



**ARIZONA DEPARTMENT
OF CHILD SAFETY**

FIRST THINGS FIRST

February 1, 2017

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

Our state continues the critical work of investigating abuse or neglect, supporting families in improving conditions for young children, and working with communities to enhance their ability to support their most vulnerable children and families. Prevention and early intervention services are essential components in those efforts.

The respective missions of the Department of Child Safety (DCS) and First Things First (FTF) differ greatly. DCS investigates reports of child maltreatment, keeps children safe, and helps children achieve permanency. FTF expands and enhances the health, education and family support programs that help young children arrive at kindergarten prepared to succeed. Despite the differences in mission, the success of both agencies depends on a common element: strong families. To that end, DCS and FTF are partners in Arizona's prevention and early intervention system. Furthermore, prevention and early intervention is not the responsibility of one agency; rather, it is a systemic collaboration among the public, private, non-profit and faith-based organizations working with vulnerable young children and families.

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

- Information on the respective efforts of our agencies to support primary, secondary and tertiary prevention in Arizona communities;
- Examples of successful statewide and local collaborations; and,
- Information on the improved outcomes for Arizona's young children that have resulted from those efforts.

As partners in Arizona's prevention and early intervention efforts, DCS and FTF remain committed to building on these successes and continuing our work together to ensure greater safety, permanency and school success for Arizona's youngest children.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory McKay".

Gregory McKay
Director
Arizona Department of Child Safety

A handwritten signature in black ink, appearing to read "Sam Leyvas".

Sam Leyvas
Chief Executive Officer
First Things First

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PARTNERS IN PREVENTION AND EARLY INTERVENTION

BACKGROUND & INTRODUCTION

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

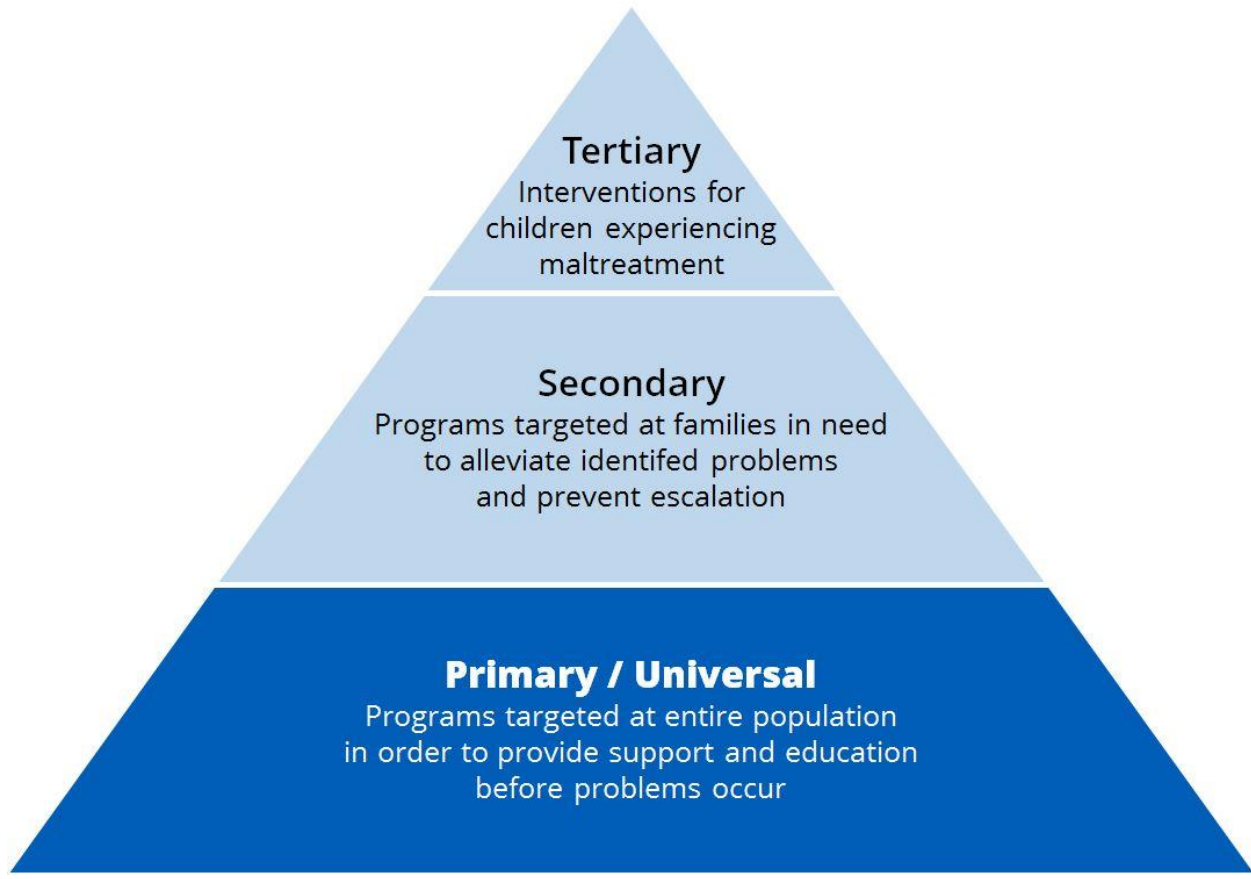
At the same time, a number of measures were passed aimed at providing greater clarity for policymakers around efforts to better serve the needs of children/families engaged in the child welfare system and how to prevent child abuse or neglect in our communities. In an effort to better understand some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

In order to better understand the contributions of each of these agencies and their collaborations, it is important to describe the continuum of services and supports necessary to prevent child maltreatment. The italicized information below is taken directly from the U.S. Department of Health and Human Services’ [Framework for the Prevention of Child Maltreatment](#).¹ Following this section are descriptions of each agency and its role/ efforts in Arizona’s prevention and early intervention system.

