



February 1, 2018

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

The majority of a child's foundational brain development happens between birth and 5 years old. Research shows that children with negative experiences early in life are more likely to drop out of school; become teen parents; suffer from chronic illness; experience unemployment, homelessness or domestic violence; and engage in high-risk behaviors, such as drug use. Many of Arizona's youngest children face challenges that threaten their current well-being and long-term success. Those challenges include:

- 29% of young children in Arizona live in poverty (compared to 24% nationally);
- There are more than 6,000 children 5 and younger in foster care (about 40% of the out-of-home population);
- Only 26% of Arizona parents reported they had been asked to complete a developmental screening for their children (on par with national results); and
- 64% of Arizona children don't attend preschool (compared to almost 47% nationally).

We all have a responsibility to ensure our youngest children grow up safe, healthy and learning, including the Department of Child Safety (DCS) and First Things First (FTF). 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, both agencies share a common goal: strengthening families. As requested by the Joint Legislative Budget Committee, we submit this report to you highlighting 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 strengthen families;
- Examples of successful statewide and local collaborations; and,
- Information on the improved outcomes for Arizona's young children that have resulted from those efforts.

Everyone benefits when Arizona's youngest children are healthy and prepared to be successful. DCS and FTF remain committed to working together to improve outcomes for Arizona's youngest children. To that end, we look forward to continuing our work together and in partnership with our state policymakers.

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 "Marilee Dal Pra".

Marilee Dal Pra
Chief Executive Officer
First Things First

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PARTNERS IN PREVENTION AND EARLY INTERVENTION

BACKGROUND & INTRODUCTION

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, measures were passed aimed at providing greater clarity for policymakers on how to better serve the needs of children/families engaged in the child welfare system and prevent child abuse or neglect in our communities. To better understand existing efforts related to children birth through 5 years old, the Joint Legislative Budget Committee (JLBC) since 2015 has asked DCS (which at the time was part of the Department of Economic Security, DES) and the Early Childhood Development and Health Board (also referred to as 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 first to describe the risk factors that contribute to child maltreatment and the protective factors that can reduce the risk of child maltreatment.

According to the Child Welfare Information Gateway, “Risk factors refer to the stressful conditions, events, or circumstances (e.g., maternal depression, substance abuse, family violence, persistent poverty) that increase a family’s chances for poor outcomes, including child abuse and neglect. Protective factors are conditions or attributes of individuals, families, communities or the larger society that mitigate risk and promote healthy development and well-being. Put simply, they are the strengths that help to buffer and support families at risk.”

The federal policy brief, *Protective Factors Approach in Child Welfare*, explains that historical efforts to prevent child maltreatment have focused on the elimination of risk factors – such as poverty. A better approach is to focus on strengthening families, building their resilience so that the presence of risk factors does not lead to child abuse or neglect. Not only is a protective factors approach more likely to engage families, it is more likely to lead to better short-term and long-term outcomes.

The Center for the Study of Social Policy developed Strengthening Families: A Protective Factors Framework™ to define and promote quality practice for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect.

The five Protective Factors that comprise the Strengthening Families model are: (1) knowledge of parenting and child development, (2) social/emotional competence of children, (3) nurturance and attachment, (4) social connections, (5) parental resilience, and (6) concrete supports.

Each protective factor is supported by research from several fields of study. An extremely important understanding that runs throughout the explanations of the Strengthening Families protective factors – and that emerges from a significant part of the research behind the framework – is “nurturing and attachment.” For example, research studies show:

1. **Parental resilience** occurs when parents are able to effectively manage stressors. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment.
2. Understanding early brain development is essential in increasing **knowledge of parenting and child development**. Developing brains need attuned caregivers who interact with them in an affectionate, sensitive and nurturing manner. Such care gives rise to the development of a secure attachment between the child and the adult.
3. The course of a **child’s social-emotional development** depends on the quality of nurturing attachment and stimulation that a child experiences.¹

This report focuses on the Strengthening Families protective factors and how DCS and FTF – individually and jointly – work to enhance those protective factors among Arizona families.

The individual missions of DCS (child safety) and FTF (school readiness) depend on one common factor: strong families. Strong families are the building blocks of a strong society. From a child welfare perspective, strong families have the information and support to make the choices that ensure their children’s basic needs are met and that they have safe, healthy environments in which to live and grow. When issues arise, families are aware of the resources that exist in their communities to help them address those challenges.

