



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

CHILD AND FAMILY SERVICES

Annual Progress Report 2010

Division of Children Youth and Families
STATE OF ARIZONA

Submitted to:
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Administration for Children and Families
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DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILDREN, YOUTH AND FAMILIES
CHILD AND FAMILY SERVICES ANNUAL PROGRESS REPORT 2010

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Section I

Description of State Agency

ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION

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

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

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

The Division of Children, Youth and Families (the Division) is the state administered child welfare services agency, and is responsible for developing the Child and Family Services Plan and administering the title IV-B programs under the plan. The Division provides child protective services; services within the Promoting Safe and Stable Families program; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence and well-being of children in foster care and adoptive families; adoption promotion and support services, and health care services for children in out-of-home care. The Division is divided into four administrations:

- Child Welfare Programs Administration
- Program Improvement Administration
- Finance and Business Operations Administration (FBOA)
- Comprehensive Medical and Dental Program (CMDP)

Arizona’s fifteen counties are divided into six regions, referred to as districts. District 1 (Phoenix and surrounding cities) and District 2 (Tucson) are the urban districts, and Districts 3 through 6 are the rural districts, although some rural counties have been growing rapidly in recent years. According to data found on the Arizona Department of Commerce website, Arizona’s population increased 30% from the 2000 census to July 2009 population estimates, reaching over 6,680,000 people.

The counties within each district are:

Dist 1	Dist 2	Dist 3	Dist 4	Dist 5	Dist 6
Maricopa	Pima	Coconino	Yuma	Gila	Cochise
		Apache	Mohave	Pinal	Graham
		Navajo	La Paz		Greenlee
		Yavapai			Santa Cruz

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Section I: Description of State Agency

District Operations

Each district provides:

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

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

Central Office functions for the Division include:

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

Section II

Vision and Mission

Arizona Department of Economic Security

Vision

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

Mission

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

Values

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

Guiding Principles

System of care must:

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

Services must:

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

Leaders must:

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

Section III

Introduction

Safety

Permanency

Child and Family Well-Being

Systemic Factors

INTRODUCTION

This introduction provides information about data sources, caseload volume and staff resources, as context for the service descriptions, goals, and objectives that follow. Following this introduction, Section III of this Child and Family Services Annual Progress Report is divided into four parts:

- *Part 1: Safety* – Part 1 describes the state’s child abuse and neglect prevention, intervention and treatment services, including family preservation and family support; the state’s safety goals and measures; accomplishments and factors affecting performance in SFY 2010; and the Division’s strategies and action steps for improving safety outcomes in SFY 2011.
- *Part 2: Permanency* – Part 2 describes the state’s services to support reunification, adoption, guardianship, kinship care, and independent living or another planning permanent living arrangement; the state’s permanency goals and measures; accomplishments and factors affecting performance in SFY 2010; and the Division’s strategies and action steps for improving permanency outcomes in SFY 2011.
- *Part 3: Child and Family Well-Being* – Part 3 describes the state’s case planning and case management services, including case manager contact with parents and children, and services to address children’s educational, physical health and mental health needs; the state’s well-being goals and measures; accomplishments and factors affecting performance in SFY 2010; and the Division’s strategies and action steps for improving well-being outcomes in SFY 2011.
- *Part 4: Systemic Factors* – Part 4 describes the state’s statewide information system capacity, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to community (including collaboration with Native American tribes and Indian Child Welfare Act compliance), and foster and adoptive home licensing, recruitment and retention program; describes activities and accomplishments in each of these systemic areas during SFY 2010; and provides the Division’s strategies and action steps for improving these systemic factors in SFY 2011.

Primary Data Sources

This report provides baseline data from a variety of sources; including other reports published by the Division or Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS) or produced by the Division, internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Division reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

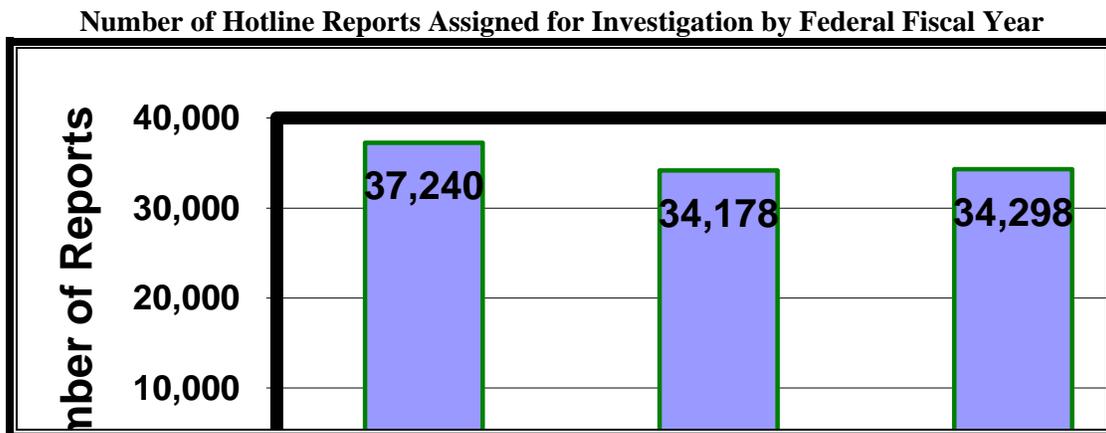
- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. Profiles provided to the state by DHHS following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency, and for determining the state’s success achieving the CFSR Program Improvement Plan target goals on the national standards.

