forces comprised of Tribal, State, and Federal representatives.
- The Department facilitates and participates in the Tribal/State ICWA Liaison Workgroup. Invitations are sent out to each Arizona Tribe, community partners, and Department ICWA Assistant Program Managers and Supervisors.
- The Department is active in the Arizona State, Tribal, and Federal Court Forum and the Indian Child Welfare Act Committee of the Arizona State, Tribal, and Federal Forum by Co-Chairs Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court.
- The Arizona State, Tribal, and Federal Court Forum and Indian Child Welfare Act Committee held the "2015 Connecting Legacies Conference," on August 6-7, 2015, which included representation from DCS staff. The conference theme was "Collaboration and Innovation with ICWA."
- The Department is active with the Phoenix Indian Center and participates in the Urban Child Welfare Sub Committee. This Subcommittee includes representatives from Phoenix Indian Center, our Department's Foster Care Program, ICWA Specialist, contracted foster home recruitment licensing agencies, and Casey Family Programs.
- Department staff participated in a panel presentation to Pima Region field staff with Pascua Yaqui and Tohono O'odham tribe members, and professionals from the Mexican Consulate in November 2015. The panel provided an overview of laws, protocols, and services for American Indian families and Mexican citizens served by the Department.
- DCS staff attend the ICWA Placements Project Workgroup, which are monthly meetings with members of five tribes in coordination with Casey Family Programs. The purpose of this workgroup is to increase recruitment and to retain Native American homes, as well as work with OLR to reduce barriers to tribally licensed families to reduce duplication of foster home licensing studies.
- Tribal social workers continue to be invited to and participate in TDM, case plan, and CFT meetings during which case specific consultation and decisions are made.

During SFY 2016, DCS Director, Gregory McKay, presented at a formal Tribal Consultation, sharing his vision for the Department and providing an overview of the Department's new strategic plan. The Department's Tribal Liaison focused efforts on developing a tribal consultation policy for the Department. The Department's Tribal Liaison position became vacant near the end of SFY 2016. The Department has hired a new Tribal Liaison and ICWA Specialist who will work with tribes to obtain input and finalize the policy in SFY 2017.

See *Section XI: Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report* for additional information related to the Department's consultation and coordination with tribes.

### ***Monitoring ICWA compliance***

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports a full-time Indian Child Welfare Specialist position dedicated to ICWA policy and practice compliance. In addition, the Department funds and supports a full-time position as a Qualified Expert Witness (QEW) Coordinator. The QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions.

The Department's Indian Child Welfare Specialist meets regularly with tribal affiliates to consult and review the progress made toward ICWA compliance and the timely and appropriate delivery of Indian child welfare services.

The Department uses new ICWA tableau reports to track ICWA identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from their automated system on a monthly basis. Reconciling the data from both agencies greatly assists ICWA compliance and the ICWA element of "identification."

The Department continues to have two ICWA case management units in Maricopa County, the largest county in the state.

Current goals for improving ICWA compliance are based upon recommendations made in a previously conducted study by Casey Family Programs entitled "Indian Child Welfare Examination of State Compliance in ICWA." Goals for improving ICWA compliance are also based upon discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, the Northern Lights Conference Needs Assessment of the Arizona Indian Child Welfare System, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist. Continued efforts may also include recommendations made in the *States' Consultation and Collaboration with Tribes and Reported Compliance with the Indian Child Welfare Act: Information from States' and Tribes' 2015-2019 Child and Family Services Plans* report published by the Children's Bureau in December 2015.

### ***Identification***

In May 2016, there were 1,554 American Indian children in out-of-home placement. Of these children, 59% had a case plan goal of reunification with parent, principal caretaker, or relative; 21% had a case plan goal of adoption; 74% were in a family-like setting, with 55% placed with relatives. (Source: OOH Database, run date 5-14-16)

The Department recognizes that "identification of tribal affiliation" is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking, at the beginning of certain court hearings, if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

Department policy requires direct service staff to ask every family during the investigation of child abuse and neglect if the family/child has any American Indian heritage or descent. The Department's "Notice of Duty to Inform" and "Temporary Custody Notice" also prompts Department staff to inquire as to tribal identification.

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation and an immediate (informal) child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case. The Department and the Office of the Attorney General are working closely to obtain the resources needed for cross-referencing ICWA case data (data matching), at minimum quarterly and ideally monthly.
- The State SACWIS system does not identify all American Indian children because field staff do not consistently gather and enter the child's tribal affiliation into the designated data fields.

### ***Notification***

Arizona's notification process initiates through the Office of the Attorney General. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed temporary custody order from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. The Department continues to determine if ICWA applies to the case at the next court hearing (preliminary protective hearing). The Office of the Attorney General and the Department diligently work to determine if ICWA services are needed prior to the next court hearing.

The Office of the Attorney General's service matrix reminds the clerk that the tribe/parent/BIA must receive notices at least ten days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent/tribe/BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with a "post-hearing sheet" so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

The Department's Practice Improvement Case Review (PICR) in-home/out-of-home tool continues to be used to monitor timely notification to tribes. The tool contains a question, which mirrors the CFSR review tool, related timely notification to the tribe. Six of the 65 cases reviewed by the State and the Children's Bureau during Arizona's 2015 CFSR Round 3, were applicable to this question. Four of the six cases were rated strength in relation to the Department providing timely notification to the tribe of its right to intervene.

### ***Placement preferences of American Indian children in foster care, pre-adoptive, and adoptive homes***

ICWA requires placement preferences in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. Placement with a maternal and/or paternal family member and extended family member who is willing and able to provide care for the child is always a priority for working with American Indian children and

families. The biggest challenge is the lack of homes in state and tribal communities compared to the rate of children needing child safety services.

The recently issued BIA guidelines include information on “placement preferences.” The Department is reviewing current state policy to identify if policy and procedure changes are needed to conform with the revised BIA guidelines. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child’s tribe has a different order of placement preference established): placement with child’s extended family; a foster home licensed, approved, or specified by the child’s tribe; an American Indian foster home licensed or approved by an authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization.

With regard to an adoptive placement for an American Indian child, unless the child’s tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child’s extended family, with other members of the child’s American Indian tribe; or with other American Indian families. The new BIA guidelines address the issue of “good cause to deviate from the order of placement preference.” Currently, Arizona lacks a sufficient number of licensed foster homes. This includes American Indian foster and adoptive homes. As described in the AZ Foster and Adoptive Parent Diligent Recruitment Plan, effective July 1, 2015, Arizona entered into contracts with ten additional foster and adoptive home licensing agencies to recruit and retain qualified foster and adoptive homes.

Throughout 2015-2019, the Department plans statewide efforts to improve the collection of data necessary for monitoring ICWA outcomes for American Indian children. Collection of sufficient data will allow the Department to better analyze ICWA compliance and to identify best practices to achieve positive outcomes for American Indian children and families. The quarterly Tribal/State ICWA Liaison meetings are an important communication venue for reviewing and implementing the ICWA goals of Arizona’s Child and Family Services Plan (CFSP).

As stated in the CFSP, the benchmarks associated with each objective will be updated every year with input from the tribes, the Department’s Child Safety Specialists, and information gathered through the quality assurance process. Although all objectives have activities in progress, during the past year, compliance with ICWA objectives and benchmarks have given high priority by the Department.

During SFY 2016, the Department also addressed the objectives and benchmarks specified in the 2015-2019 ICWA Plan by completing the following:

- The Department created GIS trend maps for American Indian children removed from their homes. This information will greatly assist in identifying areas for recruiting diverse foster and adoptive homes; assessing, to the extent possible, if out-of-home placement settings are in close proximity to the child’s home; and determining staffing needs for ICWA cases throughout the state.
- The Department provided advanced ICWA training to direct service staff in the form of semi-annual ICWA seminars, and information sessions during unit meetings and Supervisor CORE (initial supervisor training).
- The Department facilitated the process for having Qualified Expert Witness ICWA testimonies for approximately 55 cases between July 1, 2015 and April 30, 2016,
- Department staff participated in a workgroup with Casey Family Programs regarding Recruitment and Retention of American Indian families. The workgroup membership includes representatives of five American Indian tribes. The purpose of the workgroup is to establish goals for

recruitment, while utilizing data related to the number of American Indian children who are in DCS custody and how many of those are placed in accordance with ICWA placement preferences. The workgroup meets monthly, and there are plans to attend a peer-to-peer state meeting in SFY 2017, in order to share ideas across state child welfare agencies.

- The Phoenix Indian Center holds monthly meetings and contracted licensing agencies attend. Discussion during these meetings has included the possibility for the Phoenix Indian Center to subcontract with contracted agencies to help with recruitment and training of ICWA foster/adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home/out-of-home tool continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review tool, related to timely notification to the tribe and placement of the child in accordance with ICWA placement preferences. The percentage of cases where the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences for CY 2015 was 82% (of 17 applicable cases).

According to the FFY 2015 AFCARS file, 44% of all American Indian children served were placed with a relative foster family or on a trial home visit with a parent.

Six of the 65 cases reviewed during the Arizona 2015 CFSR Round 3, were applicable to the two ICWA questions. Four of the six cases were rated strength in relation to the Department providing timely notification to the tribe of its right to intervene, and five of the six cases were rated strength in relation to the Department placing the child according to the ICWA placement preferences.

#### ***Update regarding discussions with Indian tribes regarding CFCIP***

Arizona tribes continue to work with local contracted Independent Living Program (ILP) providers to access foster care and ILP services for eligible American Indian youth. ILP teams present information to tribes throughout the state and provide services to tribal youth, both on and off reservation.

See Section XII, Chaffee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report, "Consultation with Tribes," for a summary of the Independent Living Program's Tribal Community Engagement activities.

#### ***Title IV-E of the Social Security Act***

When requested, the Department works closely with tribes who are interested in developing their own title IV-E program. The Navajo Nation currently has its own title IV-E program and Department staff currently support additional tribes, including Salt River Pima Maricopa Indian Community and Pasqua Yaqui tribes in their efforts to apply for title IV-E funding. During this reporting period, DCS staff provided information to the tribes regarding Arizona's title IV-A State Plan that was in effect in 1996, the title IV-E federally required "look back" date for AFDC eligibility. DCS also provided the tribes with Arizona's definitions of deprivation, earned income disregards, and other federally required criteria necessary for the tribes to make accurate and timely eligibility determinations. As DCS previously did with the Navajo Nation, DCS will be pleased to assist other tribes in the requirements for title IV-E administrative costs, cost allocation plan, title IV-E State Plan amendments, and title IV-E training expenditures.

***Update on planned changes to laws, policies, procedures, communications strategies, or trainings to improve compliance with ICWA that the state has developed in partnership with tribes***

The Department presented at two Tribal Caucuses before the Arizona State Legislature, providing information about ICWA and Arizona's coordination with tribes during SFY 2016.

On January 19, 2016, the Department participated in the Indian Nations and Tribes Legislative day at the Arizona State Capitol, which focused on public safety and substance abuse treatment prevention. Staff from the Department's prevention unit provided information and answered questions at the event.