From a school readiness perspective, strong families *also* feel confident and competent in their role as their child’s first teachers. They have the information and support they need to create nurturing, supportive environments that support their children’s learning.

Many of the factors that put children at risk for abuse or neglect and at risk for school failure are the same: poverty combined with a lack of supports, substance abuse, mental health challenges, lack of awareness of developmentally appropriate parenting practices, inadequate housing, domestic violence or a combination of these and other risk factors. Because of this, each agency funds programs that complement each other and are vital components of a broader prevention and early intervention system.

The following sections describe the efforts of DCS and FTF in strengthening families – from universal approaches available to all families, to more targeted approaches for families at risk for child maltreatment or families who are involved with the child welfare system.

¹ Center for the Study of Social Policy, *Strengthening Families, A Protective Factors Framework*, [Fact Sheet](#)

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.

Recent accomplishments have allowed DCS Specialists to spend more time with families, thereby conducting more comprehensive assessments and linking families to services and supports that will prevent subsequent reports to DCS and removals. DCS reduced workload in investigations by reducing the average number of investigation cases per DCS Specialist. In May 2017, DCS celebrated clearing an investigation backlog of 16,000 investigation cases. In addition, Arizona has safely reduced the number of children in out-of-home care by nearly 20%, at a time when most states are experiencing increases. In July 2017 DCS deployed 1,300 tablets to DCS workers to use during home visits, investigations and reduce the amount of time spent on paperwork. DCS is one of the first child welfare agencies in the nation to deploy Mobile Applications for Home Visits and Investigations that documents information in our SACWIS system. These tablets are also used to share a safe sleep prevention video with clients. The DCS Office of Prevention provides DCS Specialists with prevention and early intervention resources to support and strengthen families. In the past year the DCS Office of Prevention distributed nearly 400 baby boxes to DCS offices, launched a prevention Facebook page, expanded Regional Child Abuse Prevention Councils (RCAPC) to include the Gila River Indian Tribe and other areas and piloted a “Fast Pass” program for family assistance. For more information on DCS process improvements and current performance measures, visit the Arizona DCS website at <https://dcs.az.gov/>

As part of its five-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. The following sections describe those prevention services at the community level, as well as for families at risk and those involved with the child welfare system.

Community Engagement

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 17 different areas of the state of Arizona, including two councils operated on tribal lands (one prevention council on the Gila River Indian Reservation and the other council serves the Navajo and Hopi reservations). 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 preventing it. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children. DCS provides statewide 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).

ACE Consortium

DCS and FTF 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 continues 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:

Released at the 2016 national Community-Based Child Abuse Prevention Conference, the FRIENDS National Resource Center's "Community-Based Child Abuse Prevention: Exemplary Practices" report recognized the work of the ACE Consortium and its close partnership with the Regional Child Abuse Prevention Councils (RCAPC). The article noted how the councils disseminate information generated by the Consortium and provide ongoing trainings.

The ACE Consortium celebrated ten years of educational advocacy in 2017. To celebrate, ACE partners and community leaders gathered to hear national presenters speak about advancing the knowledge of ACEs and trauma informed care. ACE ambassadors facilitated many ACE presentations in 2017. More than 100 presentations have been reported with an estimated attendance of over 3,000 individuals. 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, Washington that has radically changed its approach to disciplining its students. 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 Centers for Disease Control-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 to identify and combat the effects of ACEs. It further featured approaches to protect children from the damaging effects of toxic stress. It showed that, while poverty increases 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 FTF that promote resiliency and help families get the information and support they need to support their child's health and learning (see pages 17-20 for additional information).

Services for Families At Risk

The Department of Child Safety offers 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, thus promoting 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 to connect 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 promotes collaboration and sharing of resources and best practices. The Strong Families Alliance includes an Inter-agency Leadership Team (IALT) that includes DCS, FTF, the Department of Health Services (DHS), the Arizona Department of Education (ADE), the Department of Economic Security (DES) – Arizona Early Intervention Program (AzEIP) and the Arizona Health Care Cost Containment System (AHCCCS). 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 evidence-based models using a Continuous Quality Improvement approach. The leadership team is committed to on-going 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) evidence-based, home visitation program. HFAz has provided 26 years of service in Arizona and currently has 42 teams throughout the state. The 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 resources, 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, 2016 through June 30, 2017, a total of 4,460 parents 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.

