



Child and Family Services Reviews

Statewide Assessment Instrument

April 2014



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Arizona Department of Child Safety

CFSR Review Period

CFSR Sample Period: April 1, 2014 through September 30, 2014

Period of AFCARS Data: 2011B through 2014A

Period of NCANDS Data: Federal Fiscal Year (FFY) 2012 through FFY 2013

(Or other approved source; please specify if alternative data source is used):

None

Case Review Period Under Review (PUR): April 1, 2014 through September 30, 2015

State Agency Contact Person for the Statewide Assessment

Name: Katherine Guffey

Title: Practice Improvement Manager

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The following individuals provided administrative data and other information included in this report and/or reviewed drafts and provided input into the item narratives.

Ernest Baca, Data and Technology Administrator, Arizona Department of Child Safety

Jenny Billiard, Continuous Quality Analyst, Arizona Department of Child Safety

Beth Broeker, Deputy General Counsel and Legal Systems Liaison, Arizona Department of Child Safety

Deidre Calcoate, Bureau Chief of Permanency and Case Management, Arizona Department of Child Safety

Jill Carlson, Training Supervisor, Arizona Department of Child Safety

Rhonda Coates, Program Development Manager, Arizona Department of Child Safety

Nicholas Espadas, Reports and Statistics Manager, Arizona Department of Child Safety

Madge Haynes, Bureau Chief of Prevention, Arizona Department of Child Safety

Steve Holstad, Child Welfare Licensing Supervisor, Arizona Department of Child Safety

Shalom Jacobs, Deputy Director, Arizona Department of Child Safety

Christie Kroger, Practice Improvement Assistant Manager, Arizona Department of Child Safety

Vicki Mayo, Deputy Director, Arizona Department of Child Safety

Roxann Miller, Home Recruitment Marketing Specialist, Arizona Department of Child Safety

Alex Norton, Court Improvement Program Data Specialist, Arizona Administrative Office of the Courts

Jim O'Donnell, ICPC Administrator, Arizona Department of Child Safety

Julie O'Dell, Adoptions Manager, Arizona Department of Child Safety

Kylah Ross, Training Program Administrator, Arizona Department of Child Safety

Sue Schmeltz, Adoption Program Specialist, Arizona Department of Child Safety

Mark Schwartz, Internal Operations Manager, Arizona Department of Child Safety

Rob Shelley, Court Improvement Program Manager, Arizona Administrative Office of the Courts

Vickie Steinhoff, Statewide Indian Child Welfare Act (ICWA) Specialist, Arizona Department of Child Safety

Belva Stites, PS-MAPP Trainer, Arizona Department of Child Safety

Christina Strickbine, Information Processing Specialist II, Arizona Department of Child Safety

Abe Vicente, Office of Licensing and Regulation, Arizona Department of Child Safety

Lela Wendell, Operations and Project Coordinator, Arizona Department of Child Safety

Martha Wheeler, Foster Home Licensing Manager, Arizona Department of Child Safety

The individuals listed above provided information that is included in this Statewide Assessment report, assisted to write at least one item response, or reviewed and commented on at least one item response. These individuals are primarily Department managers and Policy and Program Specialists who engage in ongoing meaningful collaboration activities with stakeholder groups such as the courts, tribes, youth in foster care and foster care alumni, foster and adoptive parents, service providing agencies, government agencies serving the same families, and others. The information and analysis provided for this report by the Department employees listed above includes information obtained from external stakeholders through their participation in workgroups, committees, surveys, focus groups, and other activities. Specific examples of information obtained through these interactions are included in item responses within this Statewide Assessment report. A complete list of committees, workgroups, surveys, focus groups, and other activities with external stakeholders is available in Arizona's Child and Family Services Plan 2015 – 2019.

The Department's CFSR/CFSP lead communicates with the above listed individuals and others to obtain data and stakeholder input about the Department's achievement of safety, permanency, and well-being outcomes, and systemic factor functioning. In-depth discussions are held between the CFSR/CFSP lead and these managers and Policy and Program Specialists in order to fully understand the information, identify strengths, define problems areas, and analyze causal factors. In turn, the CFSR/CFSP lead provides outcome data and analysis results to these individuals and others, to support their interactions with stakeholders as they plan and implement program improvement interventions. At times, the CFSR/CFSP lead identifies data gaps and consults with these individuals about data needs, data integrity issues, and improved data collection methods. Through this continuous quality improvement process, the Department's stakeholders have extensive input and influence in the Department's CFSR Statewide Assessment reports, CFSR Program Improvement Plans, Child and Family Services Plans, and Annual Progress and Services Reports. For example, this Statewide Assessment report and the CFSR Final Report to be issued by the Children's Bureau will be provided to the individuals listed above and others. These individuals will share these evaluation results with stakeholders and will use the results to identify problem areas, conduct additional root cause analysis, and plan the improvement interventions that will be included in the Department's CFSR Program Improvement Plan and Annual Progress and Services Reports.

The following are some of the external stakeholders who provided input into Arizona’s CFSP and this Statewide Assessment through their participation in a committee, workgroup, survey, or focus group:

Child Advocate Response Examination (CARE) Team Members:

Kate Brophy-McGee, Arizona State Representative

Deb Gullett, Child Advocate

Leah Landrum-Taylor, Arizona State Senator

Cindi Nannetti, Maricopa County Attorney Office

Jan Strauss, Arizona Association of Chiefs of Police

Safe Reduction Workgroup Members:

Honorable Patricia Clark (Retired), Consultant, Judicial Engagement Team, Casey Family Programs

Janet Garcia, Senior Director – Arizona Field Office, Casey Family Programs

Tad Gary, Chief Clinical Officer, Mercy Maricopa Integrated Care

Randy Grover, Child Welfare Manager, Mercy Maricopa Integrated Care

Susan Hallett, Regional Director, First Things First

Judy Krysik, PhD, Associate Professor, School of Social Work, Arizona State University

Steve Lazere, Program Manager, Foster Care Review Board

Honorable Colleen McNally, Presiding Judge, Maricopa County Juvenile Court

Bill Owsley, Division Chief, Office of Legal Advocate

Serena Peterson, Parent Advocate

Christina Phillis, Public Defender, Office of Public Advocate

Beth Rosenberg, Director of Child Welfare and Juvenile Justice Policy, Children’s Action Alliance

Nicole Roskens, Clinical Director, Cradle to Crayons, Maricopa County Juvenile Court

Chris Rufo, Management Analyst, Maricopa County Juvenile Court

Sheila Tickle, Juvenile Court Administrator, Maricopa County Juvenile Court

Kirsten Wright, Unit Chief, Office of the Attorney General

Inter-Tribal Council of Arizona Social Services Directors Meeting attendees and Tribal-State ICWA Liaison Committee members who were actively involved in consultation activities:

Brian Holiday, Social Service Director, Ak-Chin Indian Community
Carmela Quitugua, Interim Social Service Director, Fort McDowell Yavapai Nation
Melvin Lewis Sr., Social Services Director, Fort Mojave Tribe
Byron Donahue, ICWA Specialist, Gila River Indian Community
Sara Bissen, Acting Tribal Social Services Director, Gila River Indian Community
Janice Patch, Guidance Counselor, Hopi Tribe
Tonya Monroe, ICWA Specialist, Hopi Tribe
Vonda Beecher, Indian Child Social Worker, Hualapai Tribe
Regina Yazzie, Division of Social Services Program Director, Navajo Nation
Maria Paisano, Social Service Director, Pascua Yaqui Tribe
Jolene D. Vasquez, ICWA Specialist, Fort Yuma Quechan Tribe
Colleen Faden, Interim Department of Social Services Director, White Mountain Apache Tribe
Thomas Cody, Legislative Liaison, Navajo Division of Social Services
Honorable Anita Fineday, Managing Director of Indian Child Welfare Programs, Casey Family Programs
Dawn Williams, Assistant Attorney General, Arizona Office of the Attorney General
Dennis Swain, ICWA Director, Casey Family Programs
Gwenda Gorman, Health and Human Services Director, Inter-Tribal Council of Arizona
Verna Johnson, Health Program Manager, Inter-Tribal Council of Arizona
Kristen Evans-Hardy, Social Service Director, Salt River-Pima-Maricopa Indian Community
Allison Miler, ICWA Coordinator, Salt River-Pima-Maricopa Indian Community
Ramona Johnson, ICWA Social Worker, Salt River-Pima-Maricopa Indian Community
Terry Ross, Social Service Director, San Carlos Apache Tribe
Aaron Begay, Indian Child Welfare Worker, San Carlos Apache Tribe
Vangie Ramon, Program Director, Tohono O'odham Nation
Dorcas Segundo, Indian Child Welfare Worker, Tohono O'odham Nation
Brian Echols, Social Services Director, Tonto Apache Tribe
Cora Hinton, Child Protective Services Supervisor, White Mountain Apache Tribe
Elenor Cropp, Social Service Supervisor, Yavapai Apache Tribe
Krystal D. Bergen-Tsosie, ICWA Specialist, Yavapai Apache Tribe

Active Members of the Service Array Design Team:

Danny Abril, Unit Chief, Office of the Attorney General

Barbara Behun, Assistant Attorney General, Office of the Attorney General

John Bowen, Legislative Specialist, Division of Benefits and Medical Eligibility

Honorable Donna Beumler, Juvenile Court Judge, Cochise County Juvenile Court

May Ellen Cunningham, Bureau Chief, Department of Health Services, Women's and Children's Bureau

Daniel Despard, Senior Director Strategic Consulting, Casey Family Programs

Mele Ferreira, KidCo Program Coordinator, City of Tucson

Lisa Garcia, Network Administrator, Division of Developmental Disabilities

Laura Jasso, Kinship Placement, Arizona Grandparent Ambassadors, and Foster Care Review Board (FCRB) Member

Judge Colleen McNally, Presiding Judge, Maricopa County Juvenile Court

Sara Murillo, Division Director, Maricopa County Juvenile Probation Department

Kirk O'Brien, Director of Research, Casey Family Programs

Shannon Rich, Public Policy Manager, Arizona Coalition Against Sexual and Domestic Violence

Marcia Stanton, Coordinator, Phoenix Children's Hospital – Injury Prevention Center

Sheila Tickle, Juvenile Court Administrator, Maricopa County Juvenile Court

Foster Youth and Parent Focus Groups:

In 2014 and 2015, focus groups were held with 134 youth age 12 or older who were in care and placed in congregate care, and 54 of their parents. The names of these youth and parents are not provided in order to protect their confidentiality.

Foster Parent Surveys:

Foster parents, statewide, were given the opportunity to participate in surveys during 2014. In April 2014, a survey was mailed to 100% of the 701 foster homes that had voluntarily closed their foster home licenses in the preceding 12 months. In March 2014, an anonymous on-line survey was emailed to 3,892 licensed foster parents, and the same survey was mailed to 630 foster families who did not have an active email address. A total of 1,095 foster parents participated in the survey, which represents 25.3% of licensed foster care providers in Arizona. These surveys were anonymous, so the names of participants can not be provided.

Section II: Safety and Permanency Data

State Data Profile

(CB-generated state data profile will be inserted here)

Insert state data profile—CB-generated data profile of safety and permanency data

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more

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

FFY 2014: 60.2% (of 47,389 reports)

(Business Intelligence Dashboard, CHILDS extract date 2-21-15)

CFSR Measure: Maltreatment Recurrence

Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who were victims of another substantiated maltreatment report within 12 months will be 9.0% or less

FFY 2010: 4.0%

FFY 2011: 5.2%

FFY 2012: 5.3% (risk standardized performance 7.0%)

(CFSR Round 3 Data Profile 11/12/2014)

CFSR Measure: Maltreatment in Out-of-Home Care

Of all children in out-of-home care during a 12-month period, the victimization rate per 100,00 days of care will be 8.04 or less

FFY 2011: 1.93

FFY 2012: 1.59

FFY 2013: 1.98 (risk-standardized performance 2.86)
(CFSR Round 3 Data Profile 11/12/2014)

Assessment of Safety Outcome 1 Strengths and Concerns

The Department's timely initial response rate improved in FFY 2014, but remains below the target goal. Statewide in FFY 2014, 60.2% of all reports received a timely response. Timely response is more frequent with higher level reports. The timely response rate in FFY 2014 was: priority 1 – 85%, priority 2 – 72%, priority 3 – 45%, priority 4 – 59%. This is the percentage of reports to which the Department of Child Safety (DCS) responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded first and confirmed the child was not in present danger. This data does not account for the length of a delay, which could be minutes, hours, days, or weeks.

Administrative data and input from DCS Specialists and Supervisors indicates that timely initial response is affected by workforce capacity to respond to an increasing volume of reports. According to the Department of Child Safety's *Bi-Annual Financial and Program Accountability Report* dated October 16, 2014, the Department's investigation caseload per filled full-time equivalent position in June 2014 was 19 reports per month per Child Safety Specialist, which is 46% above the standard. DCS employees responded timely to more than 4,500 additional reports in FFY 2014 compared to FFY 2013, but staff resources remain insufficient to meet capacity.

The Department met the two CFSR safety data indicator national standards. The Department met the national standard that 9.0% or less of children had a second substantiated report of maltreatment within twelve months of a substantiated report in the base year. Arizona's risk-standardized performance was 7.0% for children who had a substantiated report in the base year of FFY 2012. Arizona's observed performance was even lower, at 5.3%. The Department exceeded the CFSR national standard of 8.04 or less for incidence of maltreatment in out-of-home care per 100,000 days of out-of-home care. Arizona's risk-standardized performance was 2.86 in FFY 2013. Arizona's observed performance was even lower, at 1.98 in FFY 2013.