The Department has drafted a Qualified Expert Witness policy to ensure the agency and tribal partners have documented information about this federal requirement and the Department's procedures for implementing it. The Department is also in the initial stages of reviewing its policy to ensure specific information is included regarding using Tribal Regional Behavioral Health Authorities for American Indian children and families. Both policies will be circulated to all tribes for review and comment to ensure input and feedback is incorporated into the Department's process for revision.

***Review of Policy Changes Required by P.L. 113-183***

*Documentation at each Permanency Hearing of the Efforts to Achieve Permanency*

In addition to the efforts made to achieve permanency documented in *Section III Programs and Services to Achieve Safety, Permanency, and Well-being* of this report, the CSS is required to coordinate with the tribe to identify resources for placement, permanency, support, and cultural connections for children who are subject to the ICWA. These efforts are required by DCS policy to be documented in the court report submitted to the court and other parties involved.

DCS implemented policy during SFY 2016 that prohibits any child in DCS custody under the age of 16 to have a permanency goal of long term foster care or another planned permanency living arrangement (APPLA). This policy is applicable to children of all races, including children subject to the ICWA.

Permanency hearings include a discussion to determine the child's permanency plan, and the judges are trained to engage the youth in a conversation to obtain the youth's perspective of his or her desired permanency outcome, if the youth is present in court. For youth subject to the ICWA, additional discussion and exploration is conducted prior to a decision being made to initiate a petition to terminate a parent's rights, to include efforts to obtain tribal agreement.

According to the FFY 2015 AFCARS file, 92% of all American Indian children who exited care during the year exited to permanency before age 18.

*Reasonable and Prudent Parent Standard*

DCS implemented policy during SFY 2016 related to the Reasonable and Prudent Parent Standard (RPPS). This policy requires out-of-home caregivers to apply careful and sensible decision making, while encouraging children to participate in extracurricular, enrichment, cultural, and social activities similar to their peers who are not in out-of-home care. The policy includes the requirement that the child be encouraged to have a voice during case plan staffings related to desired activities. The Department's child contact template contains prompts related to speaking with the child and out-of-home provider about social activities. The Department also added a section to the court report that requires the CSS to report



to the court the efforts to follow the RPPS. This policy is applicable to children of all races, including children subject to the ICWA.

A question related to the RPPS was added to Arizona's 2016 out-of-home PICR tool. The question determines if, during the period under review, the agency made concerted efforts to allow the child to participate in experiences similar to those of their peers who are not in out-of-home care.

The Arizona Court Improvement Program has been educating judges and attorneys on the RPPS. This topic will be one of the breakout sessions during the June 2016 Annual Arizona Judicial Conference. The Court Improvement Program will be making adjustments to their operational review (court audit) instrument during SFY 2017 to include items related to RPPS.

#### *Other Rights/Services for Youth 14 and Older*

DCS policy indicates the CSS must, for youth age 14 years and older, develop the case plan in consultation with the youth and include:

- the child's education, health, visitation, and court participation rights;
- the right to receive a credit report annually, if available; and
- a signed acknowledgement that the child was provided these rights and that they were explained in an age-appropriate way.

DCS policy also indicates that CSSs are to discuss case planning topics with youth during monthly contacts at a developmentally appropriate level. Youth age 12 and older are encouraged to attend case plan staffings, and youth age 14 years or older may invite two individuals selected by the youth who are not the CSS or the foster parent to the case plan staffing. Youth are provided with a copy of their annual credit report, and the Department assists the youth in fixing any inaccuracies identified.

DCS policy includes the *Notice of Rights for a Child in Out-of-Home Care* (form CSO-1141A, updated January 2016), which lists the rights of children in DCS custody. This form is provided to, discussed with, and signed by youth age 12 and older. This notice includes notification to a youth age 14 and older of the right:

- to attend life skills training and participate in activities that allow a youth to practice these skills;
- to have the help of up to two other people, chosen by the youth, to develop the youth's permanency plan; and
- to receive an annual copy of his/her credit report and obtain help to correct any errors.

These policies are applicable to children of all races, including children subject to the ICWA. In addition, all services under the independent living program (Young Adult Program) and education and training voucher program are available to American Indian youth on the same basis as to other youth.

#### *Consultation with Tribes related to P.L. 113-183*

The Department experienced a vacancy in its Central Office ICWA Specialist and Tribal Liaison position during the first half of CY 2016. The Department has hired to fill this valuable position. The employee will begin performing the duties of the position in July 2016, at which time additional collaboration efforts and discussions with the Department's tribal partners will resume.

The following plan was developed to describe how the Department will conduct outreach to Arizona's 22 Tribes to consult with them regarding the requirements of P.L. 113-183, *Preventing Sex Trafficking and Strengthening Families Act* during SFY 2017.

- Upon hire of the Department's new Tribal/ICWA Liaison, a short on-line survey will be developed and sent to the Tribal Social Service Directors and Tribal Case Managers to inquire:
  - as to their current knowledge of the law;
  - about methods of outreach that work best; and
  - determine a date to hold a Tribal Consultation on P.L. 113-183, and/or other topics that are of interest.
- Follow-up by telephone as needed to clarify opinions or other information.
- Gather and present survey information to DCS Leadership, and begin the planning of a series of webinars and an in-person tribal consultation, during which the following topics will be discussed:
  - APPLA case plan limitations based on age;
  - the need to document efforts made to return the youth home or secure a long term placement;
  - the requirement for the judge to ask the youth about his/her desired permanency outcome, make a determination that APPLA is the best permanency plan and specify the compelling reason to not return the youth home, with a relative or guardian, or placed for adoption;
  - requirements made by the law regarding children age 14 and older;
  - the Reasonable and Prudent Parenting Standard;
  - and youth in foster care identified as victims of sex trafficking.
- The Department will conduct a *Quality Conversations* webinar specifically for the Tribes to introduce the above topics. Prior to the webinar being held, introductory materials specifically with the Tribal audience in mind will be drafted and forwarded to all tribes, taking into account some may not have sufficient Internet access. The tribes will be asked if there are any specific questions or areas they would like to see addressed. The Department will consider holding multiple, shorter webinars to encourage participation and questions. After the webinars, the Department will conduct follow-up through individual e-mails, including invitations to the in-person tribal consultation session.
- The Department will hold an in-person tribal consultation to incorporate the Department's policy and procedures to meet the requirements of P.L. 113-183. Presentations will be made by Department staff and service providers responsible for the implementation of these requirements.
- The Department will follow-up with Tribes after the in-person meeting, to determine if there are any additional questions or new developments requiring further discussion and determine the best

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setting for continued consultation to occur. The Department will provide a summary of meeting and post any follow-up information to the Department's public webpage.

# **Section IX**

## **Child Welfare Waiver Demonstration Activities**

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Arizona's title IV-E waiver demonstration project, Fostering Sustainable Connections, will seek to reduce length of stay in congregate care settings, and length of stay in out-of-home care overall, for children who are placed in congregate care settings at the start of the demonstration or who enter congregate care during the demonstration. To do so, the Department will improve engagement with these children and their families by enhancing family/fictive kin search and engagement activities and by expanding its Team Decision Making (TDM) process to target this population. In addition, Arizona will support the action plans created in partnership with the family/fictive kin by enhancing the availability of in-home reunification, placement stabilization, or other needed services. Recognizing congregate care can be an important time-limited therapeutic service for some children, the intention of the demonstration project intervention is to reintegrate children into a family setting as soon as appropriate. In consideration of each child's safety and well-being, this may include reunification with a parent, placement with kin or fictive kin, or placement with a licensed foster family.

The title IV-E waiver demonstration project includes: (1) hiring DCS Family Engagement Specialists to identify and locate relatives and kin important to the children for emotional support and possible placement, (2) expanding the current TDM process to identify and transition youth who are placed in congregate care into family-like settings, and (3) increasing the availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified. Implementation is scheduled for July 1, 2016 in two Phoenix area offices. The Department will then expand to additional offices through 2019. By then, this will have been implemented statewide and embedded into Department of Child Safety practice.

The desired outcomes of Fostering Sustainable Connections are as follows:

- increased number of family/fictive kin available;
- improved engagement and connections fostered to support the children;
- enhanced involvement of family/fictive kin in decision making;
- expedited identification of needs and strengths for children/family;
- increased children and family/fictive kin supports through natural and in-home services;
- increased percentage of children in congregate care settings who are placed in family settings;
- decreased length of stay in congregate care;
- increased rates of exit from congregate care;
- increased reunification and legal permanency;
- improved stability with life-long supports and connections; and
- improved child social/emotional well-being.

Arizona's title IV-E waiver demonstration project supports the state's achievement of the Child and Family Services Review outcomes related to timely permanency, placement with relatives, preserving connections, family involvement in case planning, and providing for the social/emotional well-being of children.

Initial implementation will begin on July 1, 2016 in two Maricopa County DCS offices that have some of the largest concentrations of children in congregate care. In preparation for initial implementation, the Department used April 2016 through June 2016 to conduct and refine the training curriculum while working on establishing a mechanism to reinforce the training. Expansion to additional offices will occur through FFY 2019, by which time the intervention is expected to be statewide and embedded into DCS practice.

Together with the title IV-B funding that Arizona maximizes each year, flexible title IV-E dollars from the demonstration project will help Arizona support the goals of:

- keeping families together;

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- protecting and promoting the welfare of all children;
- preventing the neglect, abuse, or exploitation of children;
- supporting at-risk families through services that allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- promoting the safety, permanence and well-being of children in foster care and adoptive families; and
- providing training, professional development, and support to ensure a well-qualified workforce.

# **Section X**

## **Child Abuse Prevention and Treatment Act State Plan Update**

During FFY 2016, the Department used a portion of Arizona's five year CAPTA Basic Grant funds to fund the Arizona Citizen Review Panel. Additional CAPTA funds available to the Department during this APSR reporting period will carry over to next year for CAPTA available uses. During the upcoming year, DCS is exploring the use of CAPTA funding on the following CAPTA section 106 program areas through Basic Grant funding:

- improving the intake, assessment, screening and investigation of reports of child abuse or neglect; and
- enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

### **Federal Fiscal Year 2016 Updates**

#### *Arizona Citizen Review Panels (CRPs)*

Arizona continues to maintain active and diverse membership in the three CRPs located throughout the state. During FFY 2016, the Central Arizona Panel had 24 community members, the Northern Arizona Panel had eight community members, and the Southern Arizona Panel had nine community members. These community panel members have professional experience in the following areas: child abuse prevention, social services, child and family advocacy, adult probation, tribal social services, education, developmental disabilities, mental and behavioral health care, adoptions, legal systems, and domestic violence. During 2015, the Arizona CRPs conducted a review of their organizational structure resulting in a number of reforms. As a result of this analysis, the panels each selected a topic area for focus, allowing the time and energy spent by the panels to have increased effectiveness and impact on the outcomes for children involved with the child welfare agency. The Department plans to work collaboratively with the panels and focus on enhanced efforts to improve in the focus areas selected by the panels, which are:

- policies and procedures related to parent-child visitation (parenting time);
- safety and risk assessments, training, and supervision of cases involving substance exposed newborns based on research the Panel will provide; and
- best practice when working with medically complex children.