Parents in the HFAz program reported an increase in problem solving skills, personal care, improved parent/child interaction and a decrease in depression. Statistics show that the HFAz program reached and served some of the most high-risk populations in Arizona. Over 81 percent of families enrolled in HFAz are on Medicaid health insurance (AHCCCS), which is almost 30 percent higher than the Arizona average. For SFY 2017, 56 percent of mothers and 51.6 percent of fathers identified themselves as Hispanic, which speaks to the diverse population served.

HFAz evaluation shows that the longer families are in the Healthy Families program, the less likely it is that children will need to be referred for early intervention services. Home visitors promote positive parent child interaction, as well as work on child development, decreasing the need for enrolled children to need developmental intervention. Evaluation of HFAz data showed that on average 45 percent of fathers participated in HFAz services, and many program activities were tailored to promote father involvement and bonding. At 24 months of time in the program, 98.5 percent of participating families kept poisons and cleaning supplies locked up, 92.9 percent had working smoke alarms in their homes, and 99.8 percent of families used car seats. All of these factors helped to reduce the risk of child abuse and neglect for HFAz children.

In June 2017, DCS, FTF and DHS partnered to provide a Home Visitor Supervisor Institute for all supervisors statewide including Strong Families Arizona programs, HFAz, Nurse Family Partnership, Healthy Start, Parents as Teachers (PAT), Building Resilient Families (BRF), Family Spirit and Healthy Start programs. The Supervisor Institute presented topics on reflective supervision, employee retention, trauma informed care and self-care for supervisors. The program and topics were well received by all the program supervisors with hopes the Institute would become an annual event for supervisors. Out of the 106 participants, 97.2 percent reported the information was beneficial and they intended on applying the information directly to their job.

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 childcare. 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 resulting from 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 (BRF) Program

BRF was implemented in Maricopa County in 2015. BRF is a program for families at low risk of having their children removed but in need of services to prevent subsequent child abuse or neglect reports and their DCS cases have been closed upon completion of the DCS safety assessment. The program connects these families with community resources and provides parenting skills, assistance with concrete supports and information and referrals. BRF utilizes both pre- and post-tests utilizing the Protective Factors Survey and the Family Data Collection process to track outcomes of families served by this program. In Federal Fiscal Year 2016, 1,574 families were referred to the BRF Program.

CarePortal

The CarePortal engages churches to help meet the needs of families to prevent removing a child from the home. 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 his or her 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. In SFY 2017, community churches assisted 1,175 children in 442 families with providing 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.

Fast Pass

In SFY17, DCS engaged with other state agencies to develop "Fast Pass" procedures to expedite the eligibility process so that families can quickly receive state services such as AHCCCS, Temporary Cash Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP). The Fast Pass was piloted in six DCS offices in August 2017 and will be expanded statewide. Additionally, DCS developed the Urgent Child Care Fast Pass to assist families with accessing childcare after normal business hours including nights, weekends and holidays. This is to prevent children from being removed from their home due to neglect while ensuring safety, and decreasing possible out-of-home placement disruptions due to immediate childcare needs.

Services for Families in the Child Welfare System

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 services focus on preventing the recurrence of maltreatment. Among the newer services that DCS operates or partners with others to implement are:

IV-E Waiver Demonstration Project

As part of its five-year strategic plan, DCS continues to address reductions 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 seeks to reduce the 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 on July 1, 2016 in two offices in Maricopa County and has expanded into 11 DCS offices in Maricopa and Pima and Pinal Counties. The Department continues to employ three internal Family Engagement Specialists (FESs), and has contracted with a community partner for 10 additional FESs. To date, the FESs have worked with 123 children in Maricopa, Pinal and Pima Counties. Of these 123 children, 72 have completed Fostering Sustainable Connections services and 51 remain open with the program. Of the 72 children that have been completed the program, there have been 25 (35%) placed with relatives, four (5%) placed in a less restrictive family-like setting, and five (7%) are pending placement with relatives.

Substance Exposed Newborn Safe Environment (SENSE) Program

Another prevention initiative is the statewide roll-out of the Substance Exposed Newborns Safe Environment (SENSE) Program. The SENSE Program began in Maricopa County 11 years ago and began statewide roll-out in November 2015. This program is designed to keep infants (exposed to substances in utero) in their homes with their parents. Components of the SENSE program include collaboration between Healthy Families Arizona, Intensive In-Home Services, substance abuse treatment, drug testing, 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 and health and safety concerns; and ensures appropriate interventions outside of the SENSE program are included. 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 (developmental screening), post-partum screenings for mothers, 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 their success. Data over a two-year period involving 493 SENSE service referrals, shows that 90.3 percent of families that completed the program had no DCS reports six months after completing services. More notably, 91.9 percent of the families that completed services did not have a child removed six months after services. SENSE is a family-centered, strengths-based approach to serving families, while holding them accountable for healthy choices and behavioral changes.