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger will be 95% or more

Calendar Year (CY) 2013: 73% (24 of 33 applicable cases)
(Initial Assessment PICR Item 6.A.4.)

The number of children in out-of-home care under the age of eighteen will decrease by approximately 2% annually

Statewide 9/30/12: 13,509

Statewide 9/30/13: 14,406

Statewide 9/30/14: 16,248

(Child Welfare Reporting Requirements Semi-Annual Reports)

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of cases in which the agency took sufficient actions to control present or impending danger will be 95% or more

CY 2013: 85% (28 of 33 applicable cases)

(Initial Assessment PICR Item 6.A.3.)

Assessment of Safety Outcome 2 Strengths and Concerns

Arizona has a high rate of children removed per 1,000 in the state's population, and the number of children in out-of-home care has grown significantly. According to data from the Chapin Hall Foster Care Data Archive, state-defined profile, the rate of children who entered care for the first time was 5.76 per 1,000 in Arizona's child population in CY 2012, 5.70 per 1,000 children in CY 2013, and 6.54 per 1,000 children in the first half of CY 2014. The national removal rate was 3.3 per 1,000 in FFY 2012. According the *Child Welfare Reporting Requirements Semi-Annual Report*, the number of children in out-of-home care (under age 18) increased 61% between FFY 2009 and FFY 2014, from 10,112 on September 30, 2009 to 16,258 on September 30, 2013.

The majority of children in out-of-home care require removal to ensure they are safe. However, Arizona's high removal rate suggests there are opportunities to impact family risks before they become safety threats necessitating removal, and to monitor child safety in-home while the parents receive services to achieve behavioral change. For example, the Department's PICR results indicate a need to improve standardization of practice so that in-home options to control safety threats are thoroughly explored before removing the child and children are only removed when it is clearly necessary to ensure the child's safety. This would include thorough efforts to assess non-custodial parents and extended family who might be able to ensure the child's safety in-home.

The Department's PICR findings also demonstrate areas for improvement within risk and safety assessment and management. In 2013, the Department's Practice Improvement Unit reviewed 197 initial assessment (investigation) cases. The findings indicate that, in some cases, collection of more comprehensive information is needed to accurately assess the risk of future harm and child safety. The majority of assessments conclude that no safety threats are present and when safety threats are present, the Department developed a safety plan that was sufficient to control the safety threats in 85% of the 34 applicable cases reviewed in 2013. In those without a

sufficient safety plan, clear communication was needed about the specific actions that the safety monitor (such as a relative) must take to keep the child safe. More thorough oversight of the safety plan by the Department was also identified as a need in several of the applicable cases.

The CARE Team identified agency capacity as a root cause for incomplete safety and risk assessments. The Department is currently engaged in process improvement activities where Child Safety Specialists, employees from the Office of Child Welfare Investigations, Child Safety Supervisors, Policy Specialists, and Practice Improvement Unit employees have identified insufficient workforce capacity, a large backlog of investigation cases that require follow-up or documentation of a completed safety and risk assessment, and inefficiencies in workflow as some of the most important underlying causes for incomplete safety and risk assessments. These process improvement workgroups are identifying and implementing strategies to reduce the time needed to document a comprehensive investigation, and to improve workflow and case transfer between investigation and ongoing Child Safety Specialists. For more information, see Item 25: Quality Assurance System.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

CFSR Item 4: Stability of Foster Care Placement

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

CFSR Measure: Placement Stability

Of all children who enter care in a 12 month period, the rate of placement moves, per 1,000 days of out-of-home care will be 4.12 or fewer

FFY 2011b2012a: 3.51
FFY 2012b2013a: 3.62
FFY 2013b2014a: 3.42 (risk standardized performance 3.49)
(CFSR Round 3 Data Profile 11/12/2014)

CFSR Item 5: Permanency goal for the child

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

PICR CY 2013: 88%

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

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

CFSR Measure: Permanency in 12 months of entry

Of all children who enter care in a 12 month period and stay for 8 days or more, the percent who discharge to permanency within 12 months of entering care will be 40.4% or more.

FFY 2009b2010a: 32.9%
FFY 2010b2011a: 30.8%
FFY 2011b2012a: 30.3%
(risk standardized performance 28.3%)
(CFSR Round 3 Data Profile 11/12/2014)

CFSR Measure: Re-entry to care in 12 months

Of children who enter care in a 12 month period, who discharged within 12 months to reunification, live with relative, or guardianship, the percent who re-entered care within 12 months of their discharge will be 8.3% or less

FFY 2009b2010a: 9.5%
FFY 2010b2011a: 10.3%
FFY 2011b2012a: 8.0% (risk standardized performance 7.9%)
(CFSR Round 3 Data Profile 11/12/2014)

CFSR Measure: Permanency in 12 months for children in care 12 to 23 months

Of children in care on the first day of the 12 month period who had been in care between 12 and 23 months, the percent discharged to permanency within 12 months of the first day will be 43.7% or more

FFY 2011b2012a: 52.1%
FFY 2012b2013a: 54.2%
FFY 2013b2014a: 52.9% (risk standardized performance 51.0%)
(CFSR Round 3 Data Profile 11/12/2014)

CFSR Measure: Permanency in 12 months for children in care 24 months or more

Of children in care on the first day of the 12 month period who had been in care for 24 months or more, the percent discharged to permanency within 12 months of the first day will be 30.3% or more

FFY 2011b2012a: 43.6%

FFY 2012b2013a: 39.9%

FFY 2013b2014a: 40.4% (risk standardized performance 37.8%)

(CFSR Round 3 Data Profile 11/12/2014)

Assessment of Permanency Outcome 1 Strengths and Concerns

The majority of children served in out-of-home care have permanency and stability in their living situations. Many children who are removed from their parents exit to a safe and permanent home, timely, with only one or no placement changes while in out-of-home care. Arizona is meeting or exceeding the CFSR national standards for placement stability, permanency within 12 months for children in care 12 to 24 months, permanency within 12 months for children in care 24 months or more, and re-entry to care in 12 months. Arizona has not met the national standard for permanency within 12 months of entry into out-of-home care. The Department conducts data analysis and gathers relevant stakeholder information within a continuous quality improvement process to define problems for improvement, analyze the problems, plan interventions, implement the interventions, and monitor results. For example:

- Although Arizona is meeting the placement stability national standard, the Department is identifying interventions to reduce congregate care utilization that will be implemented under a title IV-E waiver demonstration project. The Department has analyzed relevant data such as the age and length of stay for children placed in congregate care by type of congregate care setting, the second placement type for children initially placed in congregate care, and risk factors associated with the removals. The Department learned that:
 - 50% of children placed in congregate care were ages 13 to 17;
 - the largest portion is male, at 56% of the children who experienced first placements in congregate care;
 - 69% of the children were identified as white;
 - the average length of stay for initial placements in congregate care in 2013 was 90 days; and
 - 31% of all children who entered out-of-home care and were initially placed in congregate care settings subsequently exited congregate care without experiencing a

second placement setting.

DCS staff and focus groups with children in congregate care and their parents revealed that children placed in congregate care settings have experienced trauma, may exhibit inappropriate and defiant behaviors, often have behavioral health and poly-substance abuse needs, and may be a member of a sibling group. The parents of these children typically also experienced traumatic events, have a dysfunctional family of origin, lack financial resources and stable housing, have substance abuse needs, have domestic violence occurring in the home, and/or have diminished parental coping skills and abilities.

- Practice Improvement Case Reviews reveal that the child's permanency goal is appropriate to the child's needs, set timely, and pursued according to ASFA TPR requirements in roughly 90% of cases. These case reviews found that the permanency goal is usually appropriate and timely, but motions for TPR are sometimes filed beyond the ASFA timeframes, and compelling reasons to not file a motion for TPR are not consistently documented. In some of these cases there did appear to be a compelling reason, but that reason was not clearly documented in the record. The Department conducted further analysis and discussion with stakeholders to plan improvement activities, as described in item 23 of this Statewide Assessment report.
- Although Arizona has achieved the national standards for permanency within 12 months for children in care for 12 to 24 months or more than 24 months at the start of the year, the Department has an active workgroup that is evaluating data on children in care for 24 months or more, to identify and address barriers to earlier permanency. The group has found a number of issues that contribute to children being in care longer than 24 months. Many of the issues are specific to the individual child's needs, including behavioral health challenges and treatment, resistance by the child to being adopted, a child not wanting to leave the home of family who does not want to adopt, and immigration issues. The group also identified systemic issues that cause barriers, such as delays in certifying the adoptive parent, delays in paperwork required by the court, case managers not discussing the adoptive plan timely, and appeals by the birth parents of the termination of parental rights. Other delays are related to the adoptive parent not following through on paperwork, the adoption subsidy application, or obtaining an attorney. The group identified barriers in individual cases that could be immediately addressed and are working with the Department's Adoption Specialists to assist in overcoming these barriers. Systemic issues are being reviewed to plan improvement interventions.
- Arizona has not achieved the national standard on permanency within 12 months of entry. The Department's data shows a decreased likelihood of exit to reunification compared to entry cohorts from prior years, and longer lengths of stay before reunifying. According to data from Chapin Hall's Foster Care Data Archive state defined website, the

percentage of children who exited to reunification decreased by four percentage points between the 2008 and 2011 first admission cohorts, from 53% to 50%. In addition, the percentage of children who reunified within 30 days decreased from 24% to 15%, within 90 days decreased from 30% to 19%, within 6 months fell from 35% to 25%, and within 1 year dropped from 44% to 37%. Stakeholder input indicates that insufficient caseworker and contracted service capacity are effecting the Department's ability to achieve timely reunification. These problem areas are being addressed by the agency. Service wait lists have decreased significantly, as described in item 29 of this Statewide Assessment report.

- The likelihood of reunification is lowest for infants, at 39% most recently. The percentage of reunifications among children who entered out-of-home care before age one decreased seven percentage points between the 2008 and 2011 first admission cohorts.
- Arizona has achieved the national standard for re-entry within 12 months of an exit to reunification, live with relatives, or guardianship. Still, the Department is interested in reducing re-entry. Most re-entry occurs after reunification. Data from the Chapin Hall Foster Care Data Archive state specific website shows that re-entry following reunification is most common for young children, but recently improved. Of children who exited to reunification in 2011 and were age birth to three, 21% re-entered within a year, compared to 17% of all children. Of children who exited to reunification at age zero to three in FFY 2012, 17% re-entered out-of-home care within one year.

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

CFSR Item 7: Placement with siblings

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

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

9/30/2014: 66%

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

9/30/2014: 76%

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

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

CY 2013: 56%

CFSR Item 9: Preserving Connections

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

FFY 2014: 91%

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

FFY 2014: 40%

CFSR Item 10: Relative Placement

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

CY 2013: 75%

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

CFSR Item 11: Relationship of child in care with parents

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

Assessment of Permanency Outcome 2 Strengths and Concerns

The continuity of family relationships and connections are preserved for many children served in out-of-home care. For example, on September 30, 2014, 44% of the children in out-of-home care were placed with a relative; and at least two siblings were placed together in 76% of sibling groups. However, the Department's data does indicate several areas for improvement within Permanency Outcome 2. The Department conducts data analysis and gathers relevant stakeholder information within a continuous quality improvement process to define problems for improvement, analyze the problems, plan interventions, implement the interventions, and monitor results. For example:

- Child visitation with parents and siblings in out-of-home care was found to be a strength in 56% of the cases reviewed in CY 2013. Concerted efforts were made to ensure that visitation was sufficiently frequent to maintain or promote continuity of the child's relationship with the mother in 81% of cases, with the father in 60% of cases, and with siblings in 70% of cases reviewed in CY 2013. Given the increased number of children in out-of-home care, particularly young children, the Department has been responsible for an increasing number of parent-child and sibling visits. Capacity among Department staff and contracted service providers has been insufficient to meet the demand for visit transportation and supervision services. The Department has addressed this problem by adding additional transportation service contracts, meeting with service providers to resolve barriers to service provision, and has been reviewing data on service wait lists to monitor improvement.
- The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent. Improvement is needed in order to reach the Department's target performance level. The Department's ICWA Policy Specialist and Tribal Liaison share and discuss permanency data with tribal social service representatives on a regular basis and jointly develop ICWA objectives and benchmarks for inclusion in the CFSP. See the Department of Child Safety's *Child and Family Services Plan Fiscal Years 2015 – 2019* for detailed information about the input received from tribal social service representatives, and the Department's current ICWA related objectives and benchmarks that were developed jointly with tribal representatives.
- Case reviewers found that the child was placed in a stable relative placement or that sufficient efforts to identify and assess maternal and paternal relatives had been made in 75% of cases reviewed in CY 2013. In many of the cases needing improvement, there

was a lack of documentation or other evidence that a thorough relative search had been conducted. The searches for paternal relatives were more likely to have insufficient efforts than those for maternal relatives. The Department has implemented improvements to the Family Locate service, but data continues to identify this as an area for continuous improvement.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

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

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

PICR CY 2013: 89%

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

PICR CY 2013: 68%

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

PICR CY 2013: 49%

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

PICR CY 2013: 83%

CFSR Item 13: Child and family involvement in case planning

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

CY 2013: 54%

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

CY 2013: 36%

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

CY 2013: 64%

CFSR Item 14: Caseworker visits with children

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

CY 2013: 77%

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

CY 2013: 58%

CFSR item 15: Caseworker visits with parents

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

CY 2013: 36%

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact

with the father will be 95% or more (In-Home and Out-of-Home PICR Item 10)

CY 2013: 18%

Child and Family Well-Being 1 Outcome Strengths and Concerns

Practice Improvement Case Review data demonstrates that the majority of children and their foster or kinship caregivers receive appropriate needs assessment and services. PICR findings indicate that more than 75% of children receive monthly in-person contact. The Department continually assessed and provided services to address the needs of children in 89% of cases reviewed in CY 2013 (note this item does not include assessments and services to meet children's educational, physical health, and mental health needs, which are assessed in other PICR items).