#### *Services to Substance Exposed Newborns (SEN)*

The Department of Child Safety has a statewide program, including laws, policies, procedures, and services relating to child neglect in the form of substance exposed newborns.

Arizona Revised Statute 13-3620 mandates a health care professional who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 to immediately initiate a report to the Hotline. DCS policy indicates that reports alleging a newborn or infant has been exposed prenatally to alcohol or drugs will be accepted and assigned for a safety and risk assessment. The DCS Hotline also utilizes a tracking and monitoring system for information received related to concerns about unborn children who may have been exposed to substances. Please see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* for additional information.

DCS policy contains specific guidance related to the investigation of SEN reports. In addition to the efforts to gather information and assess family functioning that are required for all assessments, DCS policy indicates the following efforts should be made in relation to reports involving a SEN:

- gather information concerning the medical condition of the newborn including any complications from the substance exposure, the documentation of the newborn's substance exposure, the health



- care professional's observations of the parental responsiveness to the newborn, and any recommended follow-up medical care; and
- a home visit should be made to the newborn's home environment prior to the newborn's discharge from the hospital, if applicable.

DCS policy indicates the CSS should actively engage a team in planning for a substance abused newborn. The team includes DCS, substance abuse treatment providers, and medical professionals. *The Coordination of SEN Cases* guide provides information related to the roles and responsibilities in the coordination of SEN cases for the CSS and the substance abuse treatment provider, including the completion of various assessments and the development of a family-centered service plan.

The Department is responsible for conducting the safety and risk assessment, and making decisions related to the safety of the infant in the care of the parent. DCS policy includes a guide to assist in the assessment of SENs, entitled *Guide and Instructions to Assessing Risk Factors for Substance Exposed Newborns*. Information obtained from this assessment, along with information from medical and treatment professionals, is considered when making safety, risk, and service referral decisions. The infant is allowed to remain with the parent, either with or without a safety plan, if it is determined the infant will be safe.

Treatment and support services may include referrals to Arizona Families FIRST, Healthy Families, or other community treatment providers, such as nurse home visitor programs through the Department of Health Services and the First Things First program, depending on the result of the safety and risk assessment, severity of the parent's substance use, and the effect of the substance abuse on his or her parenting abilities. The parent may also be referred to the SENSE program for support and substance abuse service delivery. See *Section III: Program and Services to Achieve Safety, Permanency and Well-Being* for a description of the SENSE program.

In circumstances requiring the SEN to enter state custody, the ongoing case manager is to involve the family and members of the service team, including the involved substance abuse treatment providers and medical professionals, in the development of the case plan. The CSS is to coordinate with the treatment team, and gather information on a regular basis related to the progress of the parent and status of the child.

DCS policy also requires that all children under the age of three who are the subject of a substantiated report or who have been taken into DCS custody be referred for early intervention services. If the child has been removed and is in DCS custody, the referral is made to the Regional Behavioral Health Authority (RBHA), and if the child is not in DCS custody, to the Arizona Early Intervention Program (AzEIP).

To facilitate continued coordination and improvement in the area of service delivery for SENs and their families, DCS participates in the Substance Exposed Newborn (SEN) Statewide Task Force. See *Section II: Collaboration with Stakeholders* for a description of this workgroup. DCS is also collaborating with community health professionals across the state to update the SEN guidelines for DCS and community providers, and determine if the multiple workgroups focusing on SEN topics can combine efforts to better effect change and increase the quality and availability of services. DCS is also making efforts to bring medically assisted treatment (MAT) providers into the various workgroups to ensure proper education and recommendations are made for pregnant women who are prescribed medications, such as methadone, while pregnant.

*State's Efforts to Align Policy, Practice, and State Law with Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015*

The DCS policy manual was updated during SFY 2016 to include the requirement for CSSs to complete a reassessment of the safety and risk assessment any time there is an indication that a child in the custody of DCS has become a victim of commercial sexual exploitation or sex trafficking.

The School of Social Work at the University of Arizona launched a Sex Trafficking Help website ([www.sextraffickinghelp.com](http://www.sextraffickinghelp.com)) in June of 2016. The website provides information regarding agencies throughout Arizona that serve victims of sex trafficking. Services are trauma-focused and victim-centered. Information about the availability of this website was shared with all DCS staff in June of 2016.

In May 2015, the Department began offering a Sex Trafficking training for field staff. From May 2015 to June 10, 2016, 968 DCS staff have been trained. This course is provided through a partnership with Arizona State University. The curriculum includes the federal definition of sex trafficking of minors, risks and protective factors, types of sex trafficking and traffickers, sex trafficker recruiting techniques, warning signs exhibited by the child victims, medical and mental health service needs of sex trafficked children, and contact information for statewide services. This course is mandatory for all CSSs.

In order to track and report the number of children who are known to be victims of sex trafficking, the Department is in the process of finalizing a revision to CHILDS. This revision will enable data to be captured related to the estimated date of the sex trafficking incident, the date the incident was reported to the Department, the date the incident was reported to police, and if the child was in DCS custody at the time of the victimization. This updated tracking screen is scheduled to be implemented during SFY 2017.

The Department will assemble an implementation team during SFY 2017 to review the requirements of P.L. 114-22, and determine what additional policy, practice, and law changes will be required, including if the state will elect to apply the definition of "child" to a person who has not attained the age 24, and a possible revision of a state statute to allow a report alleging sex trafficking to be taken when the alleged perpetrator is not the child's parent, guardian or custodian.

For more information on how the Department has incorporated the assessment and service delivery for victims of sex trafficking, see *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report*.

### **Federal Fiscal Year 2017 Plans**

While not directly related to the Department's spending of CAPTA Basic Grant funds, DCS is providing information on differential response, an initiative planned for the upcoming fiscal year(s). This initiative is consistent with CAPTA section 106 program areas.

The Department is continuing its to create a report response continuum that includes two "tracks" – a traditional Investigation Response for high to moderate risk cases and a Family Assessment Response (FAR) for low to potential risk cases. Currently the Department is in the process of creating policies, procedures, and training curriculum related to the implementation of the FAR. The Department will propose new legislation during the next legislation session for statutory change required to implement FAR.

The Department's FAR design team has been involved since the onset of the design, and will continue to be utilized in the development of the policies, procedures and training curriculum, in addition to the implementation of FAR.

Long term outcomes expected through a Family Assessment Response system include: safe reduction in future out-of-home placements; reduction in repeat maltreatment; reduction in repeat reports; and improved child and family well-being.

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# **Section XI**

## **Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2016**

The following information is submitted to serve as the annual progress report for Fiscal Year 2016. This report contains information on services provided, as outlined in Program Instruction ACYF-CB-PI-16-03 dated April 13, 2016.

The Department of Child Safety (DCS) is the responsible State agency administering the title IV-E Program. The Department will administer the Chafee Foster Care Independence Program (CFCIP) under sections 471, 472, 474, 475, and 477 in title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; and the Education and Training Vouchers Program (ETVP) under purpose 6 of Section 477(a). Arizona's CFCIP is hereafter referred to as the "Young Adult Program" or "YAP." The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477(b)(2)(F).

## **2016 Accomplishments and 2017 Planned Activities**

### *Transition to self-sufficiency*

- Reduce case manager workload through lower caseloads and increased number of specialized (AYAP) case managers.
- Increase housing options through increasing youth participating in the Independent Living Subsidy Program (ILSP), and create short term housing for 18+ youth who experience placement disruptions and increase the array of independent and semi-independent housing.
- Improve planning process by integrating an effective planning tool into the planning process (such as the "transitioning youth index", Foster Club Transition Plan, "passport" or other tool), and starting the transitional planning process earlier in a youths life (i.e. reviewing the schedule for use of the Team Decision Making model).
- Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care.
- Improve access to services by ensuring youth begin receiving formal skills training at age 16, enhance the array of supports and services available and ensure youth with severe mental health needs receive a timely SMI determination.

The Department is working on a number of strategies to assist DCS Specialists to manage high caseloads, particularly in Maricopa County, Arizona's most populous area. Efforts include simplifying and providing clarity on related policies, streamlining required procedures, and providing increased training and informational workshops. During CY 2015, the Department completed a review of existing contracts in consideration of alternative methods for managing services for youth 18 and older and concluded this would not be cost-effective for the state at this time. The Department also reviewed the current policy requirements for monthly contact and has implemented a temporary procedure in Maricopa County (due to extremely high caseloads) that includes assigning a support worker for each youth age 18 or older to help ensure each youth's individual needs are met.

Maricopa and Pima counties maintain specialized units of staff who only serve youth identified as "likely to age out," while the rural counties typically identify one or more Child Safety Specialists to manage the services for eligible youth in their counties, with the exception of the Northern Region, where a YAP unit was established during CY 2015.

A private consultant is assisting the department to examine costs and rate schedules for the provision of a "semi-independent living" environment in a group setting. Additionally, stakeholder input on revisions to the existing group home administrative rules is underway to ensure positive changes are made to this rules package, in part to ensure facilities can meet the needs of older youth transitioning to adulthood. The majority of youth age 18 and older who remain in out of home care (on a voluntary basis) are living on their own through participation in the Independent Living Subsidy Program (ILSP), however; some youth have more intense needs and require continued supervision through a group care living placement. A point-in-time count notes 96 youth age 18 or older continue to reside in a group home placement (a 25% increase from the year prior). Approximately 61% of these youth have resided in the group home for less than one year, and 38% for less than six months. The ILSP has also shown an increase in participation over the last year. Comparing SFY 2014 to 2105, the number of youth participating in the subsidy program during the year increased 31%, from 595 to 782.

Work continues to improve the Age of Majority Team Decision Making (TDM) process and the preparedness of facilitators, youth, and others to participate. The related brochure and informational guidance is under revision with input from state and local youth advisory boards. The Department has additionally tailored the Foster Club Transition Toolkit to meet Arizona's case planning needs and integrated this tool into the DCS Policy and Procedures manual. Training on the toolkit began in the spring of 2016 and will continue to be rolled out the remainder of the year. The target audience is DCS employees working with youth age 14 and older in out-of-home care.

In an effort to improve the Behavioral Health services offered to youth in care, a centralized Behavioral Health Unit (BHU) has been created. Two Behavioral Health Clinical Supervisors (BHCS) who are behavioral health professionals, and hold an active license with the AZ Board of Behavioral Health Examiners, oversee a clinically credentialed Behavioral Health Team (BHT). The new BHU oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BHU ensures clinical decisions are made using a trauma-informed care approach that produces best outcomes for youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities (as identified in the individualized case plan) and to support activities and material needs for the annual statewide youth conference. Funding will also be used to support youth involvement in other activities identified by the State Youth Advisory Board (or a local regional board), which may include in-state or out-of-state travel to participate in transition conferences and region-based youth gatherings.