In FFY17, the SENSE program expanded to Yavapai, Pinal and Pima Counties in addition to the existing program in Maricopa and Yuma Counties. Mohave County had the SENSE program from November 2015 through May 2016, but no longer has the program due to the shortage of registered nurses in Mohave County. In FFY 2018, DCS contracts will be awarded for SENSE to expand to all counties. DCS continues to collaborate with community-based Medically Assisted Treatment (MAT) providers that offer mothers of newborns exposed to opioids a treatment for opioid use disorder to improve the outcomes of children while in the care of their parents, in addition to substance abuse treatment.

There has been a national and state health epidemic of opiate abuse. As a result, there is an increase of substance exposed newborns experiencing Neo-Natal Abstinence Syndrome (NAS) due to the mother having an opiate addiction during pregnancy. Arizona Governor Doug Ducey declared a state of

emergency on June 5, 2017, due to the opioid overdose epidemic and required all health care providers to provide real time data of how many overdoses occurred, the number of NAS babies born and the number of Naloxone doses administered. From June 5, 2017 through January 30, 2018, ADHS received reports of 5,512 suspected opioid overdoses, 543 NAS babies and 820 suspected opioid deaths. To address this health epidemic, the Department has enhanced collaboration with professionals working with substance exposed newborns and those working in Medicated Assisted Treatment (MAT) services to deliver best practice services for this population. This collaboration was one of the focuses for the Statewide Child Abuse Prevention and Strong Families Conference workshops and best practice guidelines in 2017. Collaborations between the Department of Health Services (DHS), Arizona Health Care Cost Containment Services (AHCCCS), DCS and MAT and substance abuse providers have occurred to best support the children and families with substance exposed newborns. DCS has also been (and continues to be) involved in the SEN Statewide Task Force which focuses on building awareness and capacity of programs to work with these families. The task force also focuses on assisting OB/GYN, hospitals and neonatologists in identifying the SEN families while making recommendations to screening, assessment and treatment of these families.

Safe Sleep Campaign

The Safe Sleep Campaign is another action taken by DCS to advocate for systemic change. It focuses on training DCS Specialists, the community and contracted providers to address safe sleep practices with families. In addition to the trainings, DCS has purchased baby boxes that can be used as an alternative to cribs or pack 'n plays. These baby boxes are offered to any parents involved with DCS who need a safe environment for their infant to sleep. Parents who agree to the program are trained in safe sleep practices and sign a "Commitment Form" stating they have been trained in safe sleep practices and are committed to practicing them. The educational training curriculum used for the program is in line with the 2016 Recommendations for a Safe Infant Sleeping Environment from the American Academy of Pediatrics. DCS has made safe sleep a part of the Department's policy. DCS Specialists are required to provide a safe sleep flyer in each investigations packet and train families in safe sleep practices. DCS Specialists have a safe sleep training and parent testimonial downloaded on their mobile devices to review with families.

The DCS Baby Box program also provides an opportunity for parent feedback. During the past fiscal year, 202 families signed safe sleep commitment forms and three-month follow-up calls were made to those families. During the calls, parents are asked about their general feedback about the Baby Box and the safe sleep practices they learned from the training. This information is used when planning and updating trainings. Of the parents who answered the follow up calls, 100 percent of parents reported using safe sleep spaces after 3 months and 97 percent of these parents recall being taught about safe sleep practices. More importantly, none of the parents reported co-sleeping with their baby and parents behavior changed by parents removing all items from sleep environments including bumpers from cribs. Additionally, DCS developed and implemented an "Infant Care Plan" policy requiring DCS staff to show

an educational safe sleep training and family testimonial, observe the infant’s sleep environment and provide resources if a safe sleep environment is not available.

The “Infant Care Plan” was put into policy as a response to the new Comprehensive Addiction and Recovery Act (CARA) of 2016. CARA requires each state to develop plans of safe care for infants affected by all substance abuse. DCS revised policy to require staff to develop an infant care plan for newborns who were prenatally exposed to alcohol or substance use. These plans are developed by DCS staff in collaboration with the family or out of home placement and other providers involved. The plan includes the following key components: substance abuse treatment, medical care for the infant (hospital discharge plan follow-up), a determination of whether the family has insurance and a primary physician, promotion of safe sleep practices, parent education (connecting families to home visitors), addressing nutritional needs (and WIC referrals if needed), addressing needed improvements in living arrangements (smoke-free environment and overall safety), promoting the use of car seats, connection to child care and promotion of social connections.