Performance is stronger with mothers than fathers. More consistent practice is needed to ensure that all fathers are assessed, provided services, involved in case plan development, and visited by the assigned case worker each month. The Department is committed to continually improving practice and services so positive outcomes are achieved for all children and families served. The Department's child and family well-being outcome data will assist the new Department of Child Safety to identify priorities for improvement:

- The mother's needs were thoroughly and continually assessed in 73% of cases reviewed in CY 2013, and sufficient services were provided to address the mother's identified needs in 87% of the cases reviewed. The father's needs were thoroughly and continuously assessed in 51% of cases, and sufficient services were provided to address the father's identified needs in 67% of cases. In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children.
- During the 2013 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned Child Safety Specialist, or the Child Safety Specialist made concerted efforts to have these conversations.
- In some cases there are insufficient efforts to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but greater efforts were needed to elicit the parent's thoughts and feelings about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).

- Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the Child Safety Specialist visited with the child each month, but could improve practice by asking for the child's input into case planning issues.
- In 77% of cases reviewed in CY 2013, the target child in out-of-home care and those served in-home received monthly in-person contact from the assigned Child Safety Specialist. Due to extremely high caseloads, other Child Safety Specialists, DCS Supervisors, Program Specialists, and Case Aides sometimes conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case worker contacts during the PICRs.
- The quality of the case worker's contact with the child met the practice standard in 58% of cases reviewed in 2013. Practice can improve by seeing the child alone for part of each monthly contact.
- PICR data reveals higher rates of contact with mothers than fathers. Contact was sufficiently frequent with 46% of mothers and 25% of fathers. In some cases greater and continual efforts to locate a missing parent were needed, or there was insufficient contact with a parent who was detained or incarcerated. The quality of contacts was also better with mothers (55%) than fathers (49%).

Foster and kinship parents interviewed during PICRs often report that they are pleased with the support they receive and that their needs are promptly addressed by their Child Safety Specialists. In January 2014, a survey of foster and adoptive parents was conducted as a part of the CARE Team's evaluation and in cooperation with the Arizona Association for Foster and Adoptive Parents. The 258 responses identified room for improvement in supports for caregivers:

- 42% agreed or did not disagree that they received adequate information on children placed in their homes,
- 76% agreed or did not disagree that they had accurate contact information in the event of an emergency with a child placed in their homes,
- 60% agreed or did not disagree that they are satisfied with the professionalism and courteousness in their interactions with their case workers,
- 61% agreed or did not disagree that the agency considered the parents to be part of the team when it concerned the welfare of the children,
- 75% agreed or did not disagree that they felt their work with children was valued by the agency,

- 59% agreed or did not disagree that they were satisfied with the support received from their case workers and/or the caseworker's supervisors, and
- almost 40% agreed or did not disagree that more involvement in the decisions about the child's welfare was the most important factor in improving their experience as a foster parent.

Focus groups were held in 2014 with 134 youth age twelve or older who were placed in congregate care. These children are not representative of all children in out-of-home care, but provided valuable information about ways in which the Department can improve services to youth. Themes related to needs assessment, services, and contact with their case workers included the following:

- The clothing allowance/allowance is very important to youth in congregate care. Youth reported that allowances should be larger and consistently provided to allow youth to participate in activities they enjoyed before entering care.
- Youth want to have resources to help them when they leave or age out of foster care, such as money to purchase clothing before they leave care and internships with businesses to improve the employability.
- Youth in the Pima region reported that case workers are doing a good job maintaining meaningful contact with the children/youth on their caseloads, but in general youth believe that excessively high workloads prevent their case workers from proactively, consistently and meaningfully engaging with families and youth. Youth would like improved communication with their case workers, a greater voice in the decisions affecting them, and more information about why they are in care and what to expect in the future.
- Youth recommended that the Department develop a Foster Care 101 training for youth in care, to provide information about their rights, what to expect, the role of the court, and community services that are available to them.
- Youth recommended more "real-life" training, rather than classroom training on life skills. They would like to learn such things as how to cook, how to drive, how to get a car load, how to manage their money, how to apply to college, how to buy an airline ticket, and what resources are available to them as foster care alumni.
- Youth made recommendations for improved services to support reunification, such as extensive support to help their parents meet the case plan goals, and more flexible, timely, and convenient services.

Focus groups were held in 2014 and 2015 with 54 parents of a child age twelve or older who were placed in congregate care. Themes related to needs assessment, services, and contact with their case workers included the following:

- Parents recommended that the Department be more flexible with parents and their time, particularly in relation to their work schedules.
- Parents expressed concern that excessively high workloads prevent case workers from engaging parents in a consistent and meaningful way, and from fully supporting parents.
- Parents would like more frequent and clear communication with their case workers about their case plans, to improve their understanding of what they need to do in order to reunify with their children.
- Parents recommended that the Department provide prevention services and supports rather than out-of-home care, particularly services to support parents with a child who has behavioral issues, such as respite and parenting classes.
- Parents recommended support by parent/peer mentors to guide them through the process of involvement with the Department of Child Safety and the juvenile court.
- Parents recommended that the Department provide services to support the family after the Department's case is closed, to ensure continued success.
- Parents recommended creation of affordable community-based residential programs for children with behavioral health issues so that parents can access this service without Department and court involvement.

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

CFSR Item 16: Educational needs of the child

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

CY 2013: 87%

Child and Family Well-Being 2 Outcome Strengths and Concerns

Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. The Department is performing well in this area, achieving the standards in 87% of cases reviewed.

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

CFSR Item 17: Physical health of the child

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

CY 2013: 66%

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

2014 CMDP Performance Measures – Data from FFY 2012

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

			%			
Dental Participation	46%	68.3%	79.0%	44.1%	*	*

CFSR Item 18: Mental/behavioral health of the child

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

CY 2012: 81%

Child and Family Well-Being Outcome 3 Strengths and Concerns

The PICR evaluates whether the Department’s specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers found that 78% of children who had been in care for more than twelve months had a comprehensive physical health examination in the most recent twelve months, and 58% of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule. Of applicable cases reviewed in CY 2013, 46% of children who had been in care more than six months had received a dental examination within the most recent six months. Reviewers found that more than 85% of children who required physical or dental health treatment services did receive timely and appropriate services.

State Medicaid audits indicate significant improvement or maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in seven of the nine performance measures and exceeded the national Medicaid and commercial insurance means for Children’s Access to Health Care, Adolescent Well Care (EPSDT visits), Annual Dental Care - preventative and restorative visits, Dental Participation - preventative dental visit performed, and EPSDT Participation.

Arizona’s PICR data indicates that behavioral health care is an area of strength for more than eight of ten children served in-home or in out-of-home care. Many children did not require behavioral health services during the period under review or were receiving the necessary services. Youth and parents reported during focus groups that there is a need for improved access to a range of services to treat and support children with behavioral health issues and their families. This information suggests that children’s behavioral health needs are most often met

for children in care, but additional community-based prevention and treatment services are needed.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

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

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The Department's statewide information system, CHILDS, is functioning to ensure that, at a minimum, the state can readily identify the child specific information described in CFSR item 19. CHILDS is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff.

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

CHILDS was found to be Statewide Automated Child Welfare Information System (SACWIS) compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements, which include collection and retention of the information included in CFSR item 19. The most recent SACWIS review was held in September 2014. The final report for this review is not yet available, but preliminary results shared with the state were that CHILDS continues to be SACWIS compliant.

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

FC-06 Date of Birth:	0 missing records
FC-07 Sex:	20 missing records of 21,819 (0.09% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records
FC-18 First Removal Date:	0 missing records
FC-20 Last Discharge Date:	0 missing records
FC-21 Latest Removal:	0 missing records
FC-41 Current Placement:	748 missing records of 21,819 (3.43% failing)
FC-42 Out of State:	1,170 missing records of 21,819 (5.36% failing)
FC-43 Most Recent Goal:	1,714 missing records of 19,922 (8.60%)

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, every child’s placement is known to the Department; 748 children did not have current placement data entered into the placement fields in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation.

Department staff examined data accuracy for 65 children randomly selected from all children served in out-of-home care for at least 24 hours between December 1, 2013 and November 30, 2014. Staff compared data in the CHILDS fields that are used to readily identify removal dates, placements, permanency goals, and demographic information to narrative case information and information available through the FAA interface. The CHILDS data was counted as accurate when it was consistent with narrative documentation and information viewed through the FAA interface, was counted as inaccurate when it was inconsistent with narrative or other CHILDS documentation that clearly showed the correct information (such as a court minute entry stating the date of removal), and was counted as suspected inaccurate when it was inconsistent with data in the FAA system but the reviewer had no conclusive source to determine which data was correct. This review yielded the following results:

- First removal date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Last discharge date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Latest (most recent) removal date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Date of birth: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Race: 83% confirmed accurate and complete, 9% showed undetermined race in CHILDS but data was available in the FAA database, 8% confirmed or suspected inaccurate

- Gender: 100% confirmed accurate
- Most recent placement: 92% confirmed accurate, 3% data missing on placement location window but available in narrative or other documentation, 5% caregiver identity confirmed accurate but incorrectly identified in the placement location window as a relative or non-relative
- Most recent permanency goal – 89% confirmed accurate, 11% data missing or inaccurate in most recent case plan but available in court reports or narrative documentation

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

The Department's Practice Improvement Case Review (PICR) generates statewide data on the timely development of written case plans and the involvement of mothers, fathers, and children in the development of those plans. The 2013 PICR sample included 270 out-of-home cases and 48 in-home cases, randomly selected from every region and office in the state. Cases are reviewed each month in each region, statewide. PICR results and practice trends are distributed agency-wide, and are discussed with Child Safety Specialists (caseworkers) and Department of Child Safety Supervisors throughout the year to generate root cause analysis and improvement activity.

PICR results from 2013 include the following:

- The percentage of cases in which the agency (1) developed the initial permanent case plan according to required timeframes, if applicable during the Period Under Review (PUR), (2) maintained a written case plan that was no more than 6 months old, and (3) reassessed and revised the case plan when a change in permanency goal was considered or there was a significant change in case circumstances, if applicable during the period under review (PICR Item 8.D.)

Out-of-Home: 37% (101 of 270 applicable cases)

In-Home: 42% (20 of 48 applicable cases)

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

Out-of-Home: 52% (93 of 179 applicable cases)

In-Home: 51% (24 of 47 applicable cases)

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

Out-of-Home: 33% (45 of 138 applicable cases)
In-Home: 39% (13 of 33 applicable cases)

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

Out-of-Home: 69% (106 of 153 applicable cases)
In-Home: 42% (13 of 31 applicable cases)

The Department has identified timely case plan development and involvement of parents and children in case plan development as areas needing improvement. A workgroup of field and central office staff developed a new case plan format in SFY 2014 that simplified the documentation process, but extremely high caseloads continue to be a barrier to timely case plan development and contact with parents to seek their input. Arizona's caseload standard for Child Safety Specialists is:

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

According to the Department of Child Safety's *Bi-Annual Financial and Program Accountability Report* dated October 16, 2014, the Department's caseload per filled full-time equivalent position in June 2014 was:

- For investigations, 19 reports per month per Child Safety Specialist (46% above the standard);
- For in-home services, 54 cases per Child Safety Specialist (64% above the standard); and
- For out-of-home (foster care) services, 28 children per Child Safety Specialist (40% above the standard).

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The occurrence of periodic review hearings for each child no less frequently than once every six months is a strength for Arizona's child welfare system. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, Foster Care Review Board hearings, and administrative reviews all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types includes a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan. An administrative review is an internal review process that can substitute for an FCRB meeting when the FCRB is unable to conduct a review within required timeframes.

The *State of Arizona Primary Review Title IV-E Foster Care Eligibility Report of Findings for April 1, 2012 – September 30, 2012*, published by the Children's Bureau of the federal Administration for Children and Families, identifies "timely court hearings" as a strength or promising practice. According to the report:

"The collaboration between the child welfare agency and the court agencies resulted in timely and complete documentation of court orders for children, with the requirement met for all cases. Reasonable efforts to finalize the permanency plan findings typically occur in both the Permanency and Report & Review Hearings. The practice for the Permanency Hearings is to hold them annually, and the Report & Review Hearing is held usually every six months. Language was clear, concise and child-specific in court orders that contained more narrative usage than checkboxes, which yielded more child and case-specific information. In many orders, the permanency plan was clearly identified and concurrent planning was often integrated. As a result, reasonable efforts to finalize the permanency plan determinations always were timely and reviewers found most cases to have determinations every six months. This practice ensures that the State will meet the requirements in §472(a)(2)(A)(ii) of the Act and 45 CFR 1356.21 (b) (2) for the State agency to obtain judicial determinations within twelve (12) months of the child's entry

into foster care that the agency has made reasonable efforts to finalize the permanency plan that is in effect with subsequent determinations every 12 months.”