*Related data:*

- Comparing CY 2014 to CY 2015, the total number of youth participants increased slightly from 1,921 to 1,941. This number excludes the Transitional Independent Living Program.
- On average, 700 youth enroll in AHCCCS through the YATI program annually (internal enrollment process), with a 9% increase in CY 2015, to 671 enrolled (on average, 56 youth per month). By December 2015, 1,649 eligible youth were receiving AHCCCS coverage, versus 526 youth receiving coverage in January, 2015. Youth have additionally enrolled on their own or with the assistance of a community member or mentor.
- Program youth continued to benefit from the ILSP, as the total number of participants increased from 595 in SFY 2014 to 782 in SFY 2015, a 31% increase. The number of youth participants for the first nine months of SFY 2015 was 742, and is expected to increase prior to closure of the state fiscal year.

- Of youth served, 45% (878 of 1,941) participated in independent living skills training during the year.
- Of discharged youth, 66% (139 of 212) participated in independent living skills training prior to exiting care.

*Education, training, and services necessary to obtain employment*

- Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop “soft skills” such as how to keep a job, respond to authority, rules and direction, and time management, etc. Ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation including supporting more youth to participate in driver’s education programs.
- Increase the availability of practical applications such as internships (paid and unpaid), job shadowing / ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering.
- Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories.

The Arizona Friends of Foster Children Foundation (AFFCF) continues their support of a career development program, “Keys to Success,” which began in 2014. The goal of the program is to provide youth with the opportunities to engage in meaningful employment that aligns with their short and long term career goals. By providing individualized employment readiness activities/opportunities, youth will gain valuable work history and experience that will enable them to achieve financial stability.

The Keys to Success program increases opportunities for youth by providing them with intensive, individualized career exploration and planning, as well as educational and employment development services.

Based on the premise that success can only be achieved through the identification of goals, the program provides each youth with a career development specialist (CDS) who facilitates an in-depth career exploration and planning process. Following completion of this work, ensuing sessions between the youth and CDS focus on development and acquisition of short and long term career goals. Youth also work with an employment development specialist (EDS) who engages with them once a career goal has been established.

The CDS and EDS work with the youth and their team in order to develop a career, education, and employment development plan. This is articulated in the youth’s Individual Service Plan (ISP) and includes the following goals:

- Long term Career
- Education (short, intermediate, long term)
- Employment (short, intermediate, long term)
- Independent Living /Personal Development (short, intermediate, long term)

The ISP is a person-centered process that outlines strategies and action steps that will be required for the youth to achieve goals and the individuals/services/agencies that will be involved in assisting. Services are implemented in full partnership with each youth’s team, which may include any combination of a

DCS case manager, therapists or mental health counselors, Independent Living Specialists, CASAs, and GALs. This collaboration ensures youth are being provided all the resources and supports available to them and removes barriers to goal achievement.

Youth are recruited directly from where they live in foster families, group homes or other facilities, through partnerships with a wide variety of organizations that provide services to this population, and through the program's partnership with the Department of Child Safety. Eligible youth are between the ages of 16 and 21, reside in Maricopa County, and do not have a documented serious mental health illness.

The results of initial and ongoing assessments help program staff assist youth with the creation of well-defined, achievable goals, identification of steps for reaching the goals, well as measurable benchmarks along the way. This information is incorporated into the participant's ISP. The process of developing the ISP is led by the youth and provides the written details of the supports, activities, and resources required for her/him to achieve personal goals. The ISP is developed to articulate decisions and agreements made during this person-centered process of planning and information gathering. The general welfare and personal preferences of the youth are the key consideration in the development of this tool. Individual goals are monitored through ongoing review and update of the ISP and are used to evaluate the success of the individual program participants and the program. This method of evaluation serves a dual role of program evaluation and youth empowerment.

Typically, youth in foster care are not given many choices regarding their lives. The Keys to Success program strives to help these young people uncover their voices, giving them the opportunity to set their own goals, select services that they feel will help them reach their personal definition of success, and access resources they need to develop decision-making skills. This approach, commonly referred to in social work as person-centered, aligns with research identifying effective programs that produce positive outcomes for youth transitioning from the foster care system.

In January, 2016, Keys to Success implemented a new database in order to more effectively track service delivery, as well as program outcomes. Information tracked and reported includes ethnicity, demographics, numbers of youth served, and outcomes for each youth and the program. In 2015, 165 youth were provided services through the Keys to Success program, and to date 200 have been enrolled. Last quarter outcomes reported that 96% of youth participating in services had completed career exploration and planning services within 90 days of intake, 83% had achieved one or more of the goals defined in their ISP within six months of program enrollment, and 54% were retained after one year of service and were continuing to make progress toward a long term career goal.

All program services and ISP monitoring are offered for a minimum of a year, but can extend until the youth is age 24 or has secured his/her long term ISP goal(s). Monitoring during this time is to:

- assure that needed services are being provided;
- verify that the service plan is being properly carried out and to what effect;
- assist with problems that arise;
- maintain the youth/CDS and EDS relationship; and
- provide encouragement and nurture the youth's motivation to achieve the goals set.

This monitoring focuses on three questions: 1) are the services called for by the ISP being delivered, 2) are services having the desired result, and 3) do the services seem to be sufficient? The conclusions reached through monitoring may require a modification of the ISP and the provision of new or additional services.



In 2016, the DCS transitioned their role in providing the financial incentive for youth placed in employment opportunities to the sponsoring agency, the Arizona Friends of Foster Care Foundation (AFFCF). Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary employment activities, which may include the purchase of necessary tools, uniforms (or other work required clothing), and other items.

*Related data:*

- Of the youth currently in the Young Adult Program (age 17 and older), 34% are employed or participating in employment related training.
- Of discharged youth, 55 % (89 of 161 reporting employment statuses) were employed or participating in employment related training at the time of discharge.
- Of discharged youth who were not employed at the time of discharge, 16 % (26 of 161) had been employed in the past.

*Prepare for and enter post-secondary training and educational institutions and vouchers for education and training, including postsecondary education*

- Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part time jobs while in school, on campus mentoring/support programs, assistance in obtaining services necessary to achieve stability in housing and mental health services.
- Institute the use of assessments to target readiness, aptitude and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests.

The Department is an active participant in the Bridging Success Joint Community Advisory Council. The Council is comprised of various administrative staff from Arizona State University (ASU), the Maricopa County Community College District (MCCCD), and various supportive Community Agencies. The Advisory Council came together for the purpose of developing strategies and supports to assist youth transitioning into Community College and the University and to offer continuing support and resources to the youth to assist in retention and eventual graduation. The Bridging Success Initiative at the Maricopa Community Colleges and Arizona State University exists to ensure that students who have experienced foster care can access a college education and complete their degree or certificate program. These programs serve students by ensuring they have the resources and support they need for educational, interpersonal, and vocational success. The staff of these programs work directly with students to coach them through the process of degree attainment, and work with a variety of college staff and faculty to ensure students are finding supportive personnel across campuses.

The Maricopa Community Colleges are launching a pilot program at Phoenix College in the fall of 2016 that will provide a high-touch coaching model for supporting students who have experienced foster care. Ten staff members from Phoenix College will receive training to be certified coaches in an evidenced-based model for serving this population. These coaches will commit to meeting with students regularly to ensure they are receiving the support and assistance they need to be successful at college completion, and feel confident in their abilities outside the classroom as well. This pilot will serve between 60-100 students and will run for a full year to evaluate how it can be implemented at further colleges.

The ASU Bridging Success has had an eventful year of “firsts,” with a number of activities and events designed to:

- expose foster youth to the idea of a post-secondary education,
- facilitate the process of applying to and paying for college, and
- support students from foster care once they attended classes at one of our four campuses or online.

In August 2015, ASU held its first Bridging Success Early Start with a cohort of 17 students from foster care. One outcome from the Bridging Success Early Start was the creation of the Bridging Success Student Organization – the first ever student led organization at ASU specifically for students who have experienced foster care. Bridging Success employed three MSW interns to act as coaches during the academic year and connect approximately 240 students to resources and supports both on campus and with our community partners. Students received coaching via one-on-one sessions, text, email, instant messaging and through weekly group lunches hosted by the MSW interns. Bridging Success also formed a partnership with College Success Arizona to provide mentoring and support to our online students.

The first *Conquering Barriers and Bridging Success for Youth from Foster Care* conference was held in February 2016 and hosted approximately 100 professionals from a number of disciplines that support and engage youth from care. The conference provided a wealth of information designed to facilitate the basic steps of applying to and paying for college. ASU worked closely with Maricopa Community Colleges to coordinate numerous events in the foster care community to increase knowledge of the Arizona Tuition Waiver, instruct youth on how they can begin preparing for a college education, and inform professionals/caregivers of the importance of their role to facilitate college going aspirations. An example of this was a Foster Youth College Fair held in April 2016 which allowed ASU and MCCC to collaborate with a variety of community partners to provide information to youth and their caregivers (primarily group homes and foster parents).

The Department is a participant in the Maricopa County Education Service Agency (MCESA) Youth Transition Advisory Council (MYTAC). MYTAC focuses on the specialized group of foster care youth who are dually involved with the Arizona Department of Juvenile Corrections. The Council assists in the implementation of evidence-based practices on matters including, but not limited to programming, resource development, advocacy, and transition services that promote youth development through supportive environments for successful transition. The Council includes four committees consisting of Education & Career, Home and Family, Community & Service, and Hobbies & Recreation.

The Department is currently researching and exploring various interest inventories and assessments used by the Arizona Department of Education and other Community and Educational Agencies. The Department continues to work toward identifying an appropriate tool to assist DCS staff and youth served to create education and career plans that complement the youth's strengths and abilities.

In May 2016, Governor Doug Ducey signed HB 2665, legislation that includes provisions to establish and fund a statewide expansion of FosterEd: Arizona's Pima County demonstration program. HB 2665 establishes the Foster Youth Education Success Fund and authorizes a \$1,000,000 appropriation in FY 2018 from the General Fund as well as a dollar for dollar match of state funds with philanthropic funds up to \$500,000.

Vouchers for education and training, including post-secondary education, are available through the State's Education and Training Voucher Program (ETVP) and Arizona Tuition Waiver (ATW). The ATW is limited to applicants attending one of the three state universities or one of the many community colleges throughout the state. The ATW is not available to students attending out of state schools or private

schools, including vocational programs. The ETVP provides vouchers for youth attending accredited universities, community colleges, and post-secondary training programs, both in-state and out-of-state, as well as private, for profit, and non-profit schools and vocational-based programs. Efforts continue to increase the number of students accessing the ETV. The contract with Foster Care to Success was extended an additional year (through February 2017), during which time a review of the related scope of work will occur and options will be considered for increasing in the number of engaged students.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary post-secondary preparation activities. Note that Chafee funds are not approved for the costs associated with attending post-secondary education and training institutions, as funding for these costs may only be accessed through the ETVP.