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Section III: Introduction

- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Division, as required by Arizona State Statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Division uses a web-based “data dashboard” to track performance on some key indicators, including timeliness of initial response to reports; timeliness of investigation finding data entry; in-person contacts with children, parents, and out-of-home care providers; and child removals and returns. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Practice Improvement Case Review* – This data is generated by reviewing investigation, in-home and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. The CFSR served as the state’s annual case review in 2007. Monthly reviews of initial assessment/investigation cases were reinitiated in October 2007. Monthly reviews of in-home and out-of-home cases were reinitiated in March 2009. More information about the Practice Improvement Case Review is located in Section III, Part 4, A.3., *Quality Assurance System*.
- *The 2007 Child and Family Services (CFSR) On-site Review* – The Division participated in the second round CFSR On-site Review, including case reviews and extensive stakeholder interviews, in August 2007. This review generated in-home and out-of-home case review data for 2007.

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

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* shows that the number of reports assigned for assessment by a CPS Specialist declined in FFY 2006, increased in FFYs 2007 and 2008, and declined again in FFY 2009, to the lowest point since 2003. The number of reports assigned for assessment declined 6.9% from FFY 2008 to FFY 2009, and 13% from FFY 2005 to FFY 2009. During FFY 2009, 501 reports were not assigned for investigation, primarily as a result of the impact of staffing reductions pursuant to budget reduction strategies. This accounts for less than a quarter of the decrease in reports during FFY 2009, which mainly occurred in Maricopa and Pima counties.



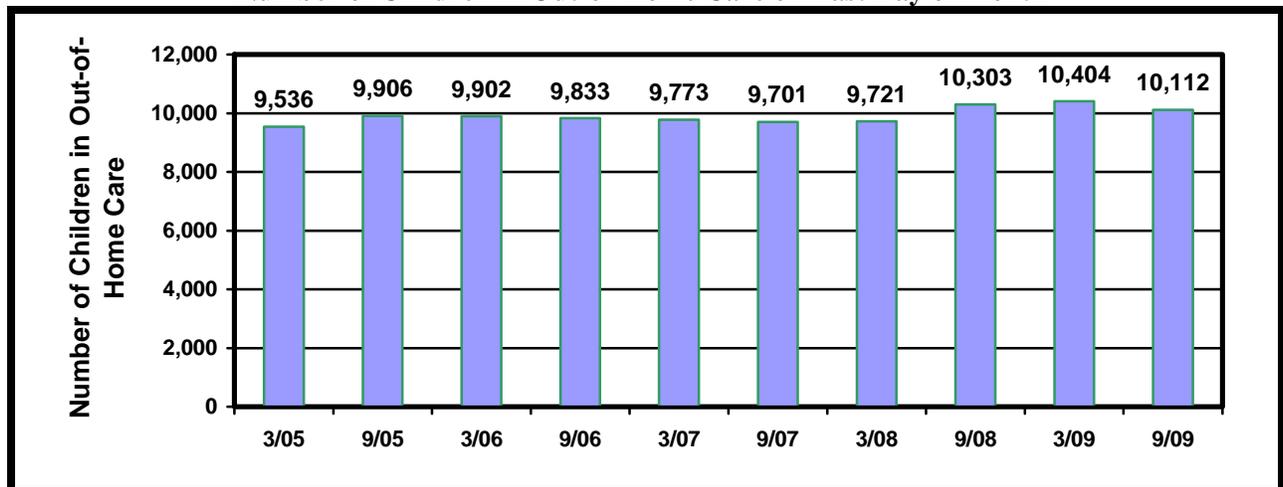
Data from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability*

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Report shows that the Division’s in-home caseload fell 45% from the high of 6,075 cases in October 2008 to the low of 3,371 in July 2009. In-home caseload had grown by approximately 20% from SFY 2005 to the first half of SFY 2009, but began to decline significantly in December 2008. The rate of decline increased in March 2009, when the Division substantially reduced the in-home services contract in response to budget reductions and shortfalls. In SFY 2010 the Division again encouraged staff to serve families in-home by developing safety plans to control safety threats while providing contracted or community in-home services. The number of in-home services cases during the month (newly opened or continuing from the prior month) increased nearly 30% from July to November and December 2009. However, the number of in-home cases remained below the SFY 2005 levels: 4,339 in November 2009 and 4,273 in December 2009.

There is a general trend of growth in the number of children in out-of-home care. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 52% increase from the seven year low on September 30, 2003 to the seven year high on March 31, 2009. The number of children in out-of-home care declined 2% over FFYs 2006 and 2007, but jumped 7% between March 31, 2008 and March 31, 2009. Most recently, the out-of-home population dropped 2.8% between March 31 and September 30, 2009, but the number remains above the FFY 2005 through March 2008 levels. The following chart shows the number of children in out-of-home care on the last day of March and September of the last five FFYs.