The Arizona Department of Child Safety also monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, Foster Care Review Board (FCRB), and administrative review). This data shows that of all the children in care on September 30, 2014, who had been in care more than 7 months, the percentage who had a periodic review hearing in the six months prior was 89%.

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the five hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the five periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 89% of children had a periodic review hearing and the data quality issues can only result in underreporting, the Department is able to confidently report that more than 89% of children in care for seven months or more have had a periodic review hearing in the past six months.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter is also a strength for Arizona's child welfare system. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, provided the following statewide data:

- Of all children who were the subject of a dependency petition filed in FFY 2013, 97.6% had a permanency hearing held within twelve months of the petition being filed.
- Of all children who were the subject of a permanency planning hearing held in FFY 2013 and who remained under the court's jurisdiction for the next twelve months, 96.4% had a subsequent permanency hearing held within twelve months of the hearing that was held in FFY 2013.

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

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Department staff reviewed CHILDS and court data to evaluate statewide functioning related to timely filing of TPR motions in accordance with Adoptions and Safe Families Act (ASFA) provisions. A random sample of 65 children was selected from all 4,587 children served in the 12 months ending November 30, 2014, who were in care for 17 months or more by date of exit or November 30, 2014. Practice was determined to meet the required provisions if (1) the Department filed or joined a motion to TPR by the last day of the child's 15th month in care, (2) the child was placed with a relative and the agency pursued guardianship, or (3) a compelling reason to not file a motion for TPR was documented in the child's written case plan. The date at which the child had been in care for 15 months was calculated from a start date of the child's dependency adjudication or 60 days from entry into out-of-home care, whichever was earlier. Time in runaway status was not included. Of the 65 cases reviewed, 74% (48) were found to meet one of the three criteria described above. Among the 65 cases:

- 57% (37) had a motion for TPR filed within the required timeframe;
- 9% (6) involved a child placed with a relative and guardianship was being pursued;
- 8% (5) did not meet criterion 1 or 2, but did have a compelling reason documented in the case plan; and
- 26% (17) did not meet criterion 1, 2, or 3.

The Department is clearly meeting the required provisions for nearly three of every four applicable children, but improvement is needed to ensure timely filing or documentation of the compelling reason to not file for TPR. In seven of the 17 cases that did not meet the provisions, the motion for TPR was filed within two months of the date on which the child had been in care for 15 months. In three of the 17 cases the children are Native American and reunification efforts were continuing or the children eventually reunified with a parent, which suggests a compelling reason existed but was not documented in the case plan.

Data obtained through this review and through the Department's Practice Improvement Case Review is discussed with field staff during Practice Improvement Case Review feedback meetings, and was discussed on February 6, 2015, with a team of Department employees representing the Department's executive team, policy unit, continuous quality improvement

program, and legal department. Feedback obtained through these discussions includes the following:

- For a time, the case plan window in CHILDS did not provide a cue or a specific space to document a compelling reason in all applicable cases. This is being corrected.
- Documentation in the compelling reason text box sometimes describes the lack of progress toward reunification rather than a justification for not filing a motion for TPR. Field staff might benefit from refresher training and cues within the case plan documentation window.
- Discussion is needed to define specific compelling reasons that are considered acceptable by the Department, consistent with the Department's values and federal law. For example, discussion is needed around the application of TPR and compelling reasons requirements in cases involving American Indian children and children with serious behavioral health issues.
- The Department's policy and procedures were recently revised to more clearly describe when a compelling reason to not file for TPR must be documented. Additional revisions are needed to clarify in policy or procedures that the compelling reason must be documented in the written case plan, and to define compelling reasons that are considered appropriate by the Department.
- In some cases the motion for TPR is filed within two months of the required timeframe. Process improvements in the Department and the Office of the Attorney General could improve timeliness.

The Department's Adoption Policy Specialist is facilitating a workgroup of internal stakeholders who are identifying barriers to timely adoption. The information collected about timely TPR motions and documentation of compelling reasons will be provided to this workgroup, which will conduct further evaluation and lead the Department's improvement efforts.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

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

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

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

- In a few counties, the juvenile court judge asks during the hearing if the out-of-home caregivers are present. If they are not, the judge asks the Child Safety Specialist if the caregivers were notified of the hearing and why they are not present.

In the course of writing this Statewide Assessment, input on system functioning was gathered from the county court and Department employees who provided the process information described above. In addition, the notification system's functioning was the subject of a meeting attended by the Presiding Maricopa County Juvenile Court Judge, the Department's Court Liaison, and the Department's Director in January 2015; and was discussed in a meeting of the Department's Regional Program Managers, Bureau Chiefs, and Court Liaison in February 2015. These court and agency stakeholders indicated that notification by the county court typically works well when the court has accurate child placement information. This information is known to the court when the child's placement was ordered by the court or changed by court approval, the child has not moved since the last notification to the court, or the Department provides timely notification to the court that a child has moved. However, if a child moves between hearings and the placement change does not require court approval, the court may not receive the new caregiver's information in time to notify of the hearing. Court reports with the caregivers' name and address are due to the court 15 to 30 days prior to court hearing, but are not always accurate or received on time. In addition, court stakeholders indicated that individual judges within Maricopa County have unique preferences for communicating new placement information from the Department to the judge or county clerk, which makes transfer of information more difficult. Although systems for notification by the court do not always meet the requirements and are not present in all counties, out-of-home caregivers often receive the information from the children's Child Safety Specialists or at the prior court hearing if they were present.

The Department does not have quantitative data specific to this requirement, but a survey of foster parents conducted in May 2014 provides relevant information. The survey was sent by email or postal service to 4,522 licensed foster parents. A response was received from 1,095 of the foster parents, and 990 (22%) responded to the question: "I am kept up to date on court hearings, visitations, and staffings related to the children placed in my home." Of the 990 respondents who answered this question, 77% completely agreed or mostly agreed with the statement, 11% neither agreed nor disagreed, and 21% mostly disagreed or completely disagreed. Although the survey question encompasses other important areas for communication with foster parents, 79% of foster parents responded favorably or neutrally to this broader question. If the question were directed solely to notification of court hearings, the percentage of favorable or neutral responses would likely be higher.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system meets the five requirements in the following ways:

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

The Department's QA and CQI system is centrally administered and operating in all jurisdictions of the state. Many of the Department's CQI functions are administered by the Practice Improvement Unit, which is comprised of thirteen employees who generate, analyze, and distribute statewide case review and administrative data on service quality and outcome achievement. These staff are located across all of the Department's five regions.

Initial assessment (investigation), in-home service, and out-of-home care cases are randomly selected for review from all eligible cases, statewide. Cases are reviewed from each region monthly, according to a schedule that ensures cases are reviewed from each field unit annually. In 2013, the Practice Improvement Unit reviewed 197 initial assessment and 318 in-home service or out-of-home care cases.

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

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

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

Has standards to evaluate the quality of services

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

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

Identifies strengths and needs of the service delivery system

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

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

- identifying and implementing process improvements using Lean Six Sigma methodologies in the same fashion as the Arizona Government Transformation Office (GTO), to develop consistent, measureable, efficient processes and standards;
- implementing a management system to maintain and oversee ongoing compliance to improved processes and standards; and
- creating a culture of innovation and waste elimination throughout the workforce.

The Department's objective is to better provide for the safety and well-being of vulnerable children in Arizona while maximizing the resources allocated to the Department by using Lean methodologies. Lean methodology has already yielded significant benefits in the Department's intake operations. The Department is continuing the process improvement efforts using front-line workgroups to map current processes, identify process waste (re-work, wait time, over-processing, etc.), and design improved process work flow. Allowing those who know the work best to participate in Lean process mapping and process improvement design and implementation yields the highest value improvements and enhanced employee engagement. Current workgroups include:

- Redaction / Disclosure Workgroup – The many hours dedicated to redacting confidential information and disclosing records as required by law takes field employees across the state away from doing the highest value work because of the extraordinary amount of labor involved. This workgroup is recommending and piloting options to streamline and standardize redaction and disclosure, and take advantage of technology and specialized training that yields consistent, quick, quality results without adding staff.
- Investigation Workgroup – Children, families, courts, case managers, and others experience delays caused by the current process of handoff from the initial Child Safety Specialist (CSS) who assesses safety and risk, to the ongoing CSS who monitors the child’s safety and well-being in out-of-home care while working with the family and team to achieve permanency. This "relay race" style handoff delays permanency by requiring that the initial safety and risk assessment be fully completed before the ongoing CSS is assigned. By allowing these processes to work in parallel, instead of sequentially, safe permanency for children can be achieved sooner. This workgroup is identifying new processes and workload distribution to support earlier assignment of the ongoing CSS and parallel work.
- Child Safety and Risk Assessment (CSRA) Worksheet Workgroup – After Child Safety Specialists investigate reports, they enter a safety and risk assessment, interview notes, and historical information into CHILDS. The data entry process is time consuming, and with the overwhelming volume of new reports assigned for investigation, this final step of documentation is often delayed while the CSS ensures the safety of children in the new reports. This workgroup is focused on reducing the time to enter data so that Child Safety Specialists can quickly enter a complete, accurate record of the investigation and move on to the next investigation. The proposed solutions involve a decision-guided worksheet that investigators can complete electronically or by voice, to be directly pulled into CHILDS. Laptops are a critical component to this solution, and are being rolled out statewide for field investigators.
- Service Referrals – Child safety requires services such as transportation, parent-child visit supervision, adult psychological evaluations, and others. Requests for these services flow through a few key employee groups at the Department. Recent capacity strain prompted expanded contracts and additional vendors, however internal processes and resources are not maximized for connecting providers and families. Work is in progress to make the referral and service initiation process more efficient and timely.
- Training – “Transformers of Government” is an Agency Competency for all Department employees in 2015. By providing Lean training to our workforce through computer-

based training, classroom training, and project involvement, the Department will continue moving toward a culture of continuous improvement.

Provides relevant reports

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

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

Evaluates implemented program improvement measures

The Department evaluates the success of its implemented program improvement measures through the federal CFSP process, the CFSR, review of administrative data, continual review of practice through the Practice Improvement Case Reviews, and program-specific quality assurance processes. The Department's progress is also measured through external evaluations and oversight. For example, Chapin Hall at the University of Chicago is currently under contract with the Arizona Office of the Auditor General to conduct a legislatively mandated independent evaluation to "1) examine Arizona's current child safety system and consider best practices to improve the delivery of services in the state, and 2) provide consultation on the effective establishment of the new Department of Child Safety with a focus on implementation challenges" (*State of Arizona, Office of the Auditor General, Request for Proposals from Qualified Consultant*); a legislatively mandated Oversight Committee is being formed to monitor Department outcome measures and evaluate the effectiveness of the Department's program improvement efforts; and the Department has contracted with Arizona State University to evaluate program improvements made through the Title IV-E waiver demonstration project.

The Department also uses administrative and case review data to evaluate progress in rapid CQI cycles within particular projects. For example, the Child Abuse Hotline was recently involved in

a Lean process improvement project. The Hotline's administrative data identified problems of long wait times and high call abandonment rates for reporting sources calling the Hotline. As a result of this data, adjustments were made to the Hotline's forms and work processes. Post implementation data was monitored after each adjustment. Current data demonstrates substantial improvement, including a wait time of 45 seconds in February 2015. As another example, the Department has been monitoring weekly data on the number of reports for investigation received at the Hotline, the number of reports that receive an initial response, the number of investigations completed by the Child Safety Specialist, and the number of reports that are closed by a supervisor. By monitoring the flow of reports into and out of the system, the Department has been able to evaluate the capacity of employees to process the caseload volume, and the points in the system where backlogs occur. This data is continuously analyzed to measure the effects of investigation process adjustments.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The Department is meeting the requirement to provide initial staff training that includes the basic skills and knowledge required for the Child Safety Specialist position. Child Safety Specialist core training is provided by the Department's Child Welfare Training Institute (CWTI). Through classroom training and field training activities, CWTI delivers an established curriculum (core training) that provides all newly hired Child Safety Specialists with the basic skills and knowledge they require. Typically, newly hired Child Safety Specialists attend the classroom sessions during their first month or two of employment. Following classroom training, new employees begin to receive cases, and complete or observe the activities listed on the field training checklist. The field training checklist includes activities such as observing a Foster Care Review Board meeting, reviewing the NASW Code of Ethics, and conducting a joint interview with an experienced co-worker. By completing the eighteen field training activities, Child Safety Specialists continue to learn agency policies and procedures, and practice applying them. Newly hired staff graduate from core training when all classroom sessions are complete and all field training checklist activities have been conducted.

Two hundred and two (202) Child Safety Specialists were newly hired in 2014; started core training before June 30, 2014; and were still employed with the Department on December 31, 2014. Of these 202 Child Safety Specialists:

- 90% (181 of 202) completed the core classroom training and the field activity checklist;
- 5% (10 of 202) completed the required core classroom training but the completed field activity checklist has not been received by CWTI; and

- 5% (11 of 202) completed the field checklist but have not completed all modules of the classroom training.

This data includes newly hired Child Safety Specialists, statewide. This data underestimates the amount of training received. It is likely that some employees who completed all required field training activities did not supply the completed checklist to CWTI. In addition, employees who have not yet completed all classroom training have completed some or most of the classroom training.