On-going 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.

During SFY16, a total of 12,261 unique individuals received a referral to the Arizona Families F.I.R.S.T. (AFF) program. Out of the 12,261 unique individuals, there were 8,131 individuals referred to the AFF program between July 1, 2015 and June 30, 2016. An additional 4,130 individuals were referred to the AFF program prior to July 1, 2015 and continued to receive services during SFY16. More than one half (55.6%) of the individuals who participated in SFY16 were between the ages of 25 and 35 year old. Three out of five AFF participants (62.6%) were female.

- ***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 maltreatment and/or neglect; the actual removal process itself; and 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 continuity of care provided to children as they enter foster care, during their time in out of home care, and after they leave care, whether returning to their families or with guardians and adoptive parents. After exiting the foster care system, Arizona policy ensures that Medicaid eligible children continue their Medicaid enrollment for at least 60 days to allow families an appropriate timeframe to apply for Medicaid.
- ***Young Adult Program (YAP)*** – The Young Adult Program 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. In July 2016, DCS and the City of Phoenix Housing Department were approved to participate in the Family Unification Program (FUP) and Family Self Sufficiency (FSS) Demonstration (FUP Demonstration). The FUP Demonstration allows DCS and the City of Phoenix to provide supportive housing and self-sufficiency skills for up to five years to youth aging out of foster care. DCS and the City of Phoenix continue to meet quarterly to enhance youth participation and increase the use of housing vouchers by youth and families that would otherwise be homeless.

FIRST THINGS FIRST

First Things First (FTF) was created to enhance school readiness for children 5 and younger. 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 provide 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 is critical to improving health and educational outcomes. Together, they can reduce the impact such a delay has 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 FY17 FTF-sponsored programs completed 54,514 screenings to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 4,485 referrals were provided to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.
- ***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 FY17, 3,560 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 FY17, the Helpline answered 2,413 calls from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.
- ***Parent Kits*** – Comprehensive informational kit are offered to the parents of every newborn so they know how to support their baby’s safety, health and brain development. In FY17, 69,356 parent kits were distributed statewide. 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.
- ***Parenting Information and Resources*** – Since FY16, through a grant from the W.K. Kellogg Foundation, FTF has been increasing the amount of parenting information available through its website, firstthingsfirst.org, as well as through its social media platforms. Emphasis is placed on ensuring that information is presented in easily understood and engaging formats to better meet the needs of today’s parents. Included in those digital resources is much of the information contained in the Arizona Parent Kit, detailed information about young children’s development at several ages and stages, and videos that provide information on crucial topics, such as the importance of early environments on children’s brain development. Over the past year, FTF has been working to engage its system partners in connecting families to the FTF resources and using the resources themselves. Through a partnership with DCS, this information is starting to be distributed to DCS staff working with families of young children. The resources also are being placed on DCS’ prevention Facebook page so that families have the information they need to better support their child’s health and development.
- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – For the fourth 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,

building parental resilience, parenting traumatized children, addressing the needs of substance-exposed newborns, providing behavioral health services for children in foster care, implementing attachment-informed practice, evaluating child abuse, implementing court teams, addressing child sex trafficking, creating trauma-safe organizations, addressing the needs of children of incarcerated parents and understanding the Indian Child Welfare Act (ICWA).

FTF invests in a variety of strategies that 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** – FTF is the leading funder of home visitation in Arizona (see page 8 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 into 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 FY17, 5,826 families participated in voluntary home visiting programs proven to reduce parental stress levels, increase connections to community supports and improve children’s cognitive, motor, behavioral and socio–emotional development. Also, 3,207 families continued their participation in home visiting programs from 2016 to 2017.
- **Child Care Scholarships** – FTF’s signature program, Quality First (further described beginning on Page 23), is Arizona’s child care and preschool quality improvement and rating system. Quality First 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 have achieved quality standards. In FY17, child care scholarships helped 8,809 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 FY17, 179 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 FY17 43,073 families increased their knowledge of effective parenting practices through workshops at Family Resource Centers. In addition, 276,339 families received early childhood information and resources and 54,391 families received referrals through these centers.