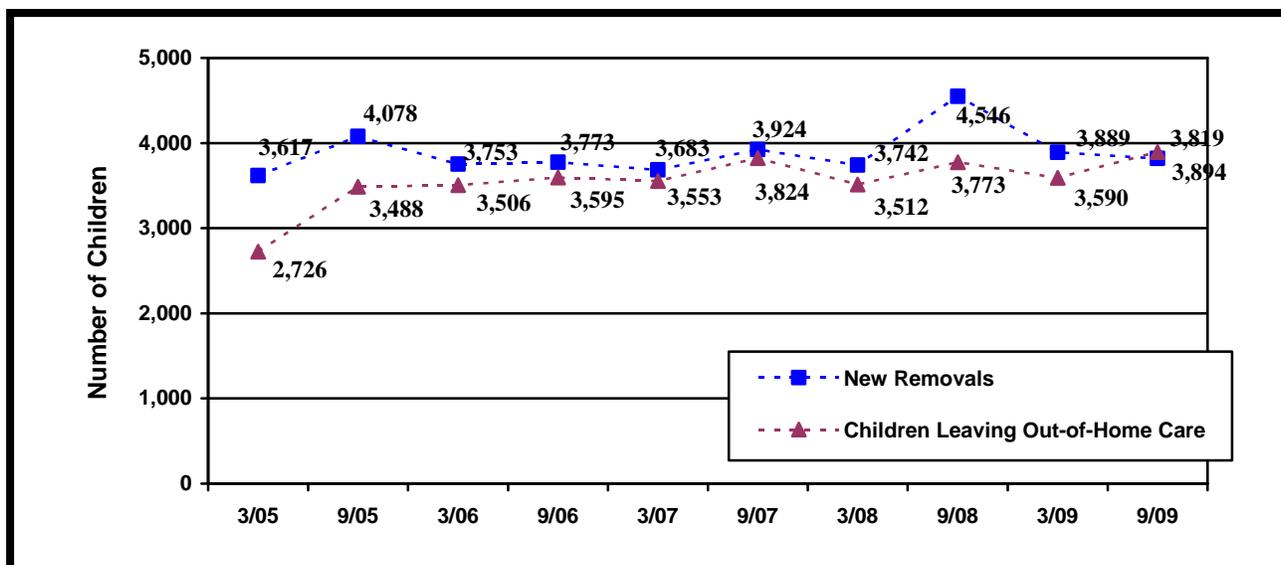
Number of Children in Out-of-Home Care on Last Day of Month



The *Child Welfare Reporting Requirements Semi-Annual Report* provides the number of new child removals and the number of children leaving out-of-home care during the six month periods ending March and September of each FFY. In FFY 2006 the number of new removals decreased and leveled, while the number of children exiting from out-of-home care continued to slowly increase. In the last half of FFY 2007, and to a greater extent the last half of FFY 2008, the numbers of new removals and children leaving out-of-home care both increased. The substantial increase in removals during the second half of FFY 2008 accounts for the rise in the out-of-home care population and indicates greater workload. The number of new removals decreased 7% from FFY 2008 to FFY 2009, while the number of children leaving out-of-home care increased 2.7%. In the last half of FFY 2009, exits exceeded new removals for the first time since April through September of 2001.

Number of New Removals and Children Leaving Out-of-Home Care in Six Month Periods

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The following chart provides the distribution by district of reports for investigation received in FFY 2009, in-home cases open in December 2009, and children served in out-of-home care in December 2009. District 1 carries the highest case volume in all categories. District 2 has a higher proportion of the in-home and out-of-home case loads than reports for investigation, which suggests District 2 is more likely than other districts to open cases for services.

	District 1	District 2	District 3	District 4	District 5	District 6
Reports for Investigation (FFY 2009)	59%	18%	7%	6%	6%	3%
In-Home Cases (December 2009)	50%	24%	6%	7%	8%	4%
Children in Out-of-Home Care (December 2009)	57%	27%	5%	3%	6%	2%

Despite recent reductions in the number of Hotline reports, in-home services cases and children in out-of-home care, CPS Specialist workload was a growing challenge in SFY 2010. According to the Division's *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, in the first half of SFY 2009, CPS Specialists were carrying caseloads that were, on average, 19% above the Arizona caseload standards. During the third quarter of SFY 2009, the Department began a hiring freeze on all CPS positions and dismissed 159 CPS specialists who were on original probation. As a result, in the second half of SFY 2009 and the first half of SFY 2010 CPS Specialists were carrying caseloads that were, on average, 45% above the Arizona caseload standards based on the filled positions.

Staff Resources and the Workforce Planning Initiative

The following table shows the Division's CPS Specialist annualized retention rate for each six month period between July 2007 and December 2009; and the percentage of authorized CPS Specialist positions filled on the last day of each period. This data does not include the positions and staff who are in the Child Welfare Training Institute for approximately twenty-two weeks. As a result of staff layoffs, retention declined in most districts during the six month period ending June 2009. Statewide, retention

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and the percent of positions filled increased in the first half of SFY 2010, but the rate of filled to authorized positions remained well below SFY 2008 rates. The Division is hopeful that retention and the percent of positions filled will continue to improve. The hiring freeze for CPS Specialist and CPS Unit Supervisor positions was lifted in the last quarter of SFY 2010. Some units are reporting they will be fully staffed when the newly hired staff complete training. Other staff will be hired in July or August 2010, just prior to the next scheduled CWTI CPS Specialist Core training.

	% Retained of Filled Positions (Annualized)					% Filled of Authorized Positions				
	12-07	6-08	12-08	6-09	12-09	12-07	6-08	12-08	6-09	12-09
District 1	72.0	84.9	68.1	45.2	75.8	79.7	84.9	79.2	77.9	77.7
District 2	76.5	83.6	65.4	53.6	79.9	97.3	89.5	87.0	81.2	82.2
District 3	57.7	81.8	78.3	13.8	80.6	87.2	84.6	75.0	65.9	71.8
District 4	74.2	79.7	50.9	67.3	82.6	71.4	85.7	71.9	73.4	73.0
District 5	70.6	77.1	56.9	54.4	86.0	87.3	88.9	78.7	76.0	87.3
District 6	62.2	63.6	57.9	-39.1	56.5	88.2	82.4	56.1	53.7	67.6
Hotline	67.2	91.0	72.3	97.1	81.8	95.7	95.7	92.9	98.6	94.3
Statewide	71.4	83.3	66.6	48.6	78.0	85.2	86.8	80.0	77.6	79.3