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

While the initial Child Safety Specialist core training meets the requirement to provide the knowledge and skills needed by newly hired staff, the Department is continuously improving the quality of the training program. The Department partnered with Arizona State University (ASU) in 2014 to assess and recommend improvement for the Department's training program, including initial training for Child Safety Specialists. Approximately twelve meetings were held across the state to obtain feedback from employees regarding the Department's initial training. In addition, three specialized focus groups were held in Phoenix with supervisors, Assistant Program Managers, and Child Welfare Training Institute staff to gather their perspectives on initial Child Safety Specialist core training. The meetings and focus groups resulted in actionable recommendations, such as that the initial Child Safety Specialist core training include more hands-on learning opportunities. The Department is committed to a continued partnership with ASU to continuously improve training for newly hired staff.

Department of Child Safety Supervisor core training is also provided by the CWTI. The ten-day training includes seven classroom sessions: Supervision 411, CHILDS and Dashboard, Strength-Based Supervision, Administrative Supervision, Educational Supervision, Supportive Supervision, and Legal and Policy. The CWTI is provided a list of newly hired supervisors by the Department's Human Resources Unit each month. CWTI staff register the supervisors for the next available supervisor core training group, and the supervisors are expected to complete the training within twelve months of starting supervisor core training. As of March 4, 2015, the Department employed 218 Department of Child Safety Unit Supervisors. Of these, 42 had not yet reached the twelve month timeframe for completing supervisor core. Of the remaining 176 supervisors, 69% (122) had completed supervisor core training, 13% (23) have one class to

complete, 9% (16) have two classes to complete, 5% (8) have three classes to complete, and 4% (7) have more than three classes to complete. The total number of required training classes for the 176 supervisors is 1,232. The supervisors have completed 91% (1,127) of the classes.

DCS employees who are actively supervising a Department of Child Safety Unit are sometimes unable to attend a class due to a schedule conflict, such as the need to attend a court hearing. Historically, each class has been offered twice annually, so the supervisor may need to wait for a make-up class. Given the small number of supervisors, providing the classes more frequently would not have been efficient. However, the number of newly hired supervisors has recently increased, and each class is scheduled to occur six or seven times in 2015.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

In 2006 the Department developed a policy that staff complete 24 hours of child welfare related ongoing training per state fiscal year. The Department does not currently have a fully functional system to monitor completion of ongoing training at the individual staff level. However, available data supports a conclusion that ongoing child welfare training opportunities are available to staff to support their continued professional growth. The following are examples of ongoing trainings attended by Department staff in FFYs 2013 and 2014:

- In FFY 2013, 56 Child Safety Specialists and Supervisors completed the Advanced Forensic Interview Training;
- In FFY 2013, 20 Child Safety Specialists completed Child Abuse Hotline Training; 83 DCS staff at the Hotline received training on criminal conduct, four received training on quality assurance, and another four received triage training;
- In FFY 2013, 214 DCS staff participated in workshops organized by CWTI;
- In FFY 2013, 43 DCS staff participated in a Learning Workshop on Substance Exposed Newborns provided by medical doctors and experts in matters related to newborns exposed to substances.

- During June, July, and August 2013, the Statewide Assessment and Case Plan Specialist conducted approximately 43 sessions to orient staff to the newly created safety and risk assessment and case plan. Attendance at one of these sessions was mandatory for all ongoing case managers, Child Welfare Training Institute trainers, Practice Improvement Specialists, and ongoing case management supervisors. The session was optional for staff in an initial assessment role. Approximately 25 staff attended per session, and the sessions were held statewide.
- During 2013 and 2014, the Statewide Assessment and Case Plan Specialist completed approximately 40 in-service trainings on safety, risk, and case planning; provided 1:1 training with approximately 85 different Child Safety Specialists; and attended two Indian Child Welfare Seminars to share information about the Department's risk and safety assessment tools to the American Indian community.
- In 2014, 40 staff in the Central and Southwest Regions attended a Multi-Agency Reunification Collaborative (MARC) in-service, 786 staff attended a Behavioral Change in-service, 150 staff attended a Crossover Youth in-service, 228 attended a Division of Developmental Disabilities in-service, and 75 attended the Knowing Who You Are Training.

The Department has three ongoing staff trainings that will be piloted within the next six months: a two part teaming with resource parents training, an advanced joint investigation training, and a staff safety training.

The Department is committed to the partnership with ASU to continuously improve the ongoing training available to staff. Continuous Quality Improvement is occurring throughout the Department's training programs, starting with the collection of input from case managers:

- In April 2013, all staff were invited to participate in a survey to provide input into their training and development needs. Responses were received from 412 staff. Staff were asked questions related to what trainings they had received that prepared them to complete their job duties, what trainings they would like to see offered in the future, what trainings their peers and supervisors should receive, reasons staff do not participate in offered trainings, and preferred method of training (computer based, written material, instructor-led, etc.)
- In 2014, ASU conducted a Training Needs Assessment Survey. Over 600 staff, including CPS Specialists, Hotline Specialists, Case Aides, and Program Specialists provided responses, resulting in a 40% response rate. DCS Staff were asked to consider a range of child welfare activities and skills and to report on the level of importance each had in their current position, as well as how they would rate their personal level of confidence regarding the activities or skills.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Foster and Adoptive Parent Training

Foster parent pre-service training is provided statewide through contracted provider agencies by AZPS-MAPP Certified Leaders using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting*) or PS-DT (*Partnering for Safety and Permanency – Deciding Together*). PS-MAPP is delivered during ten meetings, providing a minimum of 30 pre-service training hours. Deciding Together is delivered during a minimum of seven one-on-one home study and training consultations with potential foster parents. For more information about the PS-MAPP curriculum, see Arizona's *Child and Family Services Plan 2015 - 2019*.

State statute requires six hours of pre-service training prior to foster care licensure, and licensing rules require twelve hours of pre-service training. However, the Department requires that prospective foster parents complete a minimum of 30 hours of pre-service classroom training or a minimum of seven home study and training consultations prior to full licensure and prior to placement of a child (aside from court-ordered placement with unlicensed kin or significant others).

State law does not require training prior to adopting a child. State rule does require that prospective adoptive parents receive an adoption orientation, including explanations on a range of topics such as the adoption process, adoption agency policies and procedures, fee structures, the types and number of children likely to be available for adoption, the expected time between

certification and placement, and others. Prospective adoptive parents are able to participate in PS-MAPP or PS-DT if they request or are asked to do so during the certification process. Many adoptive parents are licensed foster parents prior to adopting a child, and therefore received the training during the foster parent licensing process. All prospective non-relative adoptive parents participate in an assessment and home study process and must be certified to adopt by the court. The contracted assessment agency or the court can require the prospective parents to complete training to strengthen their ability to care for a child.

In 2014, 1,405 initial foster home licenses were issued, and 100% of the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. For all foster parent applicants, a checklist and quality assurance process is used to confirm that the training requirements have been met. See item 33 for a description of this process. One foster home was granted a provisional initial license to enable the family to complete the required pre-service training. According to Arizona's licensing rules, the Department "may issue a provisional license to a foster parent who has not completed training, when the Licensing Authority makes a finding of hardship as prescribed in A.R.S. § 8-509(D). The Licensing Authority may find a condition of hardship when failure to issue a provisional license would result in displacement of a child or the inability to place a particular child." A provisional license can not exceed six months and is not renewable. Foster parents who are issued a provisional license have started the training and must finish the training with the timeframe of the provisional license. In accordance with federal policy, the Department does not claim title IV-E for children who are placed in a foster home with a provisional license.

An annual individualized training plan is created with each foster parent to identify needs and in-service training for the next year. In-service training is primarily provided or arranged by the contracted foster home recruitment, study, and supervision agencies. The Department also provides in-service training opportunities so that foster parents can easily meet the requirements. For example, for the past two years the Department has provided regional trainings in Phoenix, Tucson, and northern Arizona. These full-day training events were attended by a total of more than 400 foster parents, and provide workshops on topics suggested by foster parents. Examples of recent in-service training topics include anger and behavior management; and the grief and loss experience for foster, adoptive, and kinship caregivers. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the contracted agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

License renewals or mid-term updates were approved for 2,378 family foster and professional foster homes in 2014. All of the foster parents in these homes completed, at minimum, the required six hours of in-service/ongoing training prior to renewal or mid-term update. This is confirmed through the mid-term annual review process or the two year license renewal process. In order for a license to remain in good standing, the provider agency must provide information

to the Office of Licensing and Regulation (OLR) on the in-service training topics and number of hours accredited to the foster home. An administrative review and a substantive review of the information is completed by OLR staff prior to either the mid-term approval or the license renewal. The administrative and substantive review process, and quality assurance review, is described in item 33.

Foster parents with a professional foster home license must complete an additional six hours of in-service training annually, related to the special needs of the children for whom they are providing care. In 2014, 143 professional foster home license renewals were approved. All of the foster parents in these homes completed, at minimum, the additional six hours of in-service/ongoing training.

The Department periodically gathers input from foster and adoptive parents to continuously improve training. For example, in April 2014, Arizona State University (ASU) conducted a survey of all 701 foster families who elected to voluntarily close their licenses in the preceding twelve months. Participants were asked to share "...the most important item that would have improved your experience as a foster parent." From a list of twelve options, only one respondent out of 118 who responded to this question identified that more training opportunities would have improved their experience.

ASU also conducted a survey of all active foster families to inquire about initial and ongoing training. The anonymous online survey was emailed to 3,892 licensed foster parents and mailed to an additional 630 foster families. A total of 1,095 foster parents responded to the survey. Seventy-six percent of respondents indicated agreement that initial training adequately prepared them to be a foster parent. In addition, 75% of respondents indicated that their licensing agencies enabled them to receive ongoing training that they felt they needed. Survey respondents also had the ability to provide narrative feedback with suggestions to improve PS-MAPP training. Ninety respondents said that they found PS-MAPP to be enjoyable and/or made no improvement suggestions. Respondents provided a total of 515 recommendations to improve training. The most common themes were suggestions for more practical, real-life, and specific examples; that training reflect actual system processes vs. inaccurate or "ideal" processes that rarely occur; to include experienced foster parents, both in the training and to be available for Q&A; to provide training on specific topics of personal interest to them (often related to children in their care); to explore other adult learning formats for portions of the training (the vast majority suggesting online); to include teaching on community resources and supports available to foster parents and/or children; and to include guest speakers and/or field trips (e.g. CASA, court room, visitation observation, etc.).

Child Welfare Facility Staff Training

Child welfare facilities that provide group and shelter care services are licensed annually by the Department of Child Safety's Office of Licensing and Regulation. There are currently 63 child

welfare residential facilities licensed by OLR. Licensing rules require the agencies to orient and train their own staff. Specifically, licensing rules state that “A licensee shall have a written plan for orientation and training of all staff. The plan shall include a method for the licensee to evaluate whether the person has actually learned the information that was the subject of orientation or training.” Additionally, “All staff shall receive initial orientation and training before assignment to solo supervision of children.” The licensing rules describe the required content for initial training, including topics such as “the licensee’s policies and procedures, including those on confidentiality, client and family rights, grievances, emergencies and evacuations, behavior management, preventing and reporting child maltreatment, recordkeeping, medications, infection control, and treatment philosophy;” “cardiopulmonary resuscitation,” “the initial health screening,” “de-escalation and any physical restraint practices used at the facility,” “specific child care responsibilities,” “expected responses to and side effects of medications commonly prescribed for children,” and “the licensee’s emergency admissions process.” Licensing rules require that full-time support staff shall receive at least four hours of annual training and full-time direct care staff shall receive at least 24 hours of annual training. This annual in-service training “shall cover matters related to the person’s job responsibilities, and at least the following subjects, as appropriate to the characteristics of the children in care at the facility:

- a. Child management techniques;
- b. Discipline, crisis intervention, and behavior management techniques;
- c. A review of the licensee's policies;
- d. Health care issues and procedures;
- e. Maintenance of current certification in CPR and first aid;
- f. Attachment and separation issues for children and families;
- g. Sensitivity towards and skills related to cultural and ethnic differences;
- h. Self-awareness, values, and professional ethics; and
- i. Children's need for permanency and how the agency works to fulfill this need.

During the initial licensing process, the application process requires that the applicant facility provide confirmation of all required items in the personnel file, including orientation training. There are usually few staff at the point of application because the facility is just forming. The Department’s OLR staff verify that the initial training requirements are met for all staff of the applicant facility before the license is issued.

The annual license renewal process confirms that initial and in-service training requirements have been met for 100% of facilities. The agency may be required to submit a corrective action plan; be placed on provisional license status, or have its license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility’s personnel files to confirm that staff training requirements as specified in rule and the facility’s written policy have been met. If the facility has 50 or fewer employees, OLR staff review at least five personnel files, or all files if there are fewer than five

employees. If the facility has more than 50 employees, at least 10% of the personnel files are randomly selected and reviewed. OLR maintains a database of all facility employees and documents the dates on which each employee's personnel file was reviewed. At the time of annual renewal, the random sample is stratified to include the files for employees whose files have never been reviewed, and files for staff who have been employed for more than one year to verify that they are complying with ongoing training requirements. If staff training has been provided by individuals or companies not employed by the Child Welfare Agency, the trainer's credentials are also reviewed by OLR staff. Among facilities who had their license renewed, 100% of the randomly selected personnel files met the initial and ongoing training requirements at the annual renewal inspection.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

A table listing services provided by the Department directly or through contract has been provided as an attachment to this Statewide Assessment report. The services table provides information on the array and accessibility of services across all jurisdictions.