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

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

¹ U.S. Department of Health and Human Services’ Child Welfare Information Gateway. Downloaded from <https://www.childwelfare.gov/topics/preventing/overview/framework/>



Source: Australian Institute of Family Studies²

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

- Public service announcements that encourage positive parenting
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting
- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect

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

² Adapted from Bromfield, L., & Holzer, P. (2008). *A national approach for child protection: Project Report*. Melbourne: Australian Institute of Family Studies.

services for communities or neighborhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- *Parent education programs located in high schools, focusing on teen parents, or those within substance abuse treatment programs for mothers and families with young children*
- *Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting*
- *Home visiting programs that provide support and assistance to expecting and new mothers in their homes*
- *Respite care for families that have children with special needs*
- *Family resource centers that offer information and referral services to families living in low-income neighborhoods*

Tertiary prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These prevention programs may include services such as:

- *Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., 6 to 8 weeks)*
- *Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis*
- *Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes*
- *Mental health services for children and families affected by maltreatment to improve family communication and functioning*

DEPARTMENT OF CHILD SAFETY

The Department of Child Safety is required by law to investigate reports of child abuse or neglect and provide services to children and families that either: allow the child to remain safely in their own home; provide children with temporary homes while services are provided that allow the child to return home safely; or, locate permanent new families for children that the court has determined cannot be safely returned to their homes.

As part of its 5-year Strategic Plan, DCS has committed to expanding the Office of Prevention. The Office of Prevention's Strategic Initiative is the enhancement and expansion of preventive services that support the strengthening of families and the reduction in the number of children who enter foster care. In February 2016, the Office of Prevention was re-organized and a strategic plan for prevention was developed. This section describes those prevention services at the primary, secondary and tertiary levels.

Primary Prevention

Regional Child Abuse Prevention Councils

Child abuse is a community-based problem and the success of prevention efforts demands a community-based response. Child abuse prevention highlights programs and services that promote the general welfare of children and families, preventing the first occurrence of child abuse and neglect. The Regional Child Abuse Prevention Councils (RCAPC) are primarily voluntary groups of child advocates, social service professionals, school personnel, business representatives, and community members located in 16 different areas of the state of Arizona. The Councils organize public engagement campaigns to heighten public awareness of child abuse and neglect, and most of all, what the community can do to assist in prevention. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children.

DCS provides state-wide leadership in promoting evidence-informed and evidence-based practices. To that end, several RCAPC members were trained in the Strengthening Families™ program by the Center for the Study of Social Policy (CSSP). Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

ACE Consortium

DCS and First Things First are partners in the Adverse Childhood Experiences (ACE) Consortium, a grassroots initiative based at Phoenix Children’s Hospital that engages more than 250 people representing organizations and networks reaching across sectors and geographies to advance health equity and strong and productive individuals. Arizona continued to make great strides to prevent/reduce adverse childhood experiences and promote resiliency. The mission is to increase awareness of ACEs in Arizona and promote ideas, policies, and practices that minimize childhood adversity and build resilience in individuals, families and communities. Some of the activities and highlights of the ACE consortium during this reporting period include:

At the 2016 National Community-Based Child Abuse Prevention Conference, the FRIENDS National Resource Centers “Community-Based Child Abuse Prevention: Exemplary Practices” report recognized the work of the ACE Consortium and its close partnership with the Child Abuse Prevention councils. The article noted how the councils disseminate information generated by the Consortium and provide trainings. See page 10 & 11 for the article on Arizona’s efforts at this link <http://friendsnrc.org/component/jdownloads/summary/70-2014-cbcap-exemplary-practices/229-cbcap-exemplary-practices> where you can download the report.

The ACE Consortium Ambassadors facilitated many ACE Presentations in 2016. More than 100 presentations have been reported with an estimated attendance of over 3,000. At the request of DCS, education about the Protective Factors was added to the presentations. Since 2010, thousands of social service professionals have participated in community presentations on the impact of childhood adversity and have learned how to mitigate the effects of ACEs by building the Protective Factors.

The ACE Consortium continued to promote Paper Tigers and Resilience Documentary Films. Screenings were held at local conferences, school districts, etc. Paper Tigers follows a year in the life of an alternative high school in Walla Walla, WA, that has radically changed its approach to disciplining its students. During the process, the approach has become a promising model for how to break the cycles of poverty, violence and disease that affect families. Resilience is a documentary that looks at the birth of the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study and how it spawned a movement across the world. The documentary featured trailblazers in pediatrics, education, and social welfare who are using cutting-edge science and field-tested therapies. It further featured approaches to protect children from the damaging effects of toxic stress, and the dark legacy of a childhood that no one would choose. It showed that, although the broader impacts of poverty worsen the risk of ACEs, no segment of society is immune.

The ACES consortium advocates for a variety of approaches to reducing adverse childhood experiences, including a comprehensive system of supports to at-risk families. Many of those strategies are among the early childhood programs funded by First Things First that promote resiliency and help families get the information and support they need to support their child's health and learning (see pages 13-15 for additional information).

Secondary Prevention

The Department of Child Safety offers **Secondary** preventive services to families in which children are deemed safe but risk factors are apparent. The intent is to safely reduce the number of instances in which children must be removed from their homes, which promotes family continuity, better overall outcomes for vulnerable children, and cost savings to the State as the need for out-of-home support services and placements is mitigated. Secondary preventive services can be rendered when DCS partners with non-profits and community-integrated organizations, connecting families in need with relevant services and educational opportunities or when DCS offers services to families when a case is opened but the children can safely remain with their families.

Home Visitation

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

topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families.

Families throughout Arizona have access to home visitation programs to support their child's development, address and meet their needs and provide a nurturing and stimulating home environment. FTF and DCS are among the state agency partners funding home visitation in Arizona. To leverage funding and coordinate the delivery of home visitation the Strong Families Alliance- a consortium of agencies statewide whose work with families includes the funding and implementation of home visitation –was developed. The Alliance works to strengthen the home visiting system in Arizona and promote collaboration and the sharing of resources and best practices. The Strong Families Alliance includes an Inter-agency Leadership Team that includes FTF, DCS, the Department of Health Services, the Arizona Department of Education, the Department of Economic Security – Arizona Early Intervention Program and the Arizona Health Care Cost Containment System. Areas of focus include increased collaboration across the agencies such as working together on a model of coordinated outreach and referral in communities across Arizona; implementation of a comprehensive plan for professional development for home visitors; review of data on home visiting benchmarks; addressing barriers and challenges identified by home visitation programs; and, addressing performance issues and ensuring fidelity to the evidenced based models using a CQI approach. The leadership team is committed to ongoing collaboration to identify any additional opportunities that may exist for the expansion of these programs to serve more at-risk children and their families throughout Arizona.