The Division has been involved in many activities to recruit and retain the right staff, particularly for CPS Specialist and CPS Unit Supervisor positions. In SFY 2010 the Division continued the strategic workforce planning process with an objective of achieving better outcomes for children and families through recruitment, professional development, retention, and support of a high quality workforce in an organizational culture where staff are respected and valued, consistent with the way staff are expected to treat children and families. The workforce plan focuses on connecting workforce needs, competencies, skills, supports and strategies with the goals of the CFSR and the Division’s assessment and case planning processes. With the support of Cornerstones for Kids, the Division’s human resources staff, and Child Focus, the workforce planning effort has become the infrastructure to address workforce objectives. Although some workforce planning activities were delayed in SFY 2009 due to the statewide hiring freeze, the Division completed many activities in SFY 2010 and will proceed to implement and reinforce strategies by preparing training, surveys and other products designed to strengthen and enhance staff morale and performance. Current activities that build on prior accomplishments include the following:

- Behavioral competencies that reflect family-centered and community-based practices have been incorporated into the Hiring for Fit initiative, statewide. Using the STAR (situation, task, action, results) system, all applicants for CPS Specialist and Supervisor positions are now required to answer interview questions that offer hiring panels specific insight to identify the person with the best fit and qualifications for the position. These same competencies are included in the annual performance evaluation tool, to further inform staff learning and development. An introduction to behavioral competencies will be delivered through computer-based training in the summer of 2010, and will be strengthened through interactive applications at the Supervisor’s Conference in July 2010.
- The Division is improving communication and change management practices through the implementation of organizational development tools, such as standardized guidelines for sharing Division news and happenings; methods to assist decision-making up, across and down the chain of command; and technological networking sites aimed at engaging and empowering staff. For example, the workforce planning sub-team on organizational culture/communication is

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Section III: Introduction

developing a moderated intranet forum for staff to post innovative ideas, discuss morale and retention strategies, and share community-based methods of providing services to children and families.

- The Division recognizes the critical role played by CPS Supervisors and has committed to strengthening the role of the supervisor to improve workforce stability and decrease turnover. The workforce planning sub-team on strengthening the role of the supervisor identified key tasks critical to successful supervision of child welfare positions, and incorporated these into a Supervisors Retention Toolkit. This toolkit, which draws from the work of the Michigan State University School of Social Work, is designed to provide essential tools for supervisors striving to hone or refresh their skills in core areas of engaging, assessing, developing, supporting and retaining dedicated CPS Specialists.
- During SFY 2010, the strengthening the role of the supervisor sub-team also spent considerable time researching and creating an enhanced performance evaluation tool that will drive improved outcomes associated with the federal CFSR. Using the new tool, CPS Unit Supervisors, and eventually CPS Specialists, will be evaluated in four major categories: behavioral and leadership competencies, safety, permanency and well-being. Performance rating items in the safety, permanency and well-being sections are aligned with the Division's CFSR Program Improvement Plan and practice improvement priority focus areas. The rating items include timeliness of initial response, various aspects of comprehensive safety assessment, safety planning, provision of appropriate services to parents, case planning (including concurrent planning and involvement of youth and parents in case planning), and the frequency and quality of CPS Specialist contacts with parents and children. The new performance evaluation tool will be introduced in summer 2010 and training will be provided just prior to its implementation in October 2010. Baseline data is currently being collected, in order to assess the tool's annual impact on performance.
- In SFY 2010, a thorough analysis was conducted of the reasons why employees leave or stay in their positions, the personal characteristics that motivate them to stay, and the most important qualities for supervisors. The workforce planning sub-team on retention, along with Arizona State University partners, reviewed the results of focus groups, annual employee satisfaction surveys and exit surveys. The sub-team has begun to form specific retention strategies to increase staff competency, feelings of empowerment, healthy workplace relationships, job flexibility, and containment of burn-out and compassion fatigue. In SFY 2011, staff will have timely access to these results and work plans to systematically improve retention.
- Recently, the Workforce Planning Team finalized a project logic model that clearly delineates the areas of focus, strategies to address each focus, specific tools and materials developed, and expected outcomes. Priorities for SFY 2010 include improved CFSR outcomes and analysis of pre and post-assessments of staff development and competency.

PART 1: SAFETY

A. Program or Service Descriptions

1. Child Abuse and Neglect Prevention Services

Healthy Families Arizona

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

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

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

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

The Healthy Families America® Program has been designated an "effective" program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the Healthy Families program is committed to continuous improvement. Site evaluations and quality assurance activities ensure efficiency in practice, and more than a decade of annual program evaluations have consistently demonstrated that Healthy Families Arizona is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2009*, the SFY 2009 outcomes for families after 12 months in the program include the following:

- *Child Abuse and Neglect:* 98.9% of participating families had no substantiated CPS reports.
- *Substance Abuse:* 34.8% had an initial positive screening at 2 months, and that percentage decreased to 6.1% at 6 months, and 4.4% at 12 months.
- *Child Health:* There is an 88.6% immunization rate for babies.
- *Child Safety:* 93.4% of parents lock up household poisons, 99.5% use car seats, and 90.3% use smoke alarms.
- *Maternal Life Course:* 40% of mothers are employed at 12 months, 10.4% are enrolled in school full-time, and 5.2% are enrolled part-time.
- *Maternal Stress:* There has been significant improvement observed in several areas, including social support, problem solving, depression, personal care, mobilizing resources, commitment to parenting role, parent/child interaction, home environment and parenting efficacy.