To evaluate the sufficiency of the state's service array, Arizona established a Service Array (SA) Design Team that consists of Department employees from across the state and community partners from the following agencies or organizations: the City of Phoenix; Community Action Program; Arizona Department of Health Services, Women's and Children's Bureau; City of Tucson, After-school program; a kinship placement that is associated with Arizona Grandparent Ambassadors; Judicial Officers; Casey Family Programs; Phoenix Children's Hospital; Arizona Coalition Against Sexual and Domestic Violence; Arizona Department of Economic Security, Division of Development Disabilities and Division of Benefits and Medical Eligibility; and Maricopa County Juvenile Probation Department. The Service Array Design Team began meeting in March 2014 and has been charged with (1) assessing the availability of supports and resources for children and families in local communities throughout the state, (2) identifying gaps where additional services are needed to better meet the unique needs of children and families, and (3) developing recommendations to enhance the existing service array.

This team's first priority is to identify services that will support reductions in the use of congregate care and support the family assessment response to Child Abuse Hotline reports, including assessment services and services to safely maintain children in their own homes. The Department has researched several evidence-based/informed practices and is in the process of

exploring additional evidence-based/informed practices that would support congregate care reduction. Additional parent training programs were also presented to the Service Array Design Team for consideration. Through this recommendation process, DCS plans to initially identify and implement at least one evidence informed service to support Arizona's title IV-E waiver demonstration project proposal.

The Department is also conducting an assessment of the sufficiency of services to meet the needs of populations served, and identifying additional services to fill gaps. The Service Array Design Team and focus groups identified the Department's Family Support, Preservation, and Reunification Services contract (In-Home Services Program) as an existing service that is beneficial for families. This integrated services model includes different types and levels of intervention to meet the families' needs, including intensive in-home, moderate in-home, reunification, placement stabilization services, family support, and clinical assessment services. The Team and focus groups also identified several opportunities to strengthen the service array:

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

Progress has been made to increase capacity and efficiency issues related to the waitlist for services. In October 2014, the Department met with the Parent Aide and In-Home Services providers to develop a plan to reduce the waitlist and establish benchmark goals. Also, efficiencies were made to the referral process to improve tracking and distribution of the referrals to the contractors. The waitlist for Levels I, II, and III and Visitation for Parent Aide services in November 2014 was a total of 716 referrals and In-Home Services was a total of 259. The waitlist for these services, as of February 2015, was 187, a 74 percent reduction, and 117, a 55 percent reduction, respectfully.

The Department is working towards performance-based contracting and the new Requests for Proposals (RFP) will include performance guarantees to improve the quality of services delivered and contractor accountability. The Department's goal is to complete the following RFPs by December 2015:

- Home Recruitment, Study, and Supervision
- Psychological Services
- Transportation
- Residential Treatment Centers

- Group and Shelter Care
- In-Home Services
- Parent-Aide Services

Examples of future performance measures may include:

- Provide all services in a culturally and linguistically appropriate manner to the population to be served;
- Provide number of sufficient qualified staff to provide all services and meet the requirements of this contract; and
- Provide treatment plan and desired outcomes measure for each client to be submitted to the ADCS Specialist.

The Department is also incorporating a Program Notification process in which Child Safety Specialists can notify DCS Contracts Administration of issues that need to be addressed with the contractors. The goal is to reach full implementation by July 2015.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

A table listing services provided by the Department directly or through contract has been provided as an attachment to this Statewide Assessment report. The services table provides information on the ability of services to be individualized.

In March 2014, the Service Array Design Team analyzed the Department's service array to identify opportunities for improvement to better meet the unique and individualized needs of children and families. The stakeholders' feedback regarding individualized services is similar to the feedback regarding the array of services offered by the Department described in the response to item 29. The Service Array Design Team determined outcomes for children and families would improve if the following changes were implemented:

- Strengthen the service array to offer a robust continuum of services to meet the individualized needs of children and families (i.e. make available the full range of services in the in-home services contract).
- Ensure services are accessible in all geographical areas and are linguistically competent.
- Create services that are trauma-informed.
- Develop parent/peer mentoring programs.
- Provide assistance and improved coordination for families to navigate multiple, complex service systems.
- Actively engagement community stakeholders to improve community connections. Strengthen Child Safety Specialists' knowledge and understanding of community resources and supports.
- Improve strengths and needs assessment and service planning to be more individualized.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

The Department engages with community partners in a cycle of continuous improvement to successfully implement the provisions of Arizona's *Child and Family Services Plan* (CFSP) and develop related *Annual Progress and Services Reports* (APSRs). Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, which includes defining the problem, assessing the problem, planning interventions, implementing interventions, and monitoring results. Section II of the *Child and Family Services Plan 2015 – 2019*, submitted in June 2014, provides descriptions of the Department's extensive communication and collaboration with stakeholders, spanning from legislatively required committees to short-term workgroups.

Arizona's CFSP 2015 – 2019 was developed from input and recommendations provided by then Governor Janice K. Brewer's independent Child Advocate Response Examination (CARE) Team, and from information gathered from stakeholders after the CARE Team issued its report. The CARE Team conducted an in-depth assessment of the policies, processes, and personnel of the agency then known as the Division of Children, Youth and Families. The CARE Team's examination of the state's child welfare agency, and consultation with stakeholders that continued after the CARE Team completed its work, resulted in the goals and objectives for improvement included in the *Child and Family Services Plan 2015 – 2019*. Assisted by the Government Transformation Office and using the Failure Modes Effects Analysis method, the CARE Team conducted a detailed process review from Hotline call through investigation completion. A team of supervisors and front-line employees from the Hotline, quality assurance, and investigations "examined the process step-by-step to define the highest risk failures" and

“the root causes for the failures.” The root cause analysis was further informed by interviews and survey data gathered by the CARE Team. Surveys of agency employees and foster and/or adoptive parents were conducted and comments were solicited from agency employees, the public, and community stakeholders. More than twenty-five CARE team meetings with the community, stakeholders, and child welfare experts were held in December 2013 and January 2014. The CARE Team concluded its assessment with the publication of its study, *Eyes on Children*, on January 31, 2014.

Other examples of consultation with employees and stakeholders that have informed the CFSP 2015 – 2019 or are directly related to implementation of the CFSP include:

- Department participation in a workgroup that drafted the legislation creating the Department of Child Safety, which describes the purpose, structure, and responsibilities of the new agency;
- Director-employee forums to update employees and solicit input from staff on agency operations;
- process improvement workgroups of field and central office staff to identify and implement methods to improve workflow and documentation efficiency so that Child Safety Specialists have more time to spend in the field assessing child safety;
- ongoing consultation with Casey Family Programs, Arizona State University, and other stakeholders that resulted in the selection of congregate care reduction as the target problem for Arizona’s title IV-E demonstration project, which is expected to improve permanency and placement stability outcomes;
- the Safe Reduction workgroup, which is a Department and Maricopa County Court collaboration facilitated by Casey Family Programs to identify and implement specific court and agency interventions to safely reduce the number of children in out-of-home care in Arizona;
- focus groups and interviews with youth in care and their parents, to receive their insights about services that could safely prevent removal and/or placement into congregate care and their involvement in case plan development, which will inform selection of interventions under the title IV-E demonstration project;
- one-on-one communication with contracted service providers to identify and eliminate barriers to timely service provision, in order to reduce wait lists for services that can safely prevent re-entry, support safe reunification, or enable sufficient parent-child visitation;

- a meeting of internal stakeholders to obtain a deeper understanding of issues that interfere with timely filing of petitions for termination of parental rights or documentation of compelling reasons, and recommendations for addressing the issues;
- an ongoing workgroup of adoption staff and policy specialists who are examining aggregate data and the specific cases of children who have been in out of home care for two or more years and are free for adoption, to identify ways to achieve permanency and increase the timeliness of future adoptions;
- the Foster-Ed initiative in Pima County, which is a collaborative effort to improve educational outcomes;
- the Comprehensive Medical and Dental Program's Quality Management committee, which includes external and internal stakeholders who review physical health care utilization and outcome data to monitor service provision and identify areas for improvement;
- focus groups to engage staff in the redesign of initial and ongoing staff training;
- an evaluation of initial and ongoing staff training conducted by Arizona State University at the request of the Department, which provides recommendations for the continuous improvement of the Department's staff training program;
- a survey of foster parents to seek their input about reasons for voluntarily closing their licenses and recommendations for services, supports, or training that would improve retention;
- a committee to obtain feedback about the Department's services array, which included a wide variety of external and internal stakeholders;
- a workgroup of external and internal stakeholders to obtain feedback about the Department's service array, including identification of strengths in existing services and how to enhance the service array to better meet the needs of children and families and include evidenced informed practices;
- a workgroup of external and internal stakeholders who created a draft child welfare Practice Model that articulates and documents the values and best practices that drive the work with children and families, to include family engagement and consistency of practice.

In addition to the examples listed above and many other targeted consultation and collaboration activities, stakeholder input is also gathered throughout the year during ongoing program or population specific committee meetings, inter-agency executive committee meetings, and other advisory workgroups at the state and local levels. These include, but are not limited to, the

Youth Advisory Board, the Arizona Foster Care and Adoption Coalition, the Court Improvement Advisory workgroup, the Committee of Juvenile Court Judges, the Arizona Children’s Action Alliance Child Welfare Committee, the Arizona Council of Human Service Providers Child Welfare Committee, and meetings facilitated by Inter-Tribal Council of Arizona (ITCA) and the Navajo Nation with tribal social service representatives.

The Department’s outcome and goal-related data is shared with staff and stakeholders so they have information about the Department’s strengths, areas needing improvement, and progress when providing input to the Department. The Department publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year. These reports and the Department’s Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department’s internet site at [Reports](#). The Department presents outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings. The Department recently expanded the amount of data that is publically available on the agency’s internet site, and is in the process of developing a report for use by the legislature’s DCS Oversight Committee that includes the CFSR Round 3 data measures.

Taking into consideration the extensive input received from stakeholders, the Department defined priority problem areas, assessed those problem areas, and designed the Child and Family Services Plan 2015 – 2019 to improve safety, permanency, and well-being outcomes by addressing the root problems that demand exceeds capacity, and the Department lacks standardized processes and decision making. According to the CARE Team Report, *Eyes on Children*: “Insufficient capacity leads to high employee turnover, caseload backlog,...inefficient caseload management and a daily struggle to keep up. Insufficient capacity ultimately drives management and process challenges, including a lack of clear performance standards, inexperienced supervisors, ineffective management of front line staff, no standardized leadership work product, insufficient training, and individual judgment routinely replaces standardized process.” The Department therefore identified the following priority goals and the related objectives and benchmarks described in the CFSP 2015 – 2019:

- Reduce caseloads to meet reasonable caseload standards
- Recruit and retain high quality employees
- Develop a skilled workforce
- Operate with transparency and accountability to the practice standards described in law, rules, policy, and procedure
- Thoroughly and efficiently collect information form the public about children who may be abused or neglected
- Provide an appropriate response to allegations, based on risk and needs
- Remove only those children who require it for their immediate safety and safely achieve faster permanency for children who must be removed

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

The Department's system for stakeholder engagement and consultation pursuant to the CFSP and APSRs is functioning statewide, and the Department is working to improve this system by building a framework for collaboration that will organize the consultation process, strengthen operations, and ensure that initiatives are supported and sustainable. This framework includes four components: a strategic plan and strategic communication plan; the Community Advisory Committee, continuous engagement initiatives, and targeted engagement activities.

Strategic Plan and Strategic Communication Plan

Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the new Department has been to strengthen communication and engagement across the state in an effort to keenly identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes. For this reason, DCS, in conjunction with Casey Family Programs and Clarus Consulting Group, launched a planning process in September 2014 to develop a strategic plan and a supporting strategic communication plan.

This planning process is built around information gathered from over 400 internal and external stakeholders in the form of interviews, focus groups, and surveys. Stakeholders were asked to share their input and insights about the Department's current performance; vision; services, policies, and procedures; organizational capacity; tools and resources; recruitment and retention; communication; and any other topic of their choice. During a planning session in early January 2015, Department leadership was given a summary of key themes from the stakeholder input and began working to identify a vision, mission, and preliminary priorities for the agency's strategic plan. A steering committee of twelve Department leaders continues to guide and inform the planning process. The strategic planning process is scheduled to be completed in spring of 2015.

The strategic communication plan will build upon the Department's strategic plan and will identify key messages, audiences, and communication vehicles. Intentional and thoughtful communication is needed to engage and empower staff and stakeholders. Additionally, in light of the number of initiatives happening simultaneously across the state, it is essential that stakeholders understand how they can contribute to the successes of the Department. Communication plan development is scheduled to begin in spring of 2015.

Community Advisory Committee

In May 2014, during the Second Special Legislative Session, Arizona Revised Statutes 8-459 was signed into law that establishes requirements for a DCS Community Advisory Committee. This Committee provides an opportunity for the Department and community stakeholders to collaborate so that together we accomplish our mission of protecting vulnerable children and helping struggling families. The application process has concluded and the committee selection

process is underway. The makeup of the committee, pursuant to ARS 8-459, is comprised of representatives from the following:

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

Continuous Engagement Initiatives

The Department's many continuous engagement initiatives are outlined in the CFSP 2015 – 2019. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. This has proven to be an effective way to identify potential areas of concern as well as provide a forum to share best practices. When areas needing improvement are identified, a workgroup is generally established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are shared with Department leadership.