*Related data:*

- Of youth age 18 and older participating in the YAP who were still in an out of home placement, 79% were enrolled in or completed a college or trade school after completing high school or obtaining a GED versus 20% of former foster youth participating in aftercare services.
- In school year 2014-2015, 341 students received ETVP vouchers.

*Personal and emotional support through mentors and the promotion of interactions with dedicated adults*

- Increase efforts to help youth identify persons with whom they may develop lifelong connection through the creation of community based activities such as community service/volunteer projects where youth may interact with positive adults in a “natural” setting.
- Develop staff resources to dedicate time to engage, train and support alumni and community members as mentors/supports for youth.

The Community Advisor is an integral part of the Independent Living Subsidy Program. These persons are dedicated adults, drawn from each participating youth’s natural support system. The Community Advisor provides information and ongoing support throughout the youth’s participation in this program. When a youth is unable to identify an advisor, he or she may receive assistance from a DCS Specialist or an agency such as Aid to Adoption of Special Kids (AASK) or Arizona’s Children Association, to engage this support.

The DCS contractor of life skills training and support, Arizona’s Children Association, has worked to enhance their Mentoring program, “THRIVE.” The THRIVE Mentor Program is a one-on-one mentor program that matches volunteer mentors to adolescents involved with Independent Living Services. The mentees are in the process of ‘aging out’ of foster care and are in need of permanent connections with positive adults in their communities.

THRIVE recruits and trains mentors to be well versed in the needs of young adults who are in the process of transitioning out of foster care. A successful match will positively contribute to the adolescent’s personal, social, and educational growth. Youth are matched at 16 or 17 years of age and matches are maintained for two years. Currently, 34 youth are being served across six counties, with 26 youth matched with a mentor and eight youth pending a mentor match.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary mentoring activities.

*Related data:*

- The number of youth reported to be involved with a community advisor or mentor decreased slightly, from 838 in CY 2014 to 816 in CY 2015.

*Financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age*

- Increase affordable housing opportunities by creating/enhancing relationships with local public housing authorities, community housing programs, and transitional housing programs, and provide short term housing opportunities through the use of hotel vouchers and rapid rehousing programs.
- Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning and developing specialized providers for working with transitional age young adults and support groups for transitioning youth.

Through its contractor, Arizona continues to provide aftercare services and financial support for post-secondary pursuits through the Transitional Independent Living Program (TILP) and ETVP. Any legal resident of Arizona under the age of 21, who was previous in any state, county, or tribal (federally recognized) foster care system at age 16 or older, may receive services. This includes youth who exited to kinship permanent guardianship, adoption, and reunification at age 16 or older.

Arizona youth continue to be provided the option of continuous out-of-home care and supervision through the Department to age 21. These youth are currently case managed by DCS Specialists. Youth are strongly encouraged to participate in this voluntary service. Youth who choose to not participate at age 18, or choose to exit this service after age 18, may re-enter this service any time prior to the age of 21. The out-of-home care service may not extend beyond a youth's 21<sup>st</sup> birthday. In the last year, formal program rules were finalized and became effective in January 2016. Since that time, procedures have been adopted to clarify the process through which a youth re-enters out-of-home care when age 18 and older, including the creation of a youth-friendly brochure/pamphlet. Youth re-entering out-of-home care have access to the same array of placements as when they were in care under age 18. A communication to all group care providers was mailed out in May, 2016 to reiterate the ability of youth to remain in or re-enter a group care setting (if in their best interests) at age 18 or older.

As noted in Section I above, DCS contracts are currently being developed to address the specific housing needs of older youth in care, including youth who are 18 and older, who need semi-independent housing. The FAAZ has additionally been instrumental in engaging community housing partners to share information and begin looking at ways program youth may be supported in their programs. The DCS TILP contractor also has access to flex funds whereby immediate needs (such as a hotel voucher) may be purchased for a particular youth, based on the youth's needs and available resources.

Also noted in Section I is the effort to improve Behavioral Health services offered to youth in care through the establishment of a centralized Behavioral Health Unit (BHU). The new BHU oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BHU ensures clinical decisions are made using a trauma-informed care approach that

produces best outcomes for youth. Youth continue to experience difficulty accessing adult mental health services in a seamless manner. A number of work groups are in progress to examine the issues and to review and improve existing protocols within the Regional Behavioral Health Authority (RBHA) system. Behavioral health transitions are also emphasized in the aforementioned Age of Majority TDM gatherings as well as in the Child and Family Team.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities and may include honorariums, gift cards, or other items necessary to promote positive transitions to adulthood.

*Related data:*

- From FFY 2014 to FFY 2015, the number of youth age 18 through 21 participating in continued voluntary foster care on the last day of the reporting period increased from 742 to 878.
- Of young adults age 18 through 21 who discharged in FFY 2015, 48% participated in continued voluntary foster care at least two months past the 18<sup>th</sup> birthday prior to discharge, including:
  - 30% remained in care to age 21;
  - 9% exited care during their 20<sup>th</sup> year;
  - 15% exited care during their 19<sup>th</sup> year; and
  - 46% exited care during their 18<sup>th</sup> year.
- Two hundred twenty-seven former foster youth and tribal foster care youth (current or former) were served through the TILP contract provider in CFY 2015, a 3% decrease from 235 youth served in CFY 2014. Efforts continue to identify youth eligible to participate in this service.
- Three hundred forty-one youth received an ETV during the 2014-2015 school years. Three hundred thirty-nine youth had received a voucher by the end of March, 2016 for the 2015-2016 school years, with additional youth anticipated to receive awards prior to the end of the state fiscal year.
- Of young adults served, 87% were enrolled in a health plan by the end of the reporting period, versus 73% at the beginning of the reporting period (an increase of 14%).
- Of young adults served, 72% maintained or moved into stable living situations at the end of the reporting period, a 1% decrease from the beginning of the reporting period.
- Of young adults served, 47% were living on their own (in independent housing) by the end of the reporting period, an 11% increase from the beginning of the reporting period.

*Services to youth who left foster care for kinship guardianship or adoption after turning age 16 or older*

Youth exiting foster care at the age of 16 or older for kinship guardianship or adoption are eligible to receive services through the TILP, ETVP, and the ATW. The Department will work with its contractors to begin identifying and extracting outcomes data for these youth.

*Related data:*

- The Department does not currently require its contractor to monitor or extract data specific to participating youth who exited foster care at age 16 or older for kinship guardianship or adoption.

The Department worked with its contractor to develop and implement a process for doing so, which involved changing intake forms and updating the contractor's information system. It is anticipated that this additional data collection will begin in June 2016. An update will be included in the FY 2017 report.

*Opportunities to engage in age or developmentally-appropriate activities*

Program youth, including youth who identify as LGBTQ, are encouraged to participate in age/developmentally appropriate activities as part of their independent living case plan. The DCS understands and advocates the importance of normalcy for all youth in out of home care. Funding and other resources for such activities comes from a variety of sources, including community-based programs supporting prom attendance, graduation celebrations, school trips; and community agencies, such as the Pima Prevention Partnership and Arizona Friends of Foster Children Foundation. Funding through the federally allocated state Chafee dollars is accessed when a community or other resource cannot be identified. Arizona will continue to utilize Chafee funding to provide incentives and to support youth involvement in age/developmentally appropriate activities in the coming year.

State policy contains policies and practice requirements to ensure youth who identify as LGBTQ have access to necessary services and supports, and to ensure DCS Specialists understand their responsibilities to ensure safety for LGBTQ youth in care. State policy specifically notes that the Department shall make every effort to ensure a diverse array of services and resources are identified to assist teens to address their needs, including any special needs or concerns related to their sexual orientation and/or gender identity, and make efforts to determine if a youth has been or may be the subject to harm, discrimination, or any adverse act because of their perceived gender identity, gender expression, ethnicity, religious beliefs, and/or sexual orientation.

These policies and practices were developed in consultation with the Child Welfare League of America, Lambda Legal, and the National Center on Lesbian Rights (NCLR), and were integrated into the DCS policy manual in 2008. Related information may be found in the DCS Policy and Procedures manual, at <https://extranet.azdes.gov/dcyfpolicy/>, Chapter 4 Out-of-Home Care, Section 4 Placement Needs of Children in Out-of-Home Care and Chapter 5 Permanency, Section 35 Independent Living Services and Supports.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in age and developmentally appropriate activities.

*Related data:*

- Four hundred twenty-nine youth received funds for items to support their case plan in the areas of education, employment, vocational training, and activities to build self-esteem and normalcy (age/developmentally appropriate activities).
- Fifty-two youth additionally received a savings match at the time they exited care and services.

**National Youth in Transition Database (NYTD)**

Opportunities for informing and analyzing NYTD data with community partners including youth, tribes, courts, and other stakeholders has occurred primarily during the Statewide Independent Living Coordinators quarterly meetings, individual meetings with Tribes, and various Regional and Statewide

Dependency trainings (attended by judges, attorneys, CASAs, foster parents, and others). NYTD data is presented in conjunction with other program information to update partners on the numbers of youth served, services provided, and outcomes of youth served. Discussions include identifying service gaps, barriers to achieving positive outcomes (i.e. educational attainment, employment, permanent connections), and recommendations for improvement. Recommendations from youth and other stakeholders have resulted in adjustments to the stipend rate schedule for the Independent Living Subsidy Program, expediting re-entry for eligible youth, improvement to enrollment processes for youth entering life skills training and transitioning into the Young Adult Transitional Insurance (Medicaid to Age 26), and incentives and supports for youth pursuing post-secondary education and training.

Child Safety Specialists continue to receive automatic alerts at designated intervals directing them to complete the NYTD federal reporting window. If information is not entered by the initial deadline, a second alert is received and additionally addressed to supervisory staff. The State Independent Living Coordinator communicates regularly throughout the year through emails and in person trainings, to remind field staff and managers of the importance of completing the NYTD Federal Reporting window. The Department Reports and Statistics unit continues to work closely with the DCS Independent Living Coordinator to monitor field compliance.

The DCS Independent Living Coordinator continues to work directly with Department contract staff to ensure NYTD information is accurately collected and reported for youth receiving aftercare services, and with the Department's Reports and Statistics staff to ensure record errors are identified and resolved prior to transmission. While efforts continue to collect outcome survey information from current and former foster youth, the Department has had difficulty reaching the required thresholds. Youth often do not respond timely, or cannot be located if they have exited care. The Department is considering options to improve the outcome survey return rate.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in NYTD activities.

### **Involving the public and private sectors**

The state involves the public and private sectors in helping adolescents in foster care achieve independence in a variety of ways. This includes ongoing partnerships with public agencies such as local workforce boards and federally funded Runaway and Homeless Youth Programs; the Arizona Friends of Foster Children Foundation, which provides funding for an array of items and activities for youth in foster care (in addition to a scholarship program); Tucson's FosterEd Pilot Program; Keys to Success; an employment partnership; and the national Jim Casey Youth Opportunities Initiative (JCYOI).