During the past year, funding for a variety of child abuse prevention programs through the Department

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Section III, Part 1: Safety

has been severely reduced or eliminated due to the state's economic crisis, leaving vulnerable families with fewer options to address risk factors and meet their family's needs. The Department currently provides approximately \$6.1 million annually to agencies around the state to deliver the HFAz Program. These dollars come from designated lottery funds, the federal Community-Based Child Abuse Prevention Grant, and a grant from the Governor's Office for Children, Youth, and Families, Parent's Commission. This is a reduction from over \$18 million in 2008. The budget reductions decreased the funded sites from 58 to 31 full or partial sites as of spring 2009.

In April 2009, First Things First (FTF) responded to the state's urgent needs by releasing emergency dollars to agencies providing services consistent with FTF's identified goals. FTF is a voter-approved initiative to fund quality early childhood development and health services through a tax on tobacco products. For the last quarter of SFY 2009 through SFY 2010, FTF provided \$6.3 million to Healthy Families Arizona Programs around the state. Despite this generous funding, the HFAz program operated at about 65% capacity in 2009 compared to 2008. According to the *Healthy Families Arizona Annual Evaluation Report FY2009*, in SFY 2009 the HFAz Program served 4,417 actively engaged families (defined as having completed four visits). This is 20% fewer engaged families than were served in SFY 2008, and represents approximately 10% of the eligible families with new births in 2008. The average length of time that families continued in the program was 420 days. Funding from First Things First will be used to continue existing programs at their current level of service and avoid further reductions to the number of families served by the program in SFY 2011.

Child Abuse Prevention Fund

The Child Abuse Prevention Fund provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program, the Regional Child Abuse Prevention Councils, and the Child Abuse Prevention Conference. Due to the substantial state budget shortfall, the 2010 Child Abuse Prevention Conference was suspended. This conference has contributed a great deal to the community over the years by providing outstanding opportunities for professional growth and development for thousands of people committed to helping children and families. As funds become available, this conference will be restored.

Regional Child Abuse Prevention Councils are located throughout Arizona. These Councils include volunteers from the business, professional, and civic sectors who work together on educational campaigns to increase public awareness of the problem of child abuse. In April the Councils are involved in activities to support Child Abuse Prevention Month. In 2009, activities included distribution of thousands of blue ribbons throughout Arizona, official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month, coordination of media campaigns highlighting Child Abuse Prevention, and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsored one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, and prevention conferences and training. The Division's Office of Prevention and Family Support sends to all Department staff, stakeholders, and the Governor's Office a statewide report listing all the Councils' activities for Child Abuse Prevention month. Staff and stakeholders are encouraged to participate and actively support child abuse prevention.

More information on these services and initiatives is located in Section V, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

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

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Since 1995 Arizona Promoting Safe and Stable Families (APSSF) Family Support and Family Preservation programs collectively served well over 112,000 families and their children. In SFY 2009 the Division contracted with 16 non-tribal service providers and seven tribal nations to provide APSSF Family Support and Family Preservation services to families and their children in both urban and rural settings. APSSF programs provided culturally competent community-based family support and preservation services to improve the safety and well-being of families, enhance family functioning, foster a sense of self-reliance, strengthen protective factors, reduce risk factors and stabilize families. Biological, kinship, foster, adoptive and non-English speaking families accessed these voluntary programs directly or by referral. A broad array of free services were offered, including, but not limited to: case management, housing support, assistance in securing child care, early intervention, food and nutrition, mentoring, parenting skills training, peer self-help, supportive counseling, transportation, emergency services, respite and intensive family preservation services. Service providers were required to form collaborative partnerships for the provision of family-centered services and provide 25% in-kind matches to the funds provided by the Division.

As a result of the substantial Division budget reductions, traditional services for APSSF were suspended effective March 1, 2009 for non-tribal contracts and April 1, 2009 for tribal contracts. As the Division regroups from the financial crisis, the APSSF program is being revamped in an exciting way, to effectively use the program resources to provide a full continuum of in-home child welfare services. The Division's in-home services program is being expanded, and families involved with the CPS in-home services program will receive extended family support and family preservation services with this funding. As resources become available, services could be made accessible to non-CPS families who are at potential risk for child abuse or neglect. The APSSF program was praised as exceptional in the *Final Report, Arizona Child and Family Services Review, February 2008*. The Division is looking forward to continuing these praise-worthy efforts to best serve Arizona's families.

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

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline (Hotline) is the Division's first point of contact for all concerns or allegations of abuse, neglect, abandonment or exploitation of a child within Arizona. The Hotline receives telephoned, faxed and written communications from mandated and non-mandated sources, including parents, relatives, private citizens, law enforcement agencies, judicial entities and anonymous sources. Trained CPS Specialists use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information meets the legal criteria for a CPS report for investigation, and whether there is indication of present or impending danger of harm to a child. Hotline Specialists assign a response time according to the level of risk and assign all CPS reports to a local office CPS Unit Supervisor. The Hotline notifies CPS Unit Supervisors or standby staff of situations that require an immediate response. In addition, calls that do not meet the criteria for a CPS report but allege criminal activity or contain information that a child may be at risk of harm are reported to law enforcement.

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

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the Division to foster parent or group home facility license violations, to request copies of CPS reports, or to request community resource information.