One example of a continuous engagement initiative is the Department's tribal partnerships. The creation of the new Department in May 2014 necessitated the establishment of a Tribal Liaison unit to represent the Department and aid in the development of strong partnership with American Indian communities. The Department has hired a Tribal Liaison and has established tribal

consultations to take place bi-annually, in addition to more frequent meetings of the Inter-Tribal Council of Arizona (ITCA) and other ongoing communication with individual tribal leaders. The first formal tribal consultation was held in August 2014, and the second took place in February 2015. Outside of the formal consultation sessions, the Department's Tribal Liaison works individually with tribal community leaders to identify needs, improvement strategies, barriers, and progress.

Targeted Engagement Opportunities

Other stakeholder engagement is time-limited and activated to achieve a specific purpose. The Department has developed a Statewide Partners Database. To assist the Department in being as inventive and inclusive as possible, the Department has created an inventory of stakeholders who have participated, or are willing to participate, in consultation activities to inform Department initiatives. This database is extensive, including over 300 stakeholders such as tribal representatives, community health center employees, court personnel, service providers, former foster children, foster parents, legislators, child advocates, and others. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts in the community, and can use this database to select stakeholders to participate in focus groups, workgroups, and other activities. Examples of targeted engagement opportunities include those listed previously in this section.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

The Department has a fully functioning statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. For example:

- The Department coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment System (AHCCCS) and title XIX behavioral health service provision with the Department of Health Services/Division of Behavioral Health Services. Arizona's title IV-B//IV-E agency (Department of Child Safety) entered into an IGA with Arizona's Medicaid Agency (AHCCCS) so that the Department can establish and administer a federally-approved acute care Medicaid system for children placed in out-of-home placement under the legal custody of the Department. This is viewed as unique, as most state's title IV-B/IV-E agencies enroll children who are in out-of-home placement with their state's Medicaid agency, instead of actually serving as the approved health plan for the child. Because of this agreement, the Department is able to directly monitor the health care services received by children in out-of-home placement, and receive and review child-specific health care data in-house. For example, if a child in out-of-home placement does not see a dentist within the initial four months of placement, a "120 day letter" is sent to the out-of-home caregiver informing them of the need to schedule a dental appointment for the child, and providing a list of pediatric dentists. The Department's administration of the acute-care Medicaid system for Arizona's out-of-home care population has proven to be an effective method to achieve positive physical health outcomes. For more information about the system, known as the Comprehensive Medical and Dental Program, see the *Child and Family Services Plan 2015 – 2019*.
- Title IV-E eligibility and Temporary Assistance to Needy Families (TANF) child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. Arizona's SACWIS system and Arizona's TANF system (title IV-A) cross-match data for children in out-of-home placement throughout the year. This gives both the title IV-B/IV-E agency and the title IV-A/TANF agency the ability to know which relatives and guardians of children in out-of-home placement are, or have been,

receiving financial assistance and support from either of these federal and state funding sources. This cross-match also provides the Department demographic information for this population, such as the age and race of the kinship caregiver who is receiving TANF cash assistance to help provide for the child's basic needs.

- The Department of Economic Security/Division of Child Support Services assists the Department to locate missing parents and is sometimes able to provide documentation of paternity. Arizona's SACWIS system has an interface for the title IV-E eligible population with the federally-approved title IV-D child support enforcement and services administration. This interface gives the title IV-B/IV-E agency and the title IV-D agency the ability to identify if child support payments are being accurately assigned to the appropriate party, supporting child well-being. This interface also assists in supporting successful reunification. When the child in out-of-home placement is reunified with a parent, the title IV-B/IV-E agency and the title IV-D agency can identify the appropriate person to whom the child support payment should be directed.
- Child care services for child welfare clients and certain foster parents are coordinated with the Department of Economic Security/Child Care Administration, as is the referral process to the State's Part C program under IDEA, the Arizona Early Intervention Program for children involved with the Department. DCS and the state's Child Care Administration work closely to identify and pay for an appropriate child care provider when needed for a child in out-of-home placement. The state's Child Care Administration has dedicated Child Care Eligibility and Placement Workers throughout the state to expeditiously provide foster parents with a child care provider. This service promotes child well-being and foster parent retention.
- The Department has partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care and to coordinate for potential Early Head Start and Head Start placement for children involved with the Department.
- The Department of Child Safety works closely with Arizona's title XIX Behavioral Health System, administered by Arizona's Department of Health Services/Division of Behavioral Health Services, to meet the behavioral health needs of children in out-of-home placement. Some communities have co-located DCS and behavioral health staff, such as Regional Behavioral Health Authority (RBHA) employees to enroll children in the behavioral health program and facilitate access to timely services. In Maricopa County, RBHA services are co-located in eight offices, and a RBHA employee is assigned to a ninth office. In addition, Pima County has a liaison from each of the five Comprehensive Service Providers. These liaisons are mobile and available to support any of the DCS locations.
- Through state statute, Arizona established the statewide Arizona Families First Program (AFF), which provides substance abuse treatment services to parents of children involved

in the child welfare system. AFF staff are currently assigned to eight Department of Child Safety offices across the Southwest and Central Regions.

- DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County.
- Staff from DCS and the Department of Economic Security/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, three DDD staff are co-located in an eastside DCS office to allow for greater collaboration on cases where DCS and DDD are both working with a family and/or child. In Maricopa County, DDD staff are co-located in eight DCS offices.
- The Department of Child Safety has an approved inter-governmental agreement with the Administrative Office of the Courts that permits pass-through title IV-E funding for youth who meet all title IV-E eligibility requirements and are placed in out-of-home placement in a title IV-E eligible licensed home or facility. The Administrative Office of the Courts and the Department have meetings, at minimum quarterly, to review cases for title IV-B and title IV-E compliance. The Department determines the title IV-E eligibility status for this population of children in out-of-home placement. Eligibility is determined in Arizona's SACWIS system so that AFCARS data can be transmitted semi-annually to the Children's Bureau for this population of title IV-E eligible children. At any point-in-time, there are usually 20 title IV-E eligible children in this population.
- The Department provides training and support to Arizona tribes interested in developing their own title IV-E programs. DCS shares with these tribes our federally-approved random moment sample system and cost allocation methodologies. While the tribes will develop their own methodologies for cost allocating title IV-E administrative expenditures, the tribes have expressed appreciation for the time and materials provided by the Department. In addition, the Department worked closely with the Navajo Nation in their effort to implement their own title IV-E program. This effort extended through several years of in-person meetings regarding case planning, eligibility, cost allocation, etc. In 2014, the Children's Bureau approved the Navajo Nation for implementing their own title IV-E program. Arizona title IV-B/IV-E staff attended the ceremony on the Navajo Nation, honoring the approval of their title IV-E state plan. The Navajo Nation and the State of Arizona were privileged to have Joo Yeun Chang, Associate Commissioner for the Children's Bureau, attend this ceremony.
- The Department provides an expedited Arizona Medicaid enrollment process for title IV-E eligible children in foster care or pre-adoptive placement who relocate from another state to Arizona. The Department is able to enroll title IV-E eligible children who

relocate to Arizona in Medicaid through a greatly streamlined process. This provides for a child's well-being by starting medical, dental, and behavioral health care services earlier, rather than having to wait until the new foster or adoptive parent has an opportunity to go to the Medicaid Office to apply, interview, and undergo the eligibility determination waiting period. Federal law through COBRA provides Medicaid coverage for title IV-E children in the state in which the child resides. In an effort to assure child well-being for interstate placement, Arizona's title IV-B/IV-E agency and Arizona's Medicaid agency entered into an agreement that permits the IV-B/IV-E agency to enter Medicaid eligibility information into the automated system so that a child's eligibility for health, dental, and behavioral health services can be expedited through title XIX for title IV-E children entering Arizona for permanency.

- The Department recently started using SENECA Family of Agencies as an additional family locate resource. SENECA provides an experienced search agent accessing multiple premium search databases to provide customized search reports with the most comprehensive information available. SENECA provides the Department with very detailed information regarding family contacts, family history, previous residences, schools, etc. The Department uses this information in tandem with the federal resource AdoptUSKids to locate families who are already certified to adopt but reside in another state (cross-jurisdictional adoption searches). Arizona views this information as invaluable for child-specific adoptive home recruitment for children who are legally-free for adoption but do not have an identified placement. Through SENACA and other family locate resources, Arizona has located kinship (relative) caregivers for approximately 44% of its out-of-home population. On 9/30/14, of the 16,990 children in out-of-home placement, 7,536 children (44%) were placed in formal kinship (relative) placements. SENACA and other family locate resources have also contributed to adoption outcomes. Arizona has increased the number of finalized adoptions by 24% between FFY 2013 and FFY 2014. During FFY 2014, Arizona finalized 3,070 adoptions from foster care as compared to 2,485 finalized adoptions from foster care during FFY 2013. Many of these adoptions are with a relative.
- As Arizona's title IV-B/IV-E agency, the Department of Child Safety obtains information from federal and state databases through approved data-sharing agreements. On a monthly basis, Arizona completes approximately 750 to 1,000 inquiries in federal and state databases for dependency, placement, adoption, or case management purposes. The Department uses data from Arizona's Motor Vehicle Division, ATLAS (Child Support Enforcement Administration), AZTECS (Public Assistance Administration), PMMIS (Arizona's Medicaid System), GUIDE (Employment Base Wage System), BOP/DOC (Federal and State Prison System), Department of Education, Office of Vital Records, and Social Security Administration to:

- locate family members who may be willing to be a related child's out-of-home placement;
- verify income and resources for parents and household members to determine entitlement benefits through title IV-E and title XIX;
- verify eligibility for title II (Social Security Survivors and/or Disability Benefits)
- verify eligibility for title XIX (SSI) for children in out-of-home placement;
- verify school enrollment and a child's unique identification number in the public school system;
- verify a child's social security number through WTPY System;
- monitor the health care services received by children in out-of-home placement;
- locate potential resources to assist parents in caring for their children; and
- provide legal documentation for children by obtaining their unique birth record number or birth certificate registration.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Foster Parent Licensing

OLR licensing staff use a checklist to verify that licensing standards are applied equally to all licensed family foster homes (including licensed kinship homes) and that exceptions for relatives are consistently applied according to standards, statewide. The checklist is based on rule, regulation, and federal law and guidelines. An administrative reviewer uses the checklist to confirm that the application form and collection of background information is complete, and will hold the application if information is missing or invalid. When that process is complete, a substantive reviewer receives the checklist by email and reviews the substance of the application, including confirmation that standards have been equally applied according to federal requirements. This includes confirmation that the criminal background check information has been gathered per federal law. If the substantive reviewer does not begin work on the application in a timely fashion, there is an alert that the checklist was not received, therefore ensuring that this substantive review occurs in all cases. All checklists are available to be checked at a moment's notice and may be reviewed if there is a question or dispute about an additional information request or the license effective dates.

Supervisors conduct a quality assurance review of randomly selected checklists each month, verifying that the checklist is complete and that the checklist matches case information in the database. Each month, five checklists are reviewed for each employee – with seven current employees, this results in 35 QA reviews per month. Checklists are randomly selected and cover all areas of the state. The supervisor records the results in order to monitor the percentage of checklists that were found to be accurate. Reviews in 2014 found accuracy rates as follows: January – 95%, February – 97%, March – 99%, April – 100%, May – 96%, June – 99%, July – 96%, August – 98%, September – 100%, October – 100%, November – 97%, and December – 100%. There are no known or suspected data quality issues.

Child Welfare Facility Licensing

The Office of Licensing and Regulation (OLR) uses checklists based on rule, regulation, and federal law and guidelines to assure that licensing standards are applied equally to all licensed child welfare residential agencies. For quality assurance, all initial and renewal applications are reviewed by the Child Welfare Licensing (CWL) Unit Manager prior to approval or denial. All checklists and reports are maintained in a hard copy file for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

In order to become licensed, the applicant agency must submit a Letter of Intent, attend a consultation meeting with OLR management, and submit an initial application with all required supplemental materials. All applications and related materials are reviewed for full compliance by a CWL Unit Licensing Specialist. Every residential facility must pass a fire inspection, a life-safety inspection, and a CWL licensing inspection. In addition, each applicant must provide evidence of financial stability and that staff have received proper screening and training to safely and adequately perform their jobs. After the Licensing Specialist has reviewed the application and all supplemental materials to verify full compliance, 100% of all initial applications are reviewed by the CWL Unit Manager to verify that the agency is in compliance, and that the application reviewer did not overlook anything. The CWL Unit Manager denies the application unless all requirements are met, thereby ensuring 100% compliance with licensing standards.

During the annual license renewal process, the facility again must submit a completed application with all required supplemental materials. The application and materials are again reviewed by a CWL Specialist to verify compliance with licensing requirements. In addition, a CWL Specialist visits the agency to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure all requirements are assessed, file reviews are conducted with checklists created by the CWL Unit based on the requirements in Administrative Code. In addition to the file reviews, the reviewer visits all licensed residential homes to conduct a full inspection of the physical facility and various required logs and records. These reviews are also based on checklists listing the requirements found in Administrative Code. At the completion of each licensing renewal visit, the reviewer compiles all checklists and applicable information, and generates a renewal study report. This report provides a written summary of the findings of the renewal visit and review, and identifies any violations noted during the license renewal process. Upon completion, each report is submitted to the CWL Unit Manager for review and approval before a renewed license will be issued. The CWL Manager reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring 100% compliance with licensing standards.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Arizona has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements. The checklist and quality assurance process described in item 33 is used to verify that these criminal background clearances are completed according to state procedure and federal law. Supervisors conduct a quality assurance review of randomly selected checklists each month, verifying that the checklist is complete and that the checklist matches case information in the database. Each month, five checklists are reviewed for each employee – with seven current employees, this results in 35 QA reviews per month. Checklists are randomly selected and cover all areas of the state. The supervisor records the results in order to monitor the percentage of checklists that were found to be accurate in relation to all requirements. Reviews in 2014 found accuracy rates as follows: January – 95%, February – 97%, March – 99%, April – 100%, May – 96%, June – 99%, July – 96%, August – 98%, September – 100%, October – 100%, November – 97%, and December – 100%. An inaccurate checklist could have a problem with the criminal background or another requirement. Therefore, for example, in January 2014 at least 95% of the reviewed checklists were confirmed to be accurate in relation to the federal criminal background clearance requirement. There are no known or suspected data quality issues.