SYSTEMIC COLLABORATIONS

While DCS and FTF 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.

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 young children's 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 greatly improve outcomes for children.

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

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

FTF's Court Team strategy intends 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 accessing 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. Through both funded and unfunded approaches, FTF supports Court Teams in 10 counties (Apache, Cochise, Graham, La Paz, Maricopa, Mohave, Navajo, Pinal, Yavapai and Yuma) and two tribal communities – the Colorado River Indian Tribes and the Gila River Indian Community. In FY17, the collaboration between FTF and these specific Court Teams impacted more than 6,000 infants and toddlers involved in the child welfare system. In addition, trainings provided by Court Teams were attended by 2,258 professionals including early childhood/early intervention system partners as well as Court Appointed Special Advocates and Baby Court Appointed Special Advocates.

Research funded by FTF and completed by Arizona State University's Center for Child Well-Being demonstrated that the FTF-supported Court Team model implemented in Maricopa County, also known as Cradle to Crayons (C2C), 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 FTF's Phoenix North and Phoenix South Regional Partnership Councils.

Quantitative data from the DCS 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 further 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. 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.

However, 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.

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

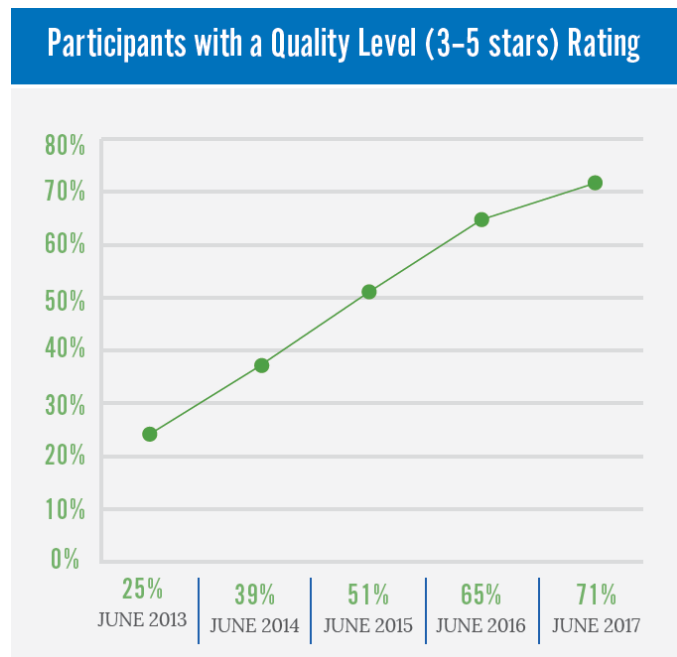
Science tells us that 90 percent of a child’s brain growth occurs before they reach kindergarten. So, the quality of early experiences can have a profound effect during the first five years of life. Young children with high-quality experiences have been shown to have increased vocabulary, better language, 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 percent 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 November 2017, there were 6,123 children birth to 5 years old who were in out of home care with DCS, representing 40 percent 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 at right). In FY13, 25 percent of 857 participating rated providers met quality standards. Over the past three years, both enrollment and quality improvement have improved. In FY17, 71 percent



of 921 participating rated 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 almost 64,000 children throughout the state have access to a higher standard of early education.

The First Things First Board is committed to continuous quality improvement across all areas, including Quality First. To that end, the Board convened the Quality First Advisory Subcommittee, a diverse group of system partners – including child care and preschool providers, early learning experts, advocates and staff – to make recommendations to the Board on how to enhance efficiency and expand the reach of Quality First. In October 2016, the Board accepted the recommendations of the Subcommittee, which include increased initial information to providers about Quality First’s program standards and what their participation will require; tools to help providers assess their readiness to engage in quality improvement efforts; on-demand technical assistance across a greater variety of topics; and updated costs associated with the program once the aforementioned changes are made. In May 2017, First Things First was awarded an \$800,000 grant from the W.K. Kellogg Foundation that will support a pilot program to test those modifications to Quality First across an additional 80 programs statewide. The pilot will focus on child care and preschool settings that serve large numbers of at risk children, such as children living in poverty and children in the child welfare system. Researchers will follow those programs over the course of two years to determine whether the modifications continue to improve program quality.