There are 93 allocated Hotline positions, including 72 CPS Specialists, 10 CPS Unit Supervisors (one of which is the Hotline trainer), one Program and Project Specialist (who serves as the Hotline Quality Assurance Specialist), four management staff, and six clerical staff. In addition to receiving calls, Hotline support staff process all requests for copies of CPS reports from a parent or custodian, court personnel, pre-adoption certification or foster home licensing agencies, and other persons entitled to confidential CPS report history. When requested by a person who is entitled to receive report information, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the investigation finding decision.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Call volume is the total number of calls received at the Hotline (this includes *all* calls, including thousands of calls that do not involve a report of maltreatment or a current CPS case, abandoned calls, and any other call into the call center). “Direct calls” refers to calls answered immediately by a Hotline Specialist, which do not wait in queue for any length of time. The abandonment rate is the percentage of calls where the caller hangs up while in queue, prior to speaking with a Specialist. Queue wait time is the number of minutes a caller must wait in queue to speak with a Specialist. Hotline data from calendar years 2008 and 2009 is provided in the following table:¹

	Call Volume	Direct Calls	Abandonment Rate	Queue Wait Time
CY 2008	131,175	73.45%	10.19%	5.8
CY 2009	123,059	71.98%	12.15%	4.9

Over the last year the Hotline has seen a decrease in call volume by 8,116 calls. Direct calls also decreased, by 1.47 percentage points from CY 2008 to CY 2009. The abandonment rate increased 1.96 percentage points. Monthly fluctuations in call volume have an impact on the abandonment rate. However, queue wait times did decrease from CY 2008 to CY 2009. The overall decrease in the Hotline’s ability to answer calls can likely be attributed to agency mandated furlough days (72 hours for each employee) and a hiring freeze. The Hotline closed out CY 2009 with six CPS Specialist and three support staff vacancies, which was the average number of vacancies for nearly the entire calendar year. To address queue wait time and call abandonment, the Hotline has a call triage option that callers with short questions select so they are not in queue with callers who have concerns about a child. Hotline management also provides quick response to Specialists who need supervisory consultation while a caller is on hold, and have required Specialists to take successive calls when calls are in queue, rather than completing call documentation before taking the next call.

All training on Hotline functions is internally created and provided by Hotline management and the Hotline trainer. Hotline trainings provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Ongoing training was added in January 2005 to address the current and long-term needs of Hotline Specialists. This training is provided semi-annually, to partially meet the requirement that all the Division’s CPS Specialists receive at least 24 hours of ongoing training per year. In the Spring and Summer of 2009, training was provided on the following topics: PASE (performance evaluation system) for administration and CPS Unit Supervisors, potential risk “not investigated” reports, private dependency e-mail procedures for Maricopa County, Department of Public

¹ A correction for CY 2008 data, as recorded in the previous year’s report, is noted under the “call volume” column.

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Safety background check procedures, “acting supervisor” training for CPS Specialists interested in performing in this role, and legislative update training. Hotline staff also attend conferences and other training offered by the Department and community, when available and funded.

Hotline staff use the state’s CSA and SRA to guide the collection of information about safety threats and risks, including (1) the current incident and history of abuse/neglect; (2) child characteristics and functioning; (3) adult parent/caregiver characteristics and functioning; and (4) family, social, and economic factors. Training for Hotline staff regarding safety and risk assessments occurs during the initial Hotline training program and in ongoing training. Additional training often focuses on one aspect of family dynamics or a social concern, such as parenting and methamphetamine use, or the effects of domestic violence or parental mental health issues on children. As a result of these trainings, staff are able to gather more specific information and make more clear determinations about child safety and whether information meets report criteria. The interview cue questions and safety and risk assessment training provide continuity in policy and language throughout the Division, from the Hotline to completion of the CPS intervention with a family.

The Child Abuse Hotline is receiving technical assistance from the National Resource Center on Child Protective Services (NRCCPS) to better align the current report acceptance and prioritization procedures with the Division’s Child Safety Assessment (CSA) and Strength and Risk Assessment (SRA) model and decision-making processes. New Hotline cue questions have been developed that will assist Hotline staff to collect more relevant and comprehensive information about the circumstances surrounding the maltreatment and family dynamics that impact child safety. Revised report prioritization procedures will assign an initial response timeframe based on an assessment of child safety, rather than the severity of the reported incident. Implementation of the new procedures is scheduled for July 2010. More information about this project is located in Section III, Part 1, C.

Comprehensive Child Safety Assessment and Strengths and Risk Assessment

Arizona law identifies the primary purposes of CPS: (1) to protect children by investigating allegations of abuse and neglect; (2) to promote the well-being of children in a permanent home; (3) to coordinate services to strengthen the family, and (4) to prevent, intervene in and treat child abuse and neglect of children. To achieve these purposes, CPS Specialists investigate maltreatment allegations and conduct family assessments, including assessments of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the report allegations or the investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true would constitute a felony. Such allegations include death of a child, physical abuse, sexual abuse, neglect and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies.

The Division, in conjunction with the NRCCPS and the NRC for Family Centered Practice and Permanency Planning (NRCFCPPP), developed an integrated Child Safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case planning and clinical supervision process, which was implemented statewide by June 2006. An automated version of this process was implemented statewide between November 2007 and February 2008. The integrated process features documentation requirements and on-line instructions to prompt comprehensive information collection and recording. Application of concepts inherent to the safety assessment and critical decision making processes are included, such as the “six fundamental questions” and the “safety threshold” analysis. Use of the CSA-SRA-Case planning and clinical supervision processes has a direct impact on achievement of all CFSR safety goals, including

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prevention of repeat maltreatment, protection of children in-home to prevent removal and re-entry, quality of risk assessment and safety management.