Arizona participated in a title IV-E foster care eligibility review during the week of April 29, 2013. According to the report issued by the U. S. Department of Health and Human Services: “The primary review encompassed a sample of the State’s foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of April 1, 2012 – September 30, 2012. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from State data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. Eighty (80) cases were reviewed, which consisted of 79 cases from the original sample plus one oversample case.”

The report states that:

“In accordance with Federal provisions at 45 CFR 1356.71, the State was reviewed against the requirements of title IV-E of the Act and Federal regulations regarding: ...

- Safety requirements for the child’s foster care placement as required at 45 CFR 1356.30.”

“The foster care provider’s file was examined to ensure the foster family home or child care institution where the child was placed during the PUR was licensed or approved and that safety requirements were appropriately documented.”

The requirements at 45 CFR 1356.30 include:

“(a) The title IV-E agency must provide documentation that criminal records checks have been conducted with respect to prospective foster and adoptive parents.”

Arizona was found to be in substantial compliance. All 80 of the reviewed cases were found to have a criminal background check in full compliance with federal requirements. In addition, the report identified the state’s automated data system as a strength or promising practice:

“The Arizona Children’s Information Library and Data Source (CHILDS) incorporates the requirements for both the AFCARS and the National Child Abuse and Neglect Data System (NCANDS). The CHILDS has information on all children that are or have been involved with DCYF. This can range from a simple investigation to an out of home case. The CHILDS houses the following information when it comes to child care facilities: the names of all provider placements (child care facilities such as foster homes, group homes, residential treatment centers, shelters) that the ADES contract.

The Quick Connect database has information on criminal records checks, child abuse and neglect checks and whether a license was issued or declined. It has capacity when utilized to process a licensing application on a given applicant or licensee during various licensing phases, such as, initial, renewal, amendment (change of licensing conditions) and withdrawal (formalize closure of a license). The background check process is timely, especially given the volume of checks that are completed annually.”

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

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The Department has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The Department's statewide diligent recruitment plan is fully operational. The extensive activities to implement the recruitment plan are described in Arizona's *Child and Family Services Plan 2015 - 2019* that was submitted to the U.S. Department of Health and Human Services in June 2014. These activities are conducted statewide and include general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Recruitment activities include meaningful collaboration with community partners to recruit an ethnically and racially diverse population of foster and adoptive families. For example:

- Regional Recruitment Liaisons identify targeted recruitment goals for the regions they serve, including goals for the recruitment of foster and adoptive families of color; provide technical assistance for contract providers; monitor contracts; and cultivate community participation and partnerships.
- The Department contracts with agencies such as Agape, Casa De Los Niños, Black Family Children Services, and Aid to the Adoption of Special Kids (AASK), whose focus is recruitment of families for African American, Native American, and Hispanic children.
- Recruitment of African American families is also being enriched by developing relationships with African American faith-based communities in Maricopa County. The Department is working with Pilgrim Rest Baptist Church (an historically Black congregation) on diligent recruitment projects. Pilgrim Rest has an Adoption Foster Kinship Care Coordinating Committee that meets at least monthly, and Department staff are part of that Committee. The group is exploring ways to serve children and families, including providing respite to families and physical needs (such as clothing) for teens. Later in 2015, Pilgrim will again offer PS-MAPP training for members of the congregation and the community.

- The focus on recruitment of American Indian foster homes has continued to include distribution of recruitment materials specific to the need for American Indian homes. Brochures for both the Tohono O’odham and Pascua Yaqui Tribes have been placed at the Tucson Indian Center, displayed at FACT Orientations, KARE Center orientations, the Pascua Yaqui Health and Wellness Fair, and at the Children’s Social Pow Wow event. All attendees with whom contact is made at these locations and events, and especially American Indian persons, receive further contact to encourage participation as foster parents for children. In addition, the Department’s Recruitment Liaisons and ICWA Specialist attend inter-tribal meetings and work with the Phoenix Indian Center to plan recruitment activities for American Indian families.
- The Department is partnering with AZ127, a faith-based organization, to recruit and support foster and adoptive families. AZ127 has recruited 2,500 potential foster or adoptive families since 2013.
- Semi-annual recruitment plans are submitted to the Department, including strategies tailored to the populations and geographic areas of need identified by the region. Target populations can include, but are not limited to, sibling groups, specific age ranges, neighborhoods, and ethnic/racial groups. In some regions, these plans are developed in collaboration with community recruitment councils.

The Department is diligently recruiting foster and adoptive parents, and working to improve recruitment outcomes. According to the Department’s *Child Welfare Reporting Requirements Semi-Annual Report*, the number of licensed foster homes increased from 3,900 on September 30, 2013, to 4,397 on September 30, 2014; and the total capacity increased from 8,573 to 9,061 placement spaces. According to the Department’s contractors, 2,293 of the spaces were not available for placement on September 30, 2014, leaving the point-in-time availability at 6,768 spaces.

Although the number of homes and spaces has increased, the Department does not have a sufficient number of foster homes to meet the current demand. Homes are needed for children of all ages, however, the most significant shortages are for teens, sibling groups, and children who have complex medical needs. Nearly 5% of all children removed statewide are placed with foster families who live more than 60 minutes from the child’s removal location. In addition, slightly more than 10% of children removed statewide who may have been placed in a family foster home if one was available, were instead placed in congregate care. The crisis is greatest in Pima County, where 13% of children removed who may have been placed in a family foster home if one was available were instead placed in congregate care.

The Department has also identified a need to improve the ethnic and racial diversity of foster and adoptive homes, and the Department’s statewide diligent recruitment plan specifically targets recruitment of foster homes who reflect the racial and ethnic diversity of children in care. The

following table compares the ethnicity/race of children in care to the ethnicity/race of licensed foster families on September 30, 2014. The data indicates the percentage of foster families who are American Indian and Hispanic foster families is much lower than the percentage of children in care who are American Indian or Hispanic. The Department has also identified a need for more African American foster homes – on September 31, 2014, there were over 2,000 African American children in out-of-home care, and roughly 600 foster families who self-identified as African American.

	American Indian	African American	Asian/Pac Islander	Hispanic	White	Other
% of children in out-of-home care	8%	14%	1%	36%	36%	5%
% of licensed foster families	2%	15%	3%	24%	56%	0%

The Department regularly reviews data about the characteristics of children in care in order to focus foster and adoptive parent recruitment efforts. Geographical Information System (GIS) maps are developed semi-annually using CHILDS data and the list of open foster homes from the Department’s Office of Licensing and Regulation’s (OLR) database. These maps identify areas of the state where the number of removals is highest, so that recruitment activities can identify caregivers in the same neighborhoods. The GIS maps depict the geographical areas and demographics of the targeted communities with the highest number of children entering out-of-home care and the lowest number of licensed resource families. The maps also provide aggregate data on children removed from their homes, including age, gender, race, ethnicity, the children’s removal zip codes, and their school district at the time of removal. These findings are shared with private contracted agency partners, community councils, and other stakeholders who use them as a basis for targeted recruitment activities. The maps have increased awareness of targeting needs and highlight the demographics of children in targeted neighborhoods.

The Department has expanded its use of GIS mapping with assistance from the National Resource Center for Diligent Recruitment (NRC-DR) at AdoptUSKids. In 2011, the Department began using Tapestry™ segmentation products available through ESRI, Inc. The intention of this new Segmentation Analysis Report was to help staff better understand the demographics and marketing behaviors of their current foster families, aid in turn, in the diligent recruitment of additional foster families. The segmentation data was helpful, but too complex to be easily used. In 2014, the NRC-DR assisted the Department to improve the report. The Department used feedback gathered from a workgroup comprised of Pima County foster and adoptive parents, HRSS agency staff, and DCS staff to develop the updated segmentation report. Through the ongoing work with the NRC-DR, the Department has set three goals:

1. Arizona will have increased capacity to effectively utilize market segmentation to inform recruitment planning statewide.
2. Arizona will have an enhanced data tracking system that allows more thorough tracking of families throughout the inquiry/licensing/placement process AND support outcome evaluation of market segmentation-informed recruitment activities.
3. Arizona's inquiry response system and family engagement process will more effectively support foster families throughout the inquiry/licensing/placement process.

To date, the Department has focused on the first goal by refining the segmentation target groups, and by shifting away from using ZIP code boundaries to using Rational Service Areas (RSAs), which were developed by the Arizona Department of Health Services and are more stable than ZIP codes. These changes are scheduled to be implemented with the new Home Recruitment Study and Supervision (HRSS) contract on July 1, 2015. Plans are also underway for a six-year GIS comparability study that will include race and ethnicity, among other factors. Onsite technical assistance focusing on goals two and three will take place in March 2015. Stakeholders, including members of the faith community, private contracted agency partners, community councils, community volunteers, and others have been invited to participate.

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

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The Department has a statewide process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. Arizona's statewide policy requires that for children who are legally free with no identified adoptive placement, child specific recruitment be initiated within five days of conducting an Adoption Registry search resulting in no available homes, or within five days of concluding an adoptive family selection meeting that resulted in no identified placement. Child specific recruitment includes registering the child with AdoptUSKids, Wednesday's Child, and other cross-jurisdictional resources to facilitate timely and permanent placement for children awaiting adoption. It also includes referral to the Children's Heart Gallery, which uses professional photographs to capture each child's unique spirit and story in a profile. The photo profiles are featured online and in exhibits in large public forums like churches, airports, and malls.

This process is available and operating statewide, but because of data entry issues the Department is not currently able to identify the number of children who are free for adoption and have no identified placement. Therefore, the Department is not able to confirm the percentage of children who are referred to these resources as required.

The Department estimates that no more than 522 (25%) of the 2,089 children who were in care with a goal of adoption on January 31, 2015, required referral to cross-jurisdictional resources, and has reason to believe that the actual number requiring these resources is far fewer. According to data extracted from CHILDS on February 10, 2015, 2,089 children in care on January 31, 2015 had a permanency goal of adoption and were free for adoption. Of these, 56% had a goal of adoption by relative, 22% had a goal of adoption by foster parent, and 22% had a goal of adoption by a non-relative/non-foster parent. This data supports a conclusion that at least 75% of legally free children have an identified relative or foster parent who plans to adopt the child, and do not require registration with cross-jurisdictional resources. This data is supported

by removal exit reason data. Of children who exited out-of-home care to adoption in the twelve months ending January 31, 2015, 56% exited to adoption by a relative, 32% exited to adoption by a foster parent, and 12% exited to adoption by a non-relative.

The actual point-in-time number of children in care requiring registration is believed to be much lower than the high-end estimate of 522. Department employees who are familiar with data on children who are legally free for adoption state that the “placement identified” checkbox in CHILDS is frequently not checked in a timely manner after identifying an adoptive placement. They further report that the Adoption Registry search and/or adoptive family selection process has not yet been completed for many children who are legally free, so that registration with cross-jurisdictional resources is not yet required or indicated.

The Department is able to confirm that cross-jurisdictional resources are being used statewide for some eligible children. On December 31, 2013, 43 Arizona children were listed as “active” on AdoptUSKids. Between January 1 and December 31, 2014, 47 children were added to AdoptUSKids and 48 children were placed with an adoptive family and removed from the list. Between January 1 and December 31, 2014, 87 children were photographed for the Children’s Heart Gallery, and forever families were identified for 36 of these children. Data from Arizona’s Interstate Compact for the Placement of Children (ICPC) unit also demonstrates the Department’s use of cross-jurisdictional resources for adoption. In 2014, Arizona estimates that it facilitated the finalization of over 200 cross-jurisdictional adoptions where Arizona was the sending state.

The Department is actively working to improve data on the Department’s use of child-specific recruitment, including the use of cross-jurisdictional resources. The Department has issued a request for proposals specifically for child specific recruitment, and plans to have the contract implemented on July 1, 2015. The contract will result in more detailed and timely reports and updates from the child-specific recruitment contractors, which will allow the Department to better monitor recruitment and placement activities. In addition, the contract will require the providers to mine children’s case files and develop individualized recruitment plans that may include use of cross-jurisdictional resources to achieve earlier identification and placement of children in adoptive homes.

A workgroup met in December 2014 to identify and resolve barriers to out-of-state placements. The group identified barriers and divided into three sub-groups to conduct additional analysis and develop solutions. The large group reconvened in February to review the work of the sub-groups and discuss solutions. Action plans were developed and assigned for follow-up. The group will meet again in March to evaluate progress.

Timely Home Studies

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study “of a home environment for purposes of assessing the safety and suitability of

placing a child in the home,” the state completes the study and sends the other state a report, addressing “the extent to which placement in the home would meet the child’s needs.” Arizona received 1,042 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2014, 336 fewer than the 1,378 requests in FFY 2013. Arizona completed 95% of these home studies within the 60 day timeframe.