The JCYOI works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies. With the leadership and support of the Nina Mason Pulliam Charitable Trust, Arizona became a Jim Casey Initiative site in 2013. Children's Action Alliance (CAA) serves as the lead agency for the state's effort - the Arizona Youth Opportunity Initiative (AYOI). Subsequent to the forming of the Youth Adult Leadership Board, the Arizona Initiative adopted a new identity, "Fostering Advocates Arizona" or FAAZ.

Through the FAAZ and in partnership with the Community Advisory Board, the three-year implementation plan focused on improving outcomes for youth transitioning from foster care to independence has been in full force, targeting efforts in the following areas: permanence, education, employment, financial capability, housing, physical and mental health, and social capital

(mentors/dedicated adults). The FAAZ works not only to improve outcomes, but to increase awareness of the needs of youth and young adults in foster care. In 2016 a priorities and recommendations document was published by FAAZ, outlining the following target areas:

- normal adolescent experiences;
- enhanced screening and matching process for foster care placements;
- a strong relationship with Department of Child Safety Specialists;
- permanent placements with a family as a case plan priority; and
- consistent access and enrollment in health care.

Many of these areas are currently being addressed through training (Independent Living Specialist Certification, Ongoing Academy module on engaging youth in case planning, Chafee program workshops, RPPS, etc.) and education to state staff and stakeholders. Others, such as the recommendation to extend the Young Adult Transitional Insurance (Medicaid) to youth from other state foster care systems, are under consideration by the state Medicaid program. The DCS will continue to work closely with FAAZ to implement recommendations throughout 2017. The following link provides more information on priorities and recommendations:

[http://www.fosteringadvocatesarizona/wp-content/uploads/2016/02/AdvocacyBrochure\\_Web.pdf](http://www.fosteringadvocatesarizona/wp-content/uploads/2016/02/AdvocacyBrochure_Web.pdf)

In 2015, FAAZ maintained:

- a diverse, Young Adult Leadership Board as the primary voices and critical advisors for the initiative in Arizona;
- a Community Advisory Board to work in collaboration with the Young Adult Leadership Board on initiative priorities;
- the Opportunity Passport™ match-savings program;
- trainings and presentations for young adults currently in Arizona foster care, educators, and other community stakeholders on topics such as leadership, educational resources, youth-adult partnerships, program supports, services available to young adults, etc.;
- an initiative outreach and communication plan;
- a FAAZ Face Book page including a branding campaign and logo; and
- a Health Care Toolkit that includes informational brochures and commonly asked questions and answers about health care coverage.

Accomplishments of the FAAZ Youth Leadership Board in CY 2015 included:

- shared experiences and needs at community convenings, workshops, and panel discussions on topics impacting youth in foster care (35 presentations to 1400 attendees);



- an increased fan base with the *Youth. Speak. Change* blog, where youth-authored monthly blog posts highlighted their experiences and important tips on sibling connections, youth-voice in case planning, accessing health care, educational resources, and money management; and
- testimony on passage of HB 2022, a technical correction to the Foster Care Tuition Waiver Bill allowing access to the waiver up to age 23 regardless of when it was first awarded, which allows more youth to benefit from the tuition waiver as they transition from a public community college to a state university.

Additional accomplishments by FAAZ included:

- advocacy to streamline health care enrollment and outreach to young adults who have aged out of foster care, including promotion, marketing, and education for service providers, young adults, and community allies about the YATI program;
- a 391% increase in the number of young people enrolled in the YATI program between September 2013 and December 2015 (from 333 to 1,635 enrolled members);
- broadened community reach through the FAAZ website launch, a resource hub and hotspot providing information and support for young people who have experienced foster care;
- implementation of the Opportunity Passport™ financial literacy and match-savings program, which delivered 540 participant training hours on assets, money management and credit building; and
- savings for eighteen Opportunity Passport™ participants, who collectively saved \$27,859 and were matched for a total of \$55,718 to purchase life-changing assets (37% vehicle, 17% housing, 17% investments, 17% education and training, and 12% credit repair).

### **Coordination with other federal and state programs for youth**

Success in the coordination of the YAP with other federal and state programs for youth, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs has largely been dependent on the availability of the service in a specific region/area and eligibility criteria for individual programs.

The state's IL Skills provider and DCS employees work with the Arizona Workforce Connection to get youth enrolled in the programs offered. The YAP also informs DCS and contract staff on the availability of Rapid Re-Housing Young Adult Programs. Presentations from a variety of housing partners are scheduled by area YAP units on an as needed basis throughout the year. In 2016, the FAAZ facilitated outreach efforts to the local the Workforce Innovation Change Opportunity Act (WIOA) representatives in DCS' largest county (Maricopa County). Efforts are ongoing to work with the local WIOA agencies to improve partnerships and access to services for eligible youth. A Central Office representative is currently participating in a new initiative sponsored/facilitated out of the Department of Economic Security-Action Committee on Youth Aging out of Foster Care. This committee is targeting efforts on the following three areas: health, education & employment, and outreach. Sub-groups have scheduled initial meetings for June, 2016.

Representatives of YAP continue to work with representatives of the state Medicaid agency (Arizona Health Care Cost Containment System or AHCCCS), the Department of Economic Security's Family Assistance Administration (the agency responsible for completing eligibility and maintaining assistance cases), and community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and problem-solved issues, as well as discussed strategies to locate, inform, and enroll former foster youth under the age of 26 (including youth aging out of Tribal foster care programs) into a Medicaid health plan. A DCS Central Office representative has additionally participated in the Tribal Foster Youth & Medicaid Workgroup, facilitated by the Inter Tribal Council of Arizona, to develop an expedited enrollment process (akin to the YATI process, see below) for eligible youth exiting a tribal child welfare program at age 18.

Arizona maintains the expedited enrollment process created under the Young Adult Transitional Insurance (YATI) program, wherein eligible youth who reach the age of 18 while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18. Youth who exit care at 18 and older who have either never enrolled in a health plan (possibly due to being on runaway status at age 18 and not available to enroll) or whose coverage lapsed can also be enrolled/re-enrolled using this process. On average, over 700 youth who reached the age of 18 while in out-of-home care are enrolled into a health plan through the YATI each year.

The DCS does not currently contract with the Runaway Homeless Youth Act (RHYA) grantees in Arizona for transitional housing; however, the DCS has a long-standing relationship with the grantee agencies as group care contractors (for foster youth) and as community providers of RHY services, transitional housing/living programs, and/or behavioral health program providers. The DCS coordinates with grantees to identify Chafee eligible youth/young adults to refer to the aftercare service program (Transitional Independent Living Program).

DCS continues a relationship with local housing authorities who are recipients of the Family Unification Program (FUP) housing choice vouchers and is in the process of updating existing MOUs. DCS is also currently working with the City of Tucson/Pima County Public Housing Authority to pursue the new demonstration project, Family Self-Sufficiency Program.

Progress has occurred through YAP's work in collaboration with the ADHS Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state's IL Skills contract provider. Tucson-based Child & Family Resources hosted a spring conference in Tucson and invited DCS and the IL Skills contracted provider staff to participate in a collaboration with the community to provide teen pregnancy prevention training on the Sexual Health Education Needs of Youth in Foster Care. The goal was to ensure that a large number of "askable" adults are trained in trauma-informed care, inclusivity, safe environments, and sexual and reproductive health, as well as to increase knowledge of the specific needs of systems-involved youth and how to adapt common sexual health lessons to better meet the needs of traumatized and exploited youth.

### **Collaborate with governmental or other community entities on Human Trafficking**

Collaboration with the Arizona State University Office of Sex Trafficking Intervention Research has resulted in the following:

- *Trainings for State and Community Level Groups* (1,451 attendees) – Twenty-Six *Sex Trafficking 101* trainings have been held throughout the state. Trainees included Heads of Security of twenty-eight Arizona malls, Phoenix Fire/EMS personnel, Childhelp phone service providers, Arizona Juvenile Court Administrators, Arizona Medical Student Association, Crisis Response

Network, Grand Canyon University Student Action Group, Arizona Attorney General's Office for Dependency Attorneys, Community Bridges, Maricopa Medical Center, Arizona Juvenile Court Judges, group home staff/foster parents, Gila River Casino administrators, Jewish Family Services, Arizona District Court Conference, Federal Probation Officers, John C. Lincoln Hospital nurses and social workers, Arizona Civil Rights Advisory Board, McCain Institute's Global Leadership Candidates, Arizona Youth Partnership, Phoenix Sky Harbor Administration, Medical Residents, and Phoenix Union High School social work and psychology staff.

- *Training of Child Welfare Workers* – Training was provided to 1,100 Child Safety Specialists, Supervisors, and Assistant Program Managers reaching Arizona's rural and urban communities and serving American Indian communities. Attendees received a three-hour training, including a pre and post Sex Trafficking Awareness Survey to gauge learning from the experience.
- *Compare effectiveness of in-person and online trainings* – Online training development has been initiated with the engagement of an instructional designer and a child welfare online training developer with video recordings of the training taking place on April 22, 2016. The online training will be implemented by September 2016 and the survey of knowledge and awareness will be administered and results between the two formats compared.
- *Foster strong and effective cross-community partnerships to respond to children and families experiencing child sex trafficking victimization* – Two meetings of the stakeholder groups were held in 2016:
  - During the January 20, 2016 meeting, results of the Awareness survey for the Child Welfare trainings and Wilder collaboration survey results were discussed. Challenges in providing services to sex trafficked youth were discussed. Information on state-wide hotlines and domestic minor sex trafficking protocols was distributed.
  - During the April 7, 2016 meeting, an update on the American Indian survey results was provided. Additionally, the ASU STIR office has created the Clinical Services Collaborative, a collaborative of service providers who serve sex trafficked youth. A website of services available throughout Arizona is being developed.
- *Annual Summit: 2016 plans* – The sex trafficking summit of 2016 will again be held in partnership with Tumbleweed Center for Youth Services and will be a two day event June 2 and 3<sup>rd</sup> in Tucson, Arizona.

Additionally, on July 26<sup>th</sup> and 27<sup>th</sup> of 2016, the Arizona Department of Health Services will provide a biannual two day Professional Training for DCS Case Specialists with several topics scheduled such as: The intersection of social media, violence & sexual risk taking behavior; Addressing the specific needs of LGBTQ youth with regard to pregnancy, STD, and STI prevention; Developing authentic youth & adult partnerships; Preconception Health for Teens; Talking to teens about Human Trafficking; and Engaging staff and equipping them for having an open/ongoing discussion with youth about sex, adolescent development/Human Sexuality.

Arizona's contractor of life skills training and aftercare services (Arizona's Children Association/AzCA) has provided the following update on efforts around sex-trafficking education and prevention:

- In Coconino, Navajo, Apache, and Mohave counties, ACA employees have been trained to provide every client with sex trafficking awareness skills training prior to discharge. ACA has not

had any confirmed clients who were involved in trafficking. ACA is planning to engage clients in group meetings to watch the *Chosen* video, and plans to send the video to each area quarterly, throughout the year or as needed.