DCS is the administrative home of the Healthy Families Arizona (HFAz) evidenced based, home visitation program. The HFAz program is a primary and secondary prevention program, which targets children and families at risk for abuse or neglect. HFAz program is a home-based, voluntary program serving families at risk during pregnancy and after the birth of the baby. Program services are designed to strengthen families during the first five years of a child's life when most early brain development occurs. The HFAz program is integral to helping families gain the skills they need to remove barriers that currently prevent them from being self-sufficient. The national and Arizona model of the Healthy Families program is a multi-disciplinary program created to reduce stress, enhance family functioning, promote child development, and minimize the incidence of abuse and neglect. Its core services include education and support services related to parenting skills, early developmental screening of children, home visits and outreach services, community referral services, nutritional education, life management skills, and follow-up services. In addition, the program provides community referral services that include linkages to child care, Head Start, job readiness, education and literacy services, counseling and mental health services, health and prenatal care, services to support families of children with disabilities, and substance abuse treatment.

From July 1, 2015 through June 30, 2016, a total of 4,165 families were reached by HFAz program sites that were funded fully or partly by DCS, FTF, and Department of Health (DHS) through the Maternal Infant Early Childhood Home Visitation (MIECHV) federal grant. This represented all families in the program regardless of how long they have been in the program. There were 3,105 families that had a

minimum of 4 home visits during the evaluation period of July 1, 2015 through June 30, 2016. Of the 3,105 families served, 1,211 enrolled during this timeframe. For the newly enrolled families there was a retention rate of 72.5% which is an increase from 68.6% in 2015.

The median number of days families were involved in the program was 285 days as compared to 281 in 2015. The average length of time in the program was 358 days, whereas in 2015 it was 345 days. There were 45% of families during this timeframe that were in the program one year or longer as compared to 37% in 2015. The most common reason a family's case was closed was due to families not responding to outreach efforts, followed closely by families refusing services. For prenatal families, the family moving away was the most frequent reason, followed closely by refusing further services.

In-Home Services

A very important function of DCS is to identify services that assist in supporting and improving the family unit with the goal of maintaining children safely in the home. Services include, but are not limited to: crisis intervention; individual, family, and marital counseling; conflict resolution and anger management; problem solving and stress management; home management and nutrition education; job readiness training; case planning; linkages with community resources; and facilitation of family meetings. The in-home service program also assists families to access services such as substance abuse treatment, housing, and child care. Services may be provided within the home of a birth parent, guardian, adoptive parent, or kinship caregiver. Services are referral driven and are for children and their families as part of a case plan that are a result of a child abuse or neglect report, or for children and families who have a potential risk of abuse or neglect. The intensity of services is based on the risks, needs, concerns and stressors of the child and family.

Building Resilient Families Program

In October of 2015, Building Resilient Families (BRF) was implemented in Maricopa County. BRF is a program for low risk families whose DCS cases have been closed upon completion of the DCS safety assessment. The program connects these families with community resources and provides parenting skills, accessing community resources, assistance with concrete supports and information and referrals. BRF utilizes pre and post Protective Factors Survey's and Family Data Collection process to track outcomes of families served by this program. In Federal Fiscal Year 2016, 1,419 families were referred to the BRF Program.

CarePortal

The CarePortal is being established in Maricopa and Pima counties. The CarePortal utilizes churches to help meet the needs of families to prevent removal. In this model, a child welfare worker identifies a need such as a crib, clothing or car repair. The child welfare worker then accesses the CarePortal online and submits the request for help. Using GEO Radius Technology, CarePortal quickly sends an email to those churches who have voluntarily signed up with CarePortal to help children and families in their community. The church's point of contact connects with their congregation to see if someone can meet the need. DCS rolled out the CarePortal in Pima County in December 2015 and expanded the CarePortal

to Maricopa County in September 2016. Since the program started in December 2015 the churches in the community have assisted approximately 650 children in 280 families with providing \$93,000 in goods and services in the family home. The CarePortal is technology that allows “real time” information to be passed from DCS to the local faith based community thus, connecting families to churches in their local community to assist with the provision of concrete resources.

Tertiary Prevention

In the course of its work, DCS interacts with families whose challenges do rise to the level of continued formal involvement with the child welfare system. This can include poverty, substance abuse, mental health challenges, inadequate housing and homelessness, domestic violence, or a combination of these factors that may place children at risk for future abuse or neglect. These issues must be addressed in order to ensure that children remain safe and to prevent further involvement with the child welfare system. These are considered **Tertiary Prevention** services because they focus on preventing the recurrence of maltreatment. Among the newer Tertiary Prevention services that DCS partners with or operates are:

IV-E Waiver Demonstration Project

As part of its 5-Year Strategic Plan, DCS continues to address reduction in the length of stay for children in out of home care through the IV-E Waiver Demonstration Project. Arizona's Title IV-E waiver demonstration project 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. The identified intervention, Fostering Sustainable Connections, is a process to improve engagement with children in the congregate care setting and their families through: family/fictive kin search and engagement activities using the Family Finding model; expanding the Team Decision Making process to support the action plans created in partnership with the family/fictive kin; and, enhancing the availability of in-home reunification, placement stabilization or other needed services. It is hypothesized that through the waiver intervention, the following outcomes will be achieved:

Short Term Outcomes

- 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

Long Term Outcomes

- Increased percentage of children in congregate care settings who are placed in family settings
- Decreased length of stay in congregate care
- Decreased length of stay in out-of-home care
- Increased reunification and legal permanency
- Improved stability with life-long supports and connections

Initial implementation began in July 1, 2016 in two (2) offices in Maricopa County. In October 2016, DCS began initial implementation in Pima County. The next offices in Maricopa County are in the process of being identified to begin readiness activities for initial implementation with a target date of February/March 2017.