The Division's CSA and SRA tools assist CPS Specialists to explore all pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future maltreatment. The initial CSA is completed within 24 hours of seeing each child in the family, and again prior to case closure. The SRA is completed within 45 days of case opening or prior to case closure, whichever occurs first, if a child in the case is removed for any period of time or the case is opened for ongoing services. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the CSA and SRA, the Division determines the level of intervention required; including whether to close the case, offer voluntary child protective services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the existence or absence of present or impending danger and future risk of harm to any child in the family unit, the ability of the family unit to manage identified child safety threats, the protective capacities of the family unit to mitigate identified risks, and/or the ability of services and supports to mitigate the identified risks. The CPS Specialist considers the family's recognition of the problem and motivation to participate in services without CPS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families with high risk of future maltreatment, whose needs can not be sufficiently met through referral to community resources. If no protective action and/or services or supports can ensure the child's safety at home at the present time, a safety plan must be implemented, which may include out-of-home care. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

In-Home Children Services

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

Services provided through the Division's Family Support, Preservation and Reunification Services contract, known as the "in-home service program," are available statewide. This integrated services model includes intensive and moderate level family support and reunification services, which are provided based upon the needs of the child and family. The model is provided through collaborative partnerships between CPS, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination, and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible and culturally responsive.

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Services include, but are not limited to: crisis intervention counseling; family assessment, goal setting and case planning in accordance with the results of the CSA-SRA; individual, family and marital therapy; conflict resolution and anger management skill development; communication and negotiation skill development; problem solving and stress management skill development; home management and nutrition education; job readiness training; development of linkages with community resources to serve a variety of social needs; behavioral management/modification; and facilitation of family meetings. The in-home service program also assists families to access services such as substance abuse treatment, housing, child care and many others. Services may be provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives. The following elements are fundamental to the in-home service program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Services are crisis-oriented, thus initial client contact is made within four to twelve hours of receipt of the referral for an intensive case and within two business days for a moderate case.
- Intensive services are available to clients twenty-four hours per day, seven days per week, for emergencies.
- The assessment and treatment approach is based on the family systems theory.
- Emergency assistance may be available through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place when permanency is established.

District I continues to have a specialized in-home service program for families who come to the attention of CPS due to having a substance exposed newborn, known as the Substance Exposed Newborn Safe Environment (SENSE) program. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service CPS Specialist, and representatives from the behavioral health network, HFAz, the Family Preservation/in-home service program and Arizona Families F.I.R.S.T. programs.

Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that the Division's in-home caseload fell 45% from the high of 6,075 cases in October 2008 to the low of 3,371 in July 2009. In-home caseload had grown by approximately 20% from SFY 2005 to the first half of SFY 2009, but began to decline in December 2008. The rate of decline increased in March 2009, when the Division substantially reduced the in-home services contract in response to budget reductions and shortfalls. In SFY 2010 the Division again encouraged staff to serve families in-home by developing safety plans to control safety threats while providing contracted or community in-home services. The number of in-home services cases during the month (newly opened or continuing from the prior month) increased nearly 30% from July to November and December 2009. However, the number of in-home cases remained below the SFY 2005 levels: 4,339 in November 2009 and 4,273 in December 2009.

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

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

In-home service outcomes are exceeding these performance goals. In CY 2009, 91.8% of families receiving in-home services did not have a new CPS report during program participation, and 94.5% of families did not have a child enter the Department's custody. From January through August 2009, 85.7% of families that received in-home services did not have a new report within 6 months of service closure and 96.2% did not have a child placed in custody within six months.

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

Quality assurance review visits with each of the providers are another means to monitor the quality of service delivery. The Division held an on-site visit with each provider during October and November 2009, and March, April and June 2010. Cases were reviewed using a tool developed by a workgroup of Central Office and district staff with input from in-home service providers. The on-site case reviews were opportunities for continued collaboration between CPS and the providers, and immediate feedback to the providers on service quality and delivery. In Maricopa County, provider agency staff helped to review the cases. The reviews allowed the Division to identify the specific strengths and needs of each provider agency and share information to improve services. For example, in one area the Division and the provider agency facilitated training on child safety assessment, child welfare issues, and mandated reporting.

The information from the data reports, surveys and case reviews is being used by the Division to identify enhancements to the in-home model and service array. A workgroup was developed to examine the current in-home service program, study relevant evidence-based research and make recommendations for furthering Arizona's in-home children services. The workgroup included staff of all levels from the in-home service provider agencies, CPS supervisors and district program specialists. The participants discussed available research, explored the similarities and differences between Arizona's and other state's in-home service array, and examined Arizona's in-home service outcome data, survey results and case review findings. The new program will include the following service levels or types: intensive, reunification and placement stabilization, moderate, family support and clinical assessment. The program design will include more clearly defined timeframes for initial contact and service duration, and

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expectations for frequency and type of provider contact. The redesigned program also allows and encourages the use of parents who have successfully completed CPS services and achieved reunification as peer mentors.

B. Outcomes, Goals and Measures

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Plan, most of the Department's CFSP outcomes and measures match those used to determine substantial conformity during the CFSR. Baseline and progress data for Arizona's safety outcomes and measures is obtained from CHILDS and the Practice Improvement Case Review (PICR). The target percentage for the goals measured through the PICR is the standard for substantial conformity during a CFSR On-site Review (95% or more cases rated strength), and is therefore a long-range goal representing a very high standard of practice. More information about the PICR is located in Section III, Part 4, A.3. *Quality Assurance System*.