- In the Southeast and Pima Regions, ACA has incorporated prompts in their assessment to address concerns of sex trafficking. ACA has provided their staff with tools and resources to assist them to identify when a youth may be in danger of being trafficked, and educate youth so they are able to protect themselves. ACA has worked with two youth in the Southeast Region who were involved in sex trafficking. On both occasions, because of the training staff received, they were able to support the youth and assist them in getting to a safe place and contacting authorities.
- In the Central and Southwest Regions, clinicians have now been trained on the warning signs of sex trafficking and how to ask the difficult questions to assess if a youth has been trafficked. Specifically, this involves asking whether a youth has ever traded sex for housing, food, or money. Staff are also more aware of the warning signs and are asking supervisors for guidance. The Yuma Independent Living Services Program recently partnered with the local Border Patrol agency to present sex trafficking information to a group of youth. The youth were engaged and would like to see this be an ongoing training.

### **Training to address issues confronting adolescents preparing for independent living**

Formal Training and informational workshops continue to be made available statewide to an array of community partners and stakeholders, to educate on the issues confronting adolescents preparing for independent living. Training and informational workshops were delivered to the following audiences in SFY 2016, and will continue in SFY 2017:

- caregivers including foster parents, group care staff, and kinship providers;
- court staff, including judges, attorneys, and Court Appointed Special Advocates;
- DCS field staff and managers at the region, section, and unit level, as well as 1:1 assistance and case consultation; and
- agency partners including Arizona Department of Juvenile Correction, county juvenile probation offices, and educational professionals from high schools and post-secondary institutions.

Members of the DCS Permanency and Youth Services (PYS) unit, including the state Independent Living Coordinator, Projects Specialist, and Education Case Managers continue to host informational workshops in Arizona's five regions on a continual basis throughout the year. These workshops are attended by care providers including foster parents, Court Appointed Special Advocates, attorneys, judges, and DCS staff. The DCS PYS unit has also worked with the DCS Child Welfare Training Unit and Arizona State University to create a full day's curriculum on engaging youth in the case planning process. This curriculum is part of the DCS CWTI Ongoing Academy and delivered four times per year to an audience that is comprised of 75% new Child Safety Specialists and 25% more experienced Specialists.

Additionally, a promising online training curriculum was identified and is currently being completed by approximately 30 YAP staff. This *Independent Living Specialist Certification* is comprised of 13 modules designed to help professionals (and others) develop sensitivity and competencies to work with adolescents transitioning to adulthood. The authors, Kathi Crowe and Mark Kroner, are nationally recognized experts in the field. Pre and post surveys are being conducted in concert with this training to gauge the effectiveness of this curriculum for state staff. DCS will consider survey responses in determining if this

training will be pursued as a mandatory curriculum for staff working directly with older youth.

A plan for outreach and training to group care staff remains under development. While group care staff are currently invited to attend sponsored training/workshops, it is often difficult for care staff to participate off-site. Agencies such as the Arizona Department of Health Services have provided on-site training for group care staff on health care issues including teen pregnancy prevention. The Reasonable and Prudent Parenting Standard (RPPS) training has also been delivered to these staff, as well as licensed foster parents.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in training activities and may include honorariums, gift cards, or other items necessary to support youth involvement.

### **Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.**

Youth and young adults remain involved in agency efforts to improve services and supports primarily through involvement in the State Youth Advisory Board and Regional Youth Advisory Boards. These boards have been instrumental in securing youth participation in focus groups targeting efforts to improve communication (internal and external), as well as in the current CFSR cycle. Additionally, the Arizona Youth Opportunities Initiative supports a Youth Leadership Board that is available for consultation. Other strategies such as surveys and small and large group youth forums occur each year in conjunction with the statewide Youth Conference and regionally as needed.

The state Independent Living Coordinator assists in coordinating youth forums (upon request) at the state and regional level. Youth input was utilized in finalizing the YAP formal program rules, which became effective in January 2016, and in related policy and procedure guidance. The boards and the annual youth conference will also be accessed for assistance in designing strategies to improve youth response to the NYTD. Arizona has struggled with meeting required survey thresholds in part due to an inability to locate youth, as well as youth being unresponsive to survey requests. The 2016 Statewide Youth Conference will provide an opportunity to gain additional input into successful strategies to improve survey participation rates.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in agency oversight and improvement and may include honorariums, gift cards, transportation assistance, or other items.

### **Consultation with Tribes**

Benefits and services under the YAP and ETVP are available to Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refer youth age 16 and older who have been identified as likely to reach the age of majority while in out of home care, directly to the contract service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan, and the ETV. Youth age 18 and older who were formerly in out of home care under tribal jurisdiction may self-refer to the Department contract provider for services through the aftercare program, which is the same process used by any youth formerly in state foster programs. Department staff contact tribal foster care staff directly to verify eligibility for services for all applicants. Tribal youth apply for the state ETVP in the same manner as other applicants, through the online application at [www.statevoucher.org](http://www.statevoucher.org).

The Department remains available to negotiate with any tribe that requests to develop an agreement to administer or supervise the CFCIP or an ETV program. To date, no tribe has made such request. The

Department has hired a Tribal Liaison and ICWA Specialist, who will actively engage with tribes and facilitate meetings with the state YAP. The DCS PYS unit and AZCA participated in a full tribal consultation held in June of 2015 and facilitated by the DCS Director, in addition to a consultation with the Navajo Nation held that same month. Program information was presented followed by a brief question and answer session.

Over the last year, Arizona's contracted provider for young adult services and supports, Arizona's Children Association (AZCA) had contact with tribal communities for the purpose of developing relationships, explaining Independent Living Services, and coordinating service referrals for eligible youth. Efforts will continue over the next year to maintain, strengthen, and build relationships with Arizona's Tribal communities. The AYAP will continue to work with the DCS Tribal Liaison and the Inter Tribal Council of Arizona for assistance in engaging communities. AZCA reports staff attended the Arizona American Indian Behavioral Health Conference where AZCA was recognized as a *Healing Sponsor*. AZCA has provided the following information about accomplishments during SFY 2016 and plans for SFY 2017.

- In the northern region, one client who is a member of the Colorado River Indian Tribe was transitioned to the TILP after turning 18 years of age. Five youth, who are members of the Navajo tribe, and one youth who is a member of the Fort Mojave tribe were referred for AYAP programs.

AZCA participated in meetings with members of the Colorado River Indian Tribe and the Fort Mojave tribe. Attempts were made to engage the other local tribes; however, no tribal referrals have been received and no in person contact has been achieved. AZCA met with the Fort Apache tribe over a year ago and engaged in correspondence but did not receive tribal referrals this past year. Efforts will continue in SFY 2017 to engage these communities.

- In the Southeastern and Pima regions, two youth were referred through the Pascua Yaqui tribe, and both have entered TILP services. One youth in the southeastern portion of the state is also engaged in TILP services and is connected with the Navajo tribe.

During SFY 2016, AZCA has reached out to the Pascua Yaqui and the Navajo tribes in regard to the TILP and ILS programs. Staff participated in the Statewide Arizona American Indian Behavioral Health Forum IV gathering information for the teams on how to best provide services for youth, especially with regard to understanding their health care system. During SFY 2017, visits to the Pascua Yaqui and Tohono O'odham tribal communities are planned.

- In the Central and Southwestern regions, AZCA staff conduct monthly outreach with the Cocopah tribe, and continues to have a positive working relationship with the Ak-Chin, Gila River, and Salt River Tribes. AZCA staff hosted a resource table at the DCS Tribal consultation in June 2015. AZCA also conducted an AYAP service presentation for the Salt River tribe. Regional Leaders for the AZCA Independent Living Program will continue to build relationships with their area ICWA Coordinators in an effort to educate Tribal members and youth about opportunities available to them. Written materials will be disseminated to entities such as the Phoenix Indian Hospital, the Phoenix Indian Center, and each individual tribal community.

### Education and Training Voucher Program

*Establish, expand, or strengthen the state’s postsecondary educational assistance*

Arizona makes vouchers available to residents of Arizona who were in foster care in any state or federally recognized tribe at the age of 16 or older, including youth who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship.

The Department contracts with the Orphan Foundation of America (Foster Care to Success) to operate the state’s ETV Program. Current and former foster youth apply directly for the voucher by submitting an application online at [www.statevoucher.org](http://www.statevoucher.org). Designated Department staff provide verification of former foster care status for all initial applicants. Verification is obtained through the electronic case file, and for youth from other states and tribes via direct contact with other state and tribal child welfare staff. Contract staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, and room and board and fees are paid directly to the institution. Funding for living expenses is distributed monthly, directly to the student, based on the approved application and budget.

The Department contract further provides ongoing support to students through one-on-one contact with Foster Care to Success staff, care packages, and involvement in supplemental support services for struggling students. Department staff hold a teleconference with contract staff on a monthly basis, or as needed, to discuss progress, resolve issues/barriers to student success, and review and approve invoices to monitor the number and types of assistance provided to students. Efforts continue to increase the number of students accessing the ETV. The contract with Foster Care to Success was extended an additional year, through February 2017. During this time, a review of the related scope of work will occur and options considered that will produce an increase in the number of engaged students.

*Changes in how the ETV program is administered*

There has been no change in how the Arizona ETV program is administered. The Arizona ETV continues as a contracted service with the Orphan Foundation of America, Foster Care to Success.

*Unduplicated number of ETVs awarded each school year (July 1st to June 30th)*

|   | <b>Total ETVs Awarded</b> | <b>Number of New ETVs</b> |
|---|---------------------------|---------------------------|
| <b>Final Number: 2014-2015 School Year</b><br>(July 1, 2014 to June 30, 2015) | 341                       | 179                       |
| <b>2015-2016 School Year*</b><br>(July 1, 2015 to June 30, 2016)              | 339                       | 163                       |

\*Information for School year 2015-2016 is through March 2, 2016.

## Performance Measures

**YAP/ETVP Goal 1:** The percentage of youth age 18 and older in the Young Adult Program participating in the Independent Living Subsidy (ILS) Program will increase 5% or more annually.

- Baseline year of 2014: 595 of 849 or 70%
- SFY 2015: 782 of 932 or 84%

**YAP/ETVP Goal 2:** The number of former foster youth participating in the Transitional Independent Living Program services will increase 10% or more annually.

- Baseline year of 2014: 235 former foster youth and tribal (current and former) foster care youth were served through the TILP contract provider (AZCA only) in CY 2014.
- CY 2015: 227 youth served (3% decrease)

**YAP/ETVP Goal 3:** The percentage of participants in the Independent Living Program (ILP) and Transitional Independent Living Program (TILP) who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will increase 10% or more annually.

- Baseline year of 2014: ILP: 310 of 393 or 79%, TILP: 46 of 110 or 42%<sup>3</sup>
- CY 2015: ILP: 270 of 471 or 57%<sup>4</sup>, TILP: 23 of 89 or 26%

**YAP/ETVP Goal 4:** The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will increase 10% or more annually.

- Baseline year of 2014: ILP: 423 of 1,361 or 31%, TILP: 80 of 235 or 34%
- CY 2015: ILP: 585 of 1,462 or 40%, TILP: 103 or 227 or 45%

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<sup>3</sup> Correction made for calendar year 2014 data.