Substance Exposed Newborn Safe Environment (SENSE) Program

The SENSE Program began in Maricopa County ten years ago and began statewide roll out in November 2015. This program is designed to keep Substance Exposed Newborns (SENs) in their home safely with their parents. Components of the SENSE program include collaboration between Healthy Families Arizona, Intensive In-Home Services, substance abuse treatment, drug testing, DCS case management, and a home visiting nurse. The SENSE program is the only program at DCS that incorporates a nurse home visitor as part of the service team. This component is vital to the program and aids in addressing developmental delays, social and emotional development, health and safety concerns, and ensures appropriate interventions outside of the SENSE program occur such as referrals to Arizona Early Intervention Program (AzEIP), medical or developmental specialists.

Families that complete the SENSE program participate in a Protective Factors Survey at the beginning and end of the program, the Ages and Stages Questionnaire (an evidenced based developmental screening tool), post-partum screenings, random drug testing and SIDS prevention/safe sleep curriculum. Families that complete services report that, although the number of visits was overwhelming at first, the team was an integral part of the success. SENSE is a family centered, strengths based approach to serving families, while holding them accountable for healthy choices and behavioral changes.

In December 2015, the Department implemented the SENSE program in Mohave County as well as maintaining SENSE programs in two other counties. DCS is in the process of implementing SENSE in three other counties. Roll out is based on the number of substance exposed newborns (SENs) in a particular part of the state, with priority given to areas with higher numbers of substance exposed newborns. In addition, DCS is collaborating with community based medically assisted treatment facilities that provide mothers of SENs exposed to opiates, a treatment for opiate addiction in order to improve the outcomes of children while in the care of the their parents.

There has been a national epidemic of opiate abuse and as a result an increase of substance exposed newborns (SENs) experiencing Neo-Natal Abstinence Syndrome (NAS) due to the mother having an opiate addiction during pregnancy. To address this increase, DCS has enhanced collaboration with SEN and Medication Assisted Treatment (MAT) providers to deliver best practice services to those working with this population. This collaboration is one of the focuses for the Statewide Child Abuse Prevention Conference workshops and best practice guidelines issued in July 2016. Collaborations between the Department of Health Services (DHS), DCS and MAT providers have occurred to best support substance exposed newborns and their families. The Department is also part of the SEN Statewide Task Force, which focuses on building awareness and capacity of programs to work with these families. The task force will also focus on assisting OB/GYN, hospitals and neonatologists with identifying the SEN families while making recommendations to screening, assessment and treatment of these families.

Safe Sleep Campaign

Another initiative underway at DCS is the Safe Sleep Campaign. It focuses on training DCS Specialists to discuss safe sleep practices with families. Baby boxes are provided to families needing a safe sleep environment. A safe sleep educational curriculum was developed so families who participate in the safe sleep training can receive a baby box. Once the parent completes the safe sleep training and signs a safe sleep commitment form, the family will receive the baby box to use for a safe sleep environment.

On-going Tertiary Prevention services administered by DCS include:

- ***Parent Aide Services*** – Through a range of support services, the purpose of a parent aide is to enhance the parenting skills and abilities of the parents/caregivers of children involved with DCS. The provision of services is aimed to address the identified safety threats, risks, and behavioral changes specified by DCS staff. The program provides a range of support services, instruction and assistance to parents to improve their skills and ability to fulfill parenting roles and responsibilities. Supervised visitation between children in out of home placements, siblings, and parents/caregivers may be requested to promote a continued relationship. Services are referral driven and are for children and their families who have an open DCS case due to a report of child abuse or neglect.
- ***In-Home Services*** – Described earlier in this section.
- ***Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)*** – The Arizona Families F.I.R.S.T. program helps parents address substance abuse issues that are affecting their ability to care appropriately for their children or to get and keep a job. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of safety and permanency for children, family reunification and self-sufficiency. The goal of the program is to reduce or eliminate abuse of and dependence on alcohol and other drugs and to address other adverse conditions related to substance abuse. This is accomplished through the provision of family-centered substance abuse and support services, using modalities that include educational, outpatient, intensive outpatient, residential treatment and recovery levels of services. Services are referral driven and are for children and their families as part of a case plan that is a result of a child

abuse or neglect report and for families involved with the DES Jobs program. Arizona Families F.I.R.S.T. services are available statewide. In FY15, 10,330 unique individuals were served statewide.

- ***Comprehensive Medical and Dental Program (CMDP)*** – CMDP is an integral component of DCS. The mission of CMDP is to promote the well-being of Arizona’s children in foster care by ensuring, in partnership with the foster care community, the provision of appropriate and quality health care services. Children involved with the foster care system have a high level of social needs and are more likely to have physical and behavioral health problems. It is well recognized that children in foster care experience trauma due to 1) maltreatment and/or neglect; 2) the actual removal process itself; and 3) being separated from their families, from their schools, from their friends, and from their community. Approximately half of the children who enter foster care are enrolled in another Medicaid plan prior to entry into foster care. CMDP strives to ensure a continuity of care provided to children upon entering foster care, while they are in out-of-home care and to help caregivers providing permanency to children exiting foster care. After exiting the foster care system, Arizona policy ensures that children are Medicaid enrolled for at least 60 days to ensure families have an appropriate timeframe to apply for Medicaid.
- ***Young Adult Program (YAP)*** – YAP within DCS ensures that services are available to youth in foster care who have been identified as "likely" to reach the age of 18 while in foster care, and to former foster youth living in Arizona, who are under 21 years of age and were in a state or tribal foster care system at age 16 or older, or were adopted from a state foster care system at age 16 or older. Services are designed to assist youth in foster care develop the skills and competencies necessary for a successful transition to adulthood. These services include, but are not limited to: Life Skills Training, Educational Support and Assistance, Education and Training Voucher Program, Employment Support/Assistance, Counseling, Independent Living Subsidy, Counseling and Health Care.