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 \$125 million per year in federal Child Care and Development Fund (CCDF) grant funds. Since the grant’s inception, the 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 almost \$83 million in fiscal year 2009. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature drastically reduced non-CCDF appropriations since that year. In SFY 2012, all General Fund appropriations to child care vouchers were eliminated, although some were briefly restored in FY15 and the years following. The Legislature's elimination of General Fund appropriations to child care vouchers in 2012 meant the state could no longer meet the 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 eight years this MOU has been in place (see Figure 2), Arizona has been able to leverage more than \$300 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. Child care is a crucial support in ensuring that children in foster care are in safe, supportive learning environments while their parents or foster parents work. According to the DES Child Care Administration, in FY11, 28 percent of young children served by the program were involved with the child welfare system; by the end of FY17, that number was 44 percent.

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 promoting 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 | \$37.6 M |
| 2017 | \$30 M | \$37.4 M |
| 2018 | *\$30 M | *\$36.7 M |
| TOTAL | \$224 M | \$302.5 M |

Source: Department of Economic Security

As mentioned on page 11, DCS worked with DES and other partners to develop a “Fast Pass” for families in need of assistance. The Fast Pass expedites 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.

In addition, DCS, Southwest Human Development (SWHD), FTF and the DES Child Care Administration are working collaboratively to increase the number of children involved with DCS and receiving a child care subsidy to be served in high quality early learning environments in order to enhance early childhood education outcomes. In addition, this collaboration is designed to prevent or reduce child expulsion by creating better awareness for parents/guardians and ADES contracted providers on issues that may lead to expulsion of children. ADES contracted child care providers are currently being trained in topics of effects of trauma and toxic stress on children, self-regulation, cultural sensitivity, engaging parents and creating a trauma informed child care environment. Once providers attend training, they can utilize technical assistance provided by SWHD. SWHD will be training DCS case managers in the future on the expulsion prevention program and the importance of quality child care for children.

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, FTF 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, such as child care and preschool. FTF 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. In FY17, 433 child care and preschool providers received consultation proven to enhance teachers’ confidence in dealing with students’ social-emotional needs, improve teacher-child relationships and prevent expulsions. In addition, 199 referrals were given to children for services to address their mental health needs.

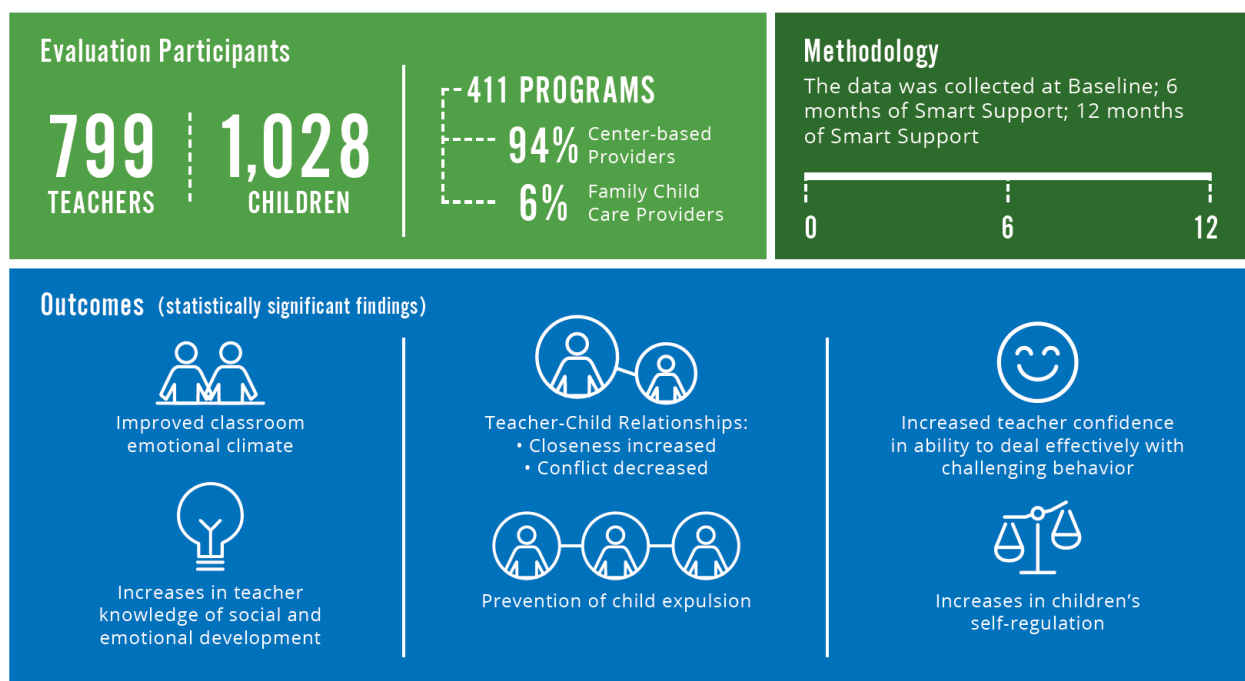
ECMHC is not a therapeutic service for children. It works to enhance the ability of teachers and programs to address the varied social-emotional needs of children, thus improving outcomes for all children. There are a variety of situations in which programs might request or be offered ECMHC:

- 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 FTF'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 FTF 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 – like Mental Health Consultation – to more early learning providers, such as those serving communities with high rates of DCS reports and removals and/or child care settings used by foster families.

LOCAL COLLABORATIONS

In order to ensure that FTF investments continue to advance the work of the broader early childhood system, the FTF Board convened its 2017 Early Childhood Task Force. The Task Force was comprised of almost 60 members, representing various stakeholders of the early childhood system including early educators, health professionals, businesses, faith communities, tribal representatives and state policymakers. The Task Force recommended and the state Board approved 12 areas in which FTF will prioritize its work for the next five years. Those areas include, but are not limited to: improving the quality of and access to early learning; early screening and intervention, and information and supportive services for families.

This does not mean that FTF has sole responsibility for work in these areas of the early childhood system. Rather, it is an acknowledgement that FTF has made significant progress in those areas already, or is otherwise better positioned to move the work forward. In addition, having these roles identified as priorities for FTF does not necessarily mean the organization will always lead efforts in those areas or is solely responsible for their success.

Once the state Board approved these roles, FTF regions were asked to align their work to those areas, as applicable, in order to achieve statewide impact. In addition to identifying priority roles, the Task Force encouraged FTF and its regions to ensure that their programs meet the needs of the most vulnerable children, including those at risk of abuse or neglect. As a result, many regions – in planning for services for fiscal year 2019, targeted families at risk for abuse or neglect, or those involved in the child welfare system, for strategies such as home visitation and parenting education. In addition, many regions are continuing – or plan to develop – partnerships with their local DCS offices to better meet the needs of maltreated young children in their communities. Some examples include:

In Maricopa County (a collaboration among five regional councils), the Home Visitation Coordinated Referral System provides families with a single entry point to access all home visitation programs in Maricopa County, giving them the opportunity to connect with programs in an easy, accessible and understandable manner. When there is a waitlist for families or families are not candidates for home visitation, they are referred to other appropriate resources. This single-entry approach not only simplifies and streamlines the referral process for families, home visitation providers and other professionals, it also increases coordination among programs, limits duplication of services and improves resource utilization. The coordinated system partners with and refers to every free and voluntary home visitation program in Maricopa County, representing 14 agencies and 10 program models. In FY19, standards of practice for this strategy have been expanded to include coordination with DCS case managers to discuss referrals and share resources.

In the Graham/Greenlee region, the regional council will partner with community agencies involved with young children who are removed from their homes and/or families to make the transitions less traumatic. The regional council currently has partnerships with DCS, Best for Babies, the Thatcher and Pima Police Departments and two women's service organizations, Delta Kappa Gamma and the Safford Women's Club. Together with the Graham/Greenlee Region, these service organizations have put together backpacks that go with children to their new placement and comfort kits to be given to young children by public safety officers when they are involved in traffic accidents or domestic violence calls.

The regional council will expand the partnerships to include other service organizations and police departments in other towns of the region as well as Department of Public Safety officers.

In the Pima North and Pima South regions, FTF staff are providing support to DCS direct service staff and juvenile court officials through one-on-one meetings, team meetings and hosting lunch and learn opportunities about the importance of early childhood development, health and quality early learning. FTF has also collaborated with its family support grant partners to increase the skills and knowledge of DCS staff on developmentally appropriate activities for family visits. The goal of this approach is to continue to support the work of the DCS system as well as work to engage behavioral health system partners in a similar fashion.

In the La Paz/Mohave area, the regional council intends to support children in foster care by raising awareness in the community about the needs of children in foster care. In addition, the regional council intends to support children in foster care by recruiting foster homes in the area. The regional council has formed relationships with the Northern Arizona Foster and Adoption Network (FAN), comprised of agencies that serve children in foster care. The regional council has also created Mohave FAN, which is reaching out to businesses and faith-based communities to spread the message that there is a place for everyone to support children in foster care.