<sup>4</sup> In CY 2014, students age 19 and older who were still pursuing secondary education were categorized as post-secondary education students. This has been corrected for CY 2015 and forward.



# **SECTION XII**

## **Updates to Targeted Plans within the 2015 – 2019 CFSP**

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**Foster and Adoptive Parent Diligent Recruitment Plan** – There were no changes to the Arizona Foster and Adoptive Parent Diligent Recruitment Plan that was submitted with the FFY 2016 APSR.

**Health Care Oversight and Coordination Plan** – Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2017 Update*.

**Disaster Plan** - There were no disasters in SFY 2016. The Department’s Disaster Plan has been updated and is attached as an addendum to this report.

**Training Plan** - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2017 Update*.

# **Section XIII**

## **Statistical and Supporting Information**

**CAPTA Annual State Data Report Items**

*Information on Child Safety Specialist Workforce*

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect. All positions are classified and/or funded at the DCS Specialist III level. If an employee does not meet the qualifications for a DCS Specialist III, he/she may be under-filled into a DCS Specialist I or II until the minimum requirements for the classification are met.

The Agency 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](http://azstatejob.gov). Candidates apply online through the State's online job board website. A staffing analyst reviews the resume and qualifies the candidate as a DCS Specialist I, II, or III based on the established minimum qualifications. The staffing analyst then contacts all qualified candidates to provide information regarding the hiring process, including necessary documents. Pre-employment requirements include an online screening assessment that collects data to assist in identifying best fit candidates; an interview using the Hire for Fit assessment introduced in 2010; background checks including references, criminal history, DCS Central Registry, public records search; and other actions. Candidates must successfully meet all requirements before being offered a position.

*Education and Qualifications*

*DCS Specialist I* - master's or bachelor's degree from an accredited college or university; or five years as a CPS Case Aide II in Arizona state service. This is an underfill classification. When an employee meets the work standards and knowledge, skills, and ability (KSAs) of the DCS Specialist II level, management has the discretion to promote the employee to a DCS Specialist II.

*DCS Specialist II* – One year as a DCS Specialist I in Arizona state service; or master's or bachelor's degree from an accredited college or university and one year of DCS experience; or master's degree in social work (MSW)/bachelor's degree in social work (BSW) acquired through the DCS-ASU/NAU title IV-E program; or master's or bachelor's degree and one year of child welfare services provided by a government or private agency or child protective services provided by a government agency. This is an underfill classification. When an employee meets the work standards and KSAs of the DCS Specialist III level, management has the discretion to promote the employee to a DCS Specialist III.

*DCS Specialist III* – One year as a DCS Specialist II in Arizona state service; or master's or bachelor's degree and two years of DCS experience; or master's or bachelor's degree and two years of Child Welfare services provided by a government or private agency or child protective services provided by a government agency. When an employee meets the work standards and KSAs of the DCS Unit Supervisor, the employee may apply and be considered for promotion to a DCS Unit Supervisor position.

*DCS Specialist IV* – One year as a DCS Specialist III in Arizona state service; or master's or bachelor's degree from an accredited college or university and three years of DCS experience.

*DCS Unit Supervisor* – One year as a DCS Specialist IV/Program Specialist in Arizona state service; or master's or bachelor's degree from an accredited college or university and four years of DCS experience, or ASU/NAU title IV-E MSW/BSW degree graduate and three years DCS experience; or master's or bachelor's degree from an accredited college or university and one (1) year of DCS experience and three (3) years of professional supervisory experience.

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When an employee meets the work standards and KSAs of the DCS 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 DCS Units. The APM may also manage other support functions such as Team Decision Making (TDM) facilitators, Regional Automation Liaisons, Human Resources, Parent Locator Services, Contract Services, etc.

*Data on Education, Qualifications, and Training of Personnel*

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2015, and who entered this data into CHILDS.

| <b>Degree</b>       | <b>DCS Specialists</b> | <b>DCS Supervisors</b> | <b>Total Degrees</b> | <b>Percentage of Total</b> |
|---------------------|------------------------|------------------------|----------------------|----------------------------|
| MSW                 | 82                     | 33                     | 115                  | 9%                         |
| Masters/Related     | 45                     | 16                     | 61                   | 5%                         |
| Masters/Non-Related | 24                     | 9                      | 33                   | 3%                         |
| BSW                 | 129                    | 44                     | 173                  | 14%                        |
| BA/Related          | 611                    | 109                    | 720                  | 58%                        |
| BA/Non-Related      | 103                    | 32                     | 135                  | 11%                        |
| <b>TOTAL</b>        | <b>994</b>             | <b>243</b>             | <b>1237</b>          | <b>100%</b>                |

*Demographic Information of Personnel*

The following table provides the ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on May 12, 2016 (Source: Human Resources Information Solution {HRIS} maintained by ADOA).

| <b>ETHNICITY</b> | <b>DCS I</b> | <b>DCS II</b> | <b>DCS III</b> | <b>DCS IV</b> | <b>DCSUS</b> | <b>TOTALS</b> |
|------------------|--------------|---------------|----------------|---------------|--------------|---------------|
| Pacific          | 0            | 0             | 0              | 0             | 0            | <b>0</b>      |
| American Indian  | 7            | 4             | 7              | 1             | 5            | <b>24</b>     |
| Asian            | 8            | 5             | 9              | 2             | 3            | <b>27</b>     |
| African American | 66           | 26            | 58             | 8             | 25           | <b>183</b>    |
| Hispanic         | 118          | 76            | 109            | 31            | 46           | <b>380</b>    |
| Caucasian        | 195          | 123           | 214            | 57            | 121          | <b>710</b>    |
| Unspecified      | 27           | 57            | 87             | 11            | 21           | <b>203</b>    |
| <b>TOTAL</b>     | <b>421</b>   | <b>291</b>    | <b>484</b>     | <b>110</b>    | <b>221</b>   | <b>1527</b>   |
| <b>GENDER</b>    |              |               |                |               |              |               |
| Female           | 303          | 217           | 406            | 92            | 193          | <b>1211</b>   |
| Male             | 118          | 74            | 78             | 18            | 28           | <b>316</b>    |
| <b>TOTAL</b>     | <b>421</b>   | <b>291</b>    | <b>484</b>     | <b>110</b>    | <b>221</b>   | <b>1527</b>   |

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| <b>AGE</b>    | <b>DCS I</b> | <b>DCS II</b> | <b>DCS III</b> | <b>DCS IV</b> | <b>DCSUS</b> | <b>TOTALS</b> |
|---------------|--------------|---------------|----------------|---------------|--------------|---------------|
| Under 30 yrs. | 206          | 154           | 158            | 36            | 21           | <b>575</b>    |
| 30-39 yrs.    | 88           | 68            | 126            | 25            | 83           | <b>390</b>    |
| 40-49 yrs.    | 81           | 44            | 89             | 23            | 69           | <b>306</b>    |
| 50-59 yrs.    | 38           | 21            | 79             | 16            | 38           | <b>192</b>    |
| ≥60 yrs.      | 8            | 4             | 32             | 10            | 10           | <b>64</b>     |
| <b>TOTAL</b>  | <b>421</b>   | <b>291</b>    | <b>484</b>     | <b>110</b>    | <b>221</b>   | <b>1527</b>   |

| <b>TENURE<sup>5</sup></b> | <b>CPS I</b> | <b>CPS II</b> | <b>CPS III</b> | <b>CPS IV</b> | <b>CPSUS</b> | <b>TOTALS</b> |
|---------------------------|--------------|---------------|----------------|---------------|--------------|---------------|
| <5 yrs.                   | 421          | 291           | 429            | 109           | 183          | <b>1433</b>   |
| 5-10 yrs.                 | 0            | 0             | 31             | 1             | 23           | <b>55</b>     |
| 11-20 yrs.                | 0            | 0             | 19             | 0             | 14           | <b>33</b>     |
| 21-30 yrs.                | 0            | 0             | 3              | 0             | 1            | <b>4</b>      |
| >30 yrs.                  | 0            | 0             | 2              | 0             | 0            | <b>2</b>      |
| <b>TOTAL</b>              | <b>421</b>   | <b>291</b>    | <b>484</b>     | <b>110</b>    | <b>221</b>   | <b>1527</b>   |

**Juvenile Justice Transfers**

In some cases, it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Department of Child Safety are no longer necessary. During FFY 2015, five 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 2015 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 five of these children were in the care and custody of the Department for at least one day during FFY 2015 before transferring to the sole custody of the juvenile justice or correctional agency.

**Sources of Data on Child Maltreatment Deaths**

The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during the FFY (regardless of the date of the report or the date of the child’s death). For example, if the child’s death and the DCS Child Abuse Hotline report occurred in FFY 2014, but the substantiated finding was not entered into CHILDS until FFY 2015, the child would not be counted in the Child Safety Profile data or NCANDS in FFY 2014.

Arizona uses information from the Arizona Department of Health Services’ Office of Vital Records, child fatality review teams, law enforcement agencies, and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee, housed at the Department

<sup>5</sup> This is tenure in the classification not tenure in state service.

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of Health Services, reviews all child deaths in the state, including all 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 Child Fatality Review Program notifies the DCS Child Abuse Hotline of the team's assessment. The Hotline determines if the information meets the statutory definition of a report for DCS investigation. Through this process, DCS 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 because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death, and also considers child fatalities caused by an individual other than the child's parent, caregiver, or custodian. The data in NCANDS includes only those child fatality reports with a substantiated finding of child death or arrest of a parent for the death, which requires evidence of a *causal* relationship to meet the standard of proof, and that the death was caused by the child's parent, caregiver, or custodian. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Department would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

**Education and Training Vouchers**

See *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

**Inter-country Adoption Act of 2000 (ICCA)**

The ICCA seeks to ensure that inter-country adoptions are in the child's best interest and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist 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 comprehensive 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 2015 and was identified in CHILDS as having been previously adopted. This review identified four children who entered out-of-home care in FFY 2015 and were the subject of an inter-country adoption.

Two of the children's adoptions ended in dissolution. One child was adopted from Russia, is actively involved in behavioral health services, and has been referred for independent living services. The other child was adopted by a family in another state, from the People's Republic of China, and the adoption was dissolved in that state. The child was placed for a visit with a prospective adoptive family in Arizona by the adoption agency Illien Adoption Agency International. The child ran away from the family and Arizona took custody due to medical issues and lack of response from the adoption agency.

The other two children were adopted from the Philippines and from India (unknown orphanage). The children are in the custody of Arizona Department of Child Safety due to behavioral health problems that could not be resolved. These two children continue to be in the custody of Arizona and services for the children and families have not yet resulted in their return to the adoptive parents.

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**Monthly Caseworker Visit Data**

This data will be reported by December 15, 2016.