FIRST THINGS FIRST

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

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

- ***Developmental and Sensory Screening*** – Early identification of developmental issues or delays and linking parents to available resources to help is crucial. This can prevent the delay from impacting later school performance and/or reduce the impact on school performance. The intent of the evidence-based Developmental and Sensory Screening strategy is to support regular and appropriate screening of all young children. The expected result is early identification of a developmental, hearing or vision concern, and referral for further evaluation if necessary. In FY16 FTF-sponsored programs completed 27,376 screenings to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, FTF in partnership with the Department of Economic Security trained over 40 individuals to serve as Arizona approved trainers for the ASQ. This training addressed a significant gap in the system in that Arizona had no qualified trainers and the need for community based organizations and pediatric and family practices to have access to training to not only conduct developmental screenings but conduct a quality developmental screen.
- ***Community-Based Parenting Education*** – Available in a variety of settings, these educational sessions address crucial topics such as brain development, dealing with challenging behaviors and early literacy. The intent of the evidence-based Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children. In FY16, 3,711 parents and caregivers of children 5 and younger completed the series of voluntary classes.
- ***Birth to 5 Helpline*** – Toll-free and statewide, this Helpline is staffed by nurses and early childhood development experts. Answers to caregivers’ toughest parenting questions are just a phone call away. Available to any caregiver with a child 5 or younger, including parents, grandparents and child care providers, the Helpline is administered by Southwest Human Development with support from FTF. By calling the Helpline, caregivers can access support as needed from a wide range of early childhood development staff experts, including psychologists, master’s level counselors, registered nurses, disabilities specialists, early literacy specialists and occupational, speech/language and physical therapists. In addition to providing caregivers with counseling and resource/referral information, caregivers can receive individualized child development information as applicable. In FY16, the Helpline answered 2,871 calls from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.

- **Parent Kits** – Comprehensive informational kit offered to the parents of every newborn so they know how to support their baby’s safety, health and brain development. In FY16, 72,058 parent kits were distributed. In addition, FTF partnered with the Department of Health Services to provide crib cards to the labor and delivery nurses at hospitals that reinforce the importance of safe sleep environments, as part of a multi-agency collaboration to improve safe sleep practices statewide.
- **Building Awareness of the Impact of Abuse or Neglect on Young Children** – For the third year in a row, FTF was a primary sponsor of the statewide Child Abuse Prevention Conference. Hundreds of child welfare and abuse prevention professionals attended the conference, which offered national expert keynotes and two full days of workshops on topics aimed at preventing child maltreatment and improving Arizona’s child protection system at the local and statewide levels. Sessions offered to child welfare professionals and community organizations working with children and families included, but were not limited to: strengthening protective factors, coordinated community responses to bullying and child abuse, sexual abuse prevention, maternal mental health, adverse childhood experiences, substance exposed newborns, and trauma-informed approaches. DCS and FTF provided opportunities for staff to learn from and network with Arizona and national child welfare experts. The focus of the Conference is prevention, protection, permanency and well-being.

First Things First invests in a variety of strategies that also promote primary prevention, but are especially crucial to families who may be facing a variety of challenges that place them at greater risk for child neglect. Those include:

- **Home Visitation** – First Things First is the leading funder of home visitation in Arizona (see page 7 for additional information on inter-agency collaborations). Through a variety of evidence-based models (such as Healthy Families, Nurse-Family Partnership and Parents as Teachers), home visitation supports pregnant women and families and helps parents of children from birth to age 5 tap the resources and develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to continue learning. These family support and coaching programs empower parents and caregivers with better knowledge, better health, and better opportunities for their children. Trained educators work with participating families in the comfort of their own home, in areas such as parenting, child development, dealing with challenging behaviors, school readiness and health topics, while assisting with connections to other resources or programs as needed, on a voluntary basis. First-time parents, parents of children with special needs, single parents or families with multiple births and families without any support are among those who benefit most from these programs. In FY16, 6,121 families enjoyed healthier, more supportive parent/child relationships through FTF-sponsored home visitation.

Child Care Scholarships – Quality First, First Things First’s child care and preschool quality improvement and rating system, includes a limited number of scholarships that help young

children in low-income working families access early learning programs. The scholarships (available to families at or below 200 percent of the Federal Poverty Level) may only be used at state licensed or certified child care or preschool programs that have shown a commitment to quality improvement or achieved quality standards. In FY16, child care scholarships helped 9,250 infants, toddlers and preschoolers access safe, reliable child care in learning environments committed to quality.

- ***Support for Parents of Children with Special Needs*** – The intent of the evidence-informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child’s development will progress as a result of the supportive interactions. The target population for this strategy is children with mild to moderate developmental concerns, and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for ages birth to 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs, respectively. In FY16, 385 families received this crucial support.
- ***Family Resource Centers*** – Located throughout Maricopa and Santa Cruz counties, this network of 37 centers offer families a one-stop shop to find the information to make the best choices for their families. The intent of the Family Resource Centers strategy is to serve as a community hub for connecting families with children birth to age 5 to the information, resources and services they need to support their child’s optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and, support for their child’s school readiness. The centers are implemented through public-private partnerships between FTF, cities, schools, faith communities and other organizations. Family Resource Centers offer a variety of services for families so they can access information and education. In FY16, 34,812 parents and caregivers attended parenting workshops or groups at family resource centers. In addition, more than 232,000 accessed early childhood information, resources or referrals through the centers.

SYSTEMIC COLLABORATIONS

While the Department of Child Safety and First Things First each do their part to support young children and their families, there is some commonality among the factors that place a child at risk for abuse or neglect and those that place a child at risk for school failure. Because of this, the work of both organizations often intersects, and both are committed to on-going cooperation and collaboration in order to improve outcomes for young children.

This section highlights three efforts that are both improving safety or permanency for young children and enhancing their school readiness as well.

SUPPORTING THE DEVELOPMENTAL NEEDS OF MALTREATED INFANTS AND TODDLERS

When young children experience abuse or neglect such as, family violence, poor nutrition, housing instability and infrequent health care, their ability to learn and succeed can be compromised. According to Harvard University's Center on the Developing Child, research demonstrates that chronic stress, often induced by abuse and neglect, can have adverse effects on neurobiology, some of which hinder cognitive development as well as setting the autonomic nervous system on high alert causing poor responses to normal environmental cues.

Studies have shown that stable, responsive environments for children can help ameliorate the consequences of abuse and neglect, and improve learning, behavior and health outcomes later on in life. Infants are the largest group of children to enter, remain and re-enter the child welfare system. While child abuse and neglect in infancy and toddler-hood can negatively impact development, research suggests that the early years present an unparalleled window of opportunity to intervene. Effective and developmentally appropriate interventions and services can improve outcomes for children.

Juvenile and Family Court judges are faced with making difficult decisions, especially those regarding maltreated infants and toddlers, that may have long-term implications for children's emotional, developmental and physical health.

From 2010 through 2014, there was a 55% increase in the number of children birth to 3 years old entering foster care Arizona, primarily due to neglect. The age distribution of infants and toddlers in out of home care has remained fairly consistent over the years, with about half of the children entering foster care being less than 1 year old.

First Things First's Court Team strategy is intended to improve outcomes for infants, toddlers and their families in the child welfare system. Through increased knowledge about appropriate developmental practices, training, shared planning, systems improvement, and regular consultation with child and family agencies, local communities can better support infants, toddlers and their families in the Juvenile Court system.

Court Teams focus on improving communication and collaboration amongst the courts, child welfare, and other child serving organizations to allow them to more easily share information, expedite services and provide developmentally appropriate solutions for infants and toddlers. Court Teams are led by a judge who specializes in child welfare cases and is uniquely positioned to bring stakeholders – including families, child welfare officials and community providers – together to focus on protecting children from further harm.

Court Team goals are achieved by developing Community-Court teams to:

- Raise awareness of the developmental needs of maltreated infants and toddlers;
- Ensure that case plans support the developmental needs of the youngest children;
- Promote a permanency plan that results in stable placements for the youngest children with foster families, relatives, or other caretakers; and,
- Ensure that there is a continuing focus on child well-being when young children are returned to parents, relatives or other caretakers.

Research on the outcomes for young children under the jurisdiction of juvenile courts that utilize Court Teams has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in access to health care and early intervention services;
- Decrease in the number of foster home moves for infants and toddlers;
- An increase in parent-child visits; and,
- An increase in relative/kinship placements

There are Court Teams operating at various levels in all 15 Arizona counties. Much of the success of Court Teams depends on having the resources necessary to promote ongoing collaboration and learning. Currently, FTF supports Court Teams in the La Paz/Mohave, Yavapai, and Phoenix North and South regions. In addition, FTF supports community collaborations that support Court Teams in the Colorado River Indian Tribes and Gila River Indian Community regions of First Things First. In FY16, the collaboration between FTF and these specific Court Teams impacted 15,958 infants and toddlers involved in the child welfare system. In addition, trainings provided by Court Teams supported 1,561 professionals including early childhood/early intervention system partners as well as Court Appointed Special Advocates and Baby Court Appointed Special Advocates. In SFY17, FTF is expanding its support to the Court Teams in Yuma and Navajo/Apache regions.

Research, funded by FTF, recently completed by Arizona State University's Center for Child Well-Being demonstrates that the FTF-supported Court Team model implemented in Maricopa County, also known as Cradle to Crayons (C2C), has had a positive impact on infants and toddlers in the child welfare system. The research focused specifically on the Court Teams operated by the Maricopa County Juvenile Court in collaboration with and partially funded by the First Things First Phoenix North and Phoenix South Regional Partnership Councils.

Quantitative data from the Department of Child Services automated information system was used to describe the 8,398 infants and toddlers who were removed from their parents and caretakers from January 2010 through December 2014. The data was used to examine outcomes on time to permanency, safety, and stability in relation to a comparison group of children who entered out of home care 18 months prior to C2C implementation. Findings on time to permanency, re-reports, and reentries suggest an increasing positive program impact in each outcome area over time. It is important to note that C2C program implementation has continuously changed since its launch in 2011, so it is difficult to determine if outcomes are due to the implementation of specific model components. Particularly notable are the following findings:

- Despite a 55% increase in the number of infants and toddlers entering out of home care, there was a significant decrease in time to permanency associated with C2C, specifically a median reduction of 48 days from 2010 to 2013 for children who were removed for more than 8 days before permanency placement.
- For rapid remove and return children, who were removed and achieved permanency in 8 or fewer days, 12-month post permanency re-reports and reentry rates show a consistent pattern of improvement associated with C2C implementation and are substantially lower than in the period prior to C2C. The 2012 group of children who were removed and achieved permanency in 8 or fewer days had lower re-report (7.5%) and reentry (29.7%) rates than the 2010 pre-C2C group (13.3% and 35.7%, respectively).

These positive findings point to improved lifetime outcomes for the most vulnerable and at risk children in the child welfare system, and to substantial immediate and long-term cost savings.

EXPANDING HIGH-QUALITY EARLY LEARNING FOR ARIZONA’S MOST VULNERABLE CHILDREN

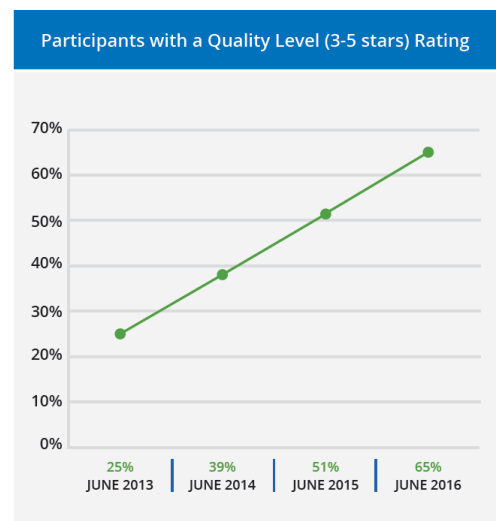
Science tells us that 90 percent of a child’s brain growth occurs before they reach kindergarten. So, the quality of early experiences can have a profound effect during the first five years of life. Young children with high-quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates, and higher scores on school-readiness assessments. Longitudinal studies have demonstrated that the opposite is also true: children with adverse experiences in the crucial early years – including abuse or neglect – are more likely to have negative long-term health and learning outcomes.

In Arizona, 60% of children live in families where all of the adults work. That means they spend much of their day with caregivers other than their parents. In addition, as of September 30, 2016, there were 7,482 children birth to 5 years old who were in out of home care with DCS, representing 42% of all children in out of home care.

Access to quality early care and education programs can result in social, developmental and health benefits to young children that help to prepare them for later success in school and in life. Where families choose out-of-home settings – including biological and foster families involved with DCS – stable and high quality early care and learning experiences help young children develop strong attachments to caregivers and teachers, in addition to their parents. These attachments set the stage for future relationships throughout a child’s life.

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

Quality First, Arizona’s quality improvement system, was established to improve the quality of child care and preschool settings. The latest data indicate that Quality First has significantly improved the quality of early learning options available to Arizona’s families (See Figure 1). In fiscal year 2013, 25% of 857 participating providers met quality standards. Over the past three years, both enrollment and quality improvement have improved. In fiscal year 2016, 65% percent of 918 participating providers met or exceeded quality standards. When combined with providers who continue to work diligently on enhancing the quality of their child care and preschool programs, Quality First has ensured that more than 51,069 children throughout the state have access to a higher standard of early education.



In addition to improving the quality of early care and education for thousands of Arizona's young children, FTF's child care quality improvement investments also ensure that the state's child care voucher program is able to make full use of available federal child care funds. As described further below, these funds help many children involved with DCS access early learning programs that support their learning and social-emotional development.

The State of Arizona currently receives more than \$118 million per year in federal Child Care and Development Fund (CCDF) grant funds. Since the grant's inception, the Department of Economic Security (DES) has been designated by the governor as the lead agency for the CCDF. DES is also responsible for the operation of the State's subsidized child care program, for which CCDF dollars provide the bulk of the funding.

CCDF funds are used in a number of ways, including ensuring that low-income working families have access to safe, reliable child care (which may reduce instances of abuse or neglect because children are not left to be cared for in unsafe environments), and to provide child care for families providing temporary placement to children in the child welfare system (such as foster families and relatives). The CCDF grant requires that the State provide both Maintenance of Effort (MOE) and matching funds. Specifically, Arizona cannot claim a \$37 million portion of the total CCDF grant unless the State expends \$30 million in non-federal dollars on child care-related activities. Historically the State met the MOE and matching requirement with State General Fund dollars appropriated by the Legislature to DES for additional child care vouchers. Non-CCDF appropriations, including General Fund and other appropriated fund sources, reached a high point of \$69.1 million in fiscal year 2008. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature has drastically reduced non-CCDF appropriations since that year. In fiscal year 2012, all General Fund appropriations to child care vouchers were eliminated, although some were briefly restored in FY15. The Legislature's elimination of General Fund appropriations to child care vouchers in 2012 MOE and matching requirements, thus threatening the loss of tens of millions of dollars for child care vouchers annually.

In order to continue to access Arizona's full allotment of CCDF dollars, FTF collaborated with the Governor's Office and DES in establishing a Memorandum of Understanding (MOU) to leverage FTF investments as the MOE and State match. These expenditures have included the various components of quality improvement efforts – including assessing programs, coaching providers on quality improvement and professional development for early educator to expand their skills working with young children – as well as Quality First Scholarships.

Over the six years this MOU has been in place (see Figure 2), Arizona has been able to leverage almost \$228 million in federal child care funds that otherwise would have been lost. The growing importance of this FTF-DES collaboration on the child welfare system's outcomes is clear. During the past few years, Arizona has seen explosive growth in the number of children in out-of-home care due to abuse or neglect. Between the end of federal fiscal year (FFY) 2010 and the middle of FFY15, the total number of children in out-of-home care grew by 67% percent. As a result, the percentage of children birth to 5 years old served by the child care subsidy program who are involved with the child welfare system

continues to rise. According to the Department of Economic Security’s Child Care Administration, in FY11, 28% of young children served by the program were involved with the child welfare system; by the end of FY16, that number was 45%.

By ensuring that Arizona is able to draw down all available CCDF funds and by working to improve the quality of care in licensed and certified child care and preschool settings, FTF is helping to promote quality early learning for thousands of Arizona’s youngest children, including those in out-of-home care whose foster families use DES child care vouchers.

Federal Fiscal Year	FTF Match Provided	Federal Child Care Subsidy Dollars Drawn Down as Result of FTF-DES MOU
2011	\$10 M	\$40.5 M
2012	\$30 M	\$37.9 M
2013	\$30 M	\$37.2 M
2014	\$30 M	\$37.4 M
2015	\$34 M	\$37.8 M
2016	\$30 M	*\$37.1 M
TOTAL	\$164 M	\$227.9 M

**Estimated*

DCS is working with DES and other partners to develop a “Fast Pass” for families in need of assistance. The Fast Pass would engage other state agencies in developing procedures to expedite the eligibility process for families to receive other state services such as Temporary Cash Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP). Additionally, DCS has developed the Urgent Child Care Fast Pass to assist families with accessing child care after normal business hours including nights, weekends and holidays. This is to prevent children from being removed while ensuring safety, and decrease possible out-of-home placement disruptions due to immediate child care needs.

First Things First also will continue to work with DES and DCS to prioritize access to high quality early learning for the most vulnerable children. In partnership with DES, FTF will leverage federal quality improvement funds through CCDBG to prioritize quality improvement efforts in early learning environments serving abused or neglected children and ensure that child welfare staff have the information they need to help the families they work with choose high quality care that meets their needs.

HELPING TEACHERS MEET THE SOCIAL-EMOTIONAL NEEDS OF THE YOUNGEST LEARNERS

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

Given the high rate of expulsion in preschool and child care programs, First Things First has prioritized an evidence-informed Early Childhood Mental Health Consultation (ECMHC) strategy to promote positive transition practices and reduce expulsion rates for children in Arizona.

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

Mental Health Consultants (MHCs) are mental health professionals with expertise in children’s social and emotional development who collaborate with early care and education providers. With early care and education providers, MHCs conduct activities that promote early childhood socio-emotional competence and development as well as problem-solve specific child and family issues. ECMHC has primarily been implemented in licensed child care centers or homes; however, ECMHC services can also be provided to professionals providing Home Visitation services or those involved in Family, Friend and Neighbor (FFN) programs. Whether these expanded services are provided depends on strategy decisions made by a First Things First (FTF) regional partnership council.

The evidence demonstrating that ECMHC is effective at promoting positive social and emotional outcomes and reducing negative outcomes, has led many states to incorporate the practice in efforts to improve the quality of early learning settings, like child care and preschool. First Things First has incorporated ECMHC into Arizona’s quality improvement and rating system, Quality First. The program – referred to as Smart Support – is administered through a partnership with a community-based organization. More than 238 providers in 11 regions of the state had access to the ECMHC program to help them address issues at the child, staff or program levels. The federal Preschool Development Grant is expanding quality preschool in 15 high-needs communities statewide who will also have access to ECMHC. ECMHC is also being implemented in Maricopa County’s Head Start programs.

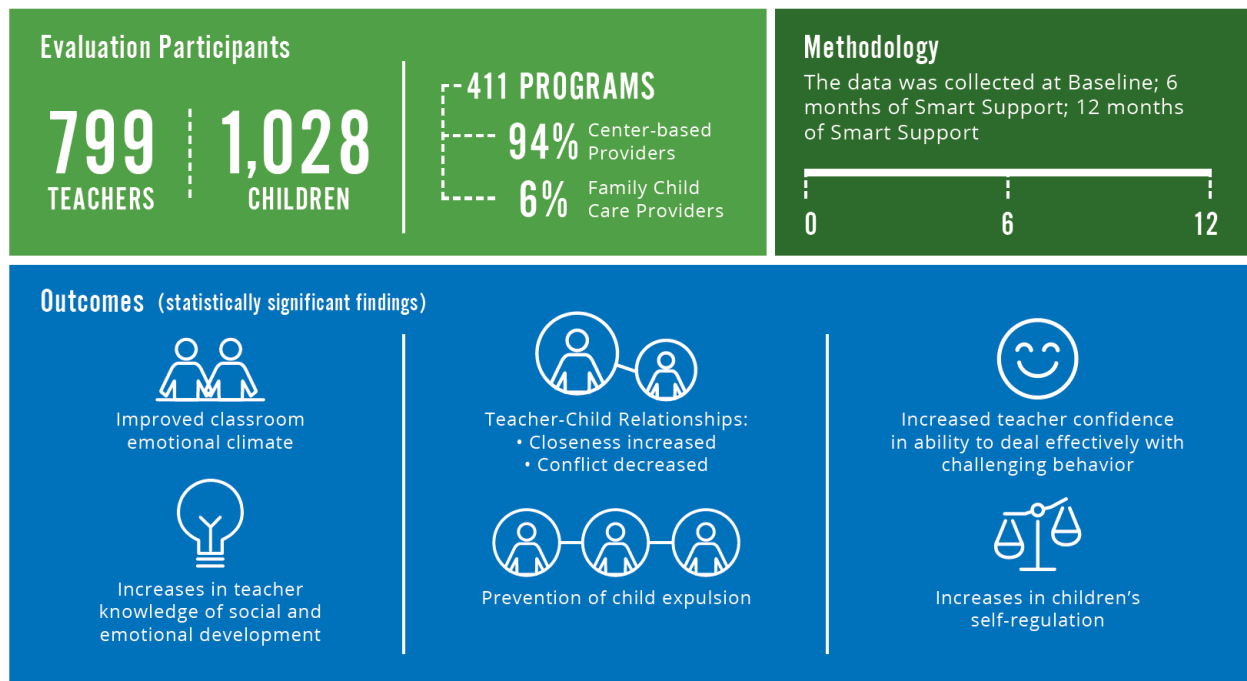
ECMHC is not a therapeutic service for children. It works to enhance the ability of teachers and programs to address the varied social-emotional needs of children, thus improving outcomes for all children. There are a variety of situations in which programs might request or be offered ECMHC:

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

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

Recently, the results of a four-year evaluation of Smart Support were released. The study – performed by the Institute for Child Development Research and Social Change – found that ECMHC services resulted in improved outcomes for children, teachers and programs. Specifically, data collected from teachers in preschools and child care centers with ECMHC Smart Support demonstrates:

Summary of Evaluation Findings



Source: Shivers, E. M., (2015). Arizona's Smart Support Evaluation Report: The First Four Years., Institute for Child Development Research & Social Change

The findings demonstrate that First Things First’s investment in ECMHC has had a positive impact on young children in participating programs. The results of this evaluation inform on-going efforts to improve the quality of early learning settings, particularly the ability of early care and education providers to address the social-emotional needs of young children who may be disproportionately affected. As First Things First works to engage more child care and preschool settings in its Quality First early learning quality improvement and rating system, an emphasis will be placed on expanding technical assistance – such as Mental Health Consultation – to more early learning providers, such as those serving communities with high rates of DCS reports/removals and/or child care settings used by foster families.

LOCAL COLLABORATIONS

In addition to collaborating at a systemic level to improve outcomes for young children, DCS and FTF staff work together to improve collaboration at the local level.

Across the state, staff in local offices have partnered to:

- Increase DCS staff awareness of the importance of early childhood and incorporate that knowledge into decisions made for families with young children;
- Build understanding of the services available to strengthen families, promote positive parenting and improve outcomes for young children; and,
- Link families to local programs and statewide resources (such as the First Things First website) that support parents in enhancing the health and learning of their children.

For example, in Pima County, Parent Kits – which include resources for young parents, information to support safe sleep environments, and a board book to promote early literacy – have been provided to all Pima County judges and commissioners so that they can be shared with families who may be parenting young children and are being served through the judicial system. In Cochise County, the collaboration among DCS/FTF staff resulted in case managers referring families to the FTF website for parenting resources and in better collaboration with the local groups working to support young children, including FTF service providers.

DCS and FTF are committed to on-going staff development because effective working relationships and collaboration between DCS and FTF are critical to helping families/children connect to appropriate services that ensure our children are safe, healthy and learning.