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

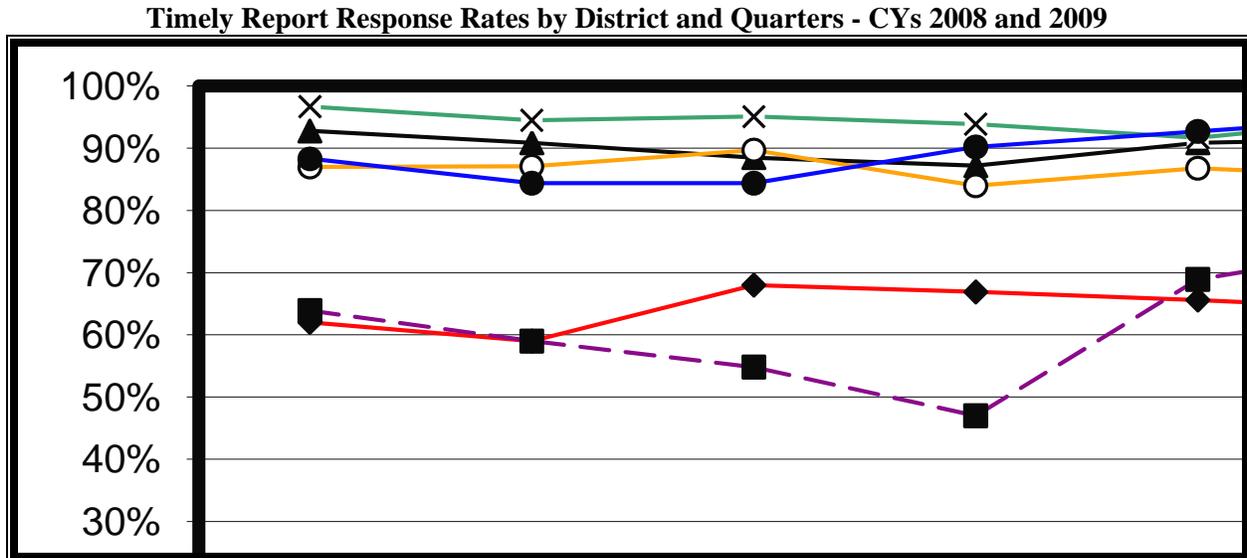
CFSR Item 1: Timeliness of initiating investigations of reports of child maltreatment

Safety Goal 1: The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, 6-5-10)

FFY 2008:	68.6%
FFY 2009:	70.3%

The Business Intelligence Dashboard provides the percentage of reports to which CPS responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel made the initial response. In some cases where CPS responded late, the child was seen and confirmed to be safe by law enforcement or other emergency personnel within the required initial response timeframe. This data does not account for the length of a delay, which could be minutes, hours, days or weeks.

Dashboard data current as of June 5, 2010 shows that Districts 3 through 6 achieved on-time response rates between 84% and 97% in all quarters during CYs 2008 and 2009. District 4 maintained the highest timely response rate, ranging from 92% to 97% throughout the two years. Districts 1 and 2 performed lowest in all quarters.



The Division's performance is strong in the area of face-to-face contact with alleged child victims. CY2008 and CY2009 PICR data indicates that the children who are the subject of the report are seen in more than 9 of every 10 investigations. In some of the investigations in which a child was not seen, the family could not be located and the efforts to locate were not completely sufficient.

Item 2: Repeat maltreatment

Safety Goal 2: The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 94.6% or more (CFSR Data Profile)

FFY 2008:	98.3%
FFY 2009:	98.6%

Arizona achieved a rating of strength on repeat maltreatment during the 2007 CFSR, and has continuously performed above the national standard of 94.6% for absence of repeat maltreatment. This measure is defined as the percentage of unique children who were the subject of a substantiated report within the first six months of the year who were the subject of another substantiated report within six months of the first report. Data from the Arizona CFSR Data Profiles indicates Arizona's absence of repeat maltreatment rate has steadily improved in recent years. In addition, 100% of cases were rated strength on the repeat maltreatment item during the 2007 CFSR On-site Review.

The Division also reviews data on the percentage of children who were the subject of a CPS report in the first half of the year and a second report within six months of the first, *regardless of the investigation finding*. All reports were considered, including those with unsubstantiated and propose substantiation findings. Following the federal syntax for the repeat maltreatment measure, the second report was not considered if it occurred within one day of the first report. The percentage of unique children who were the subject of repeated reports within six months was 8.4% in SFY 2009, down from 9.8% in SFY 2007. Therefore, the SFY 2009 *absence* of repeated reports rate was 91.6%. More than 9 of 10 children reported to CPS for suspected abuse or neglect were *not* reported again for at least six months. More than 7% of second reports were made within a week of the first report, which suggests they may be new information regarding the same family situation already being assessed by the Division.

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

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

Safety Goal 3: The number of children in out-of-home care will decrease by approximately 2% annually (Child Welfare Reporting Requirements Semi-Annual Report)

Statewide 9/30/08:	10,303
Statewide 9/30/09:	10,112 (1.9% decrease)

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

FFY 2008:	11.2%
FFY 2009:	10.9%

In FFY 2009 the Division made progress toward its goals of reducing removals and the number of children in out-of-home care. The number of children in out-of-home care dropped 1.9% between September 30, 2008 and September 30, 2009. There was also a small reduction in the percentage of reports with a removal, from 11.2% in FFY 2008 to 10.9% in FFY 2009. These reductions were achieved while the rate of repeat maltreatment continued to decline.

CFSR Item 4: Risk assessment and safety management

Safety Goal 5: The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.68% or more (CFSR Data Profile)

FFY 2008:	99.84%
FFY 2009:	99.86%

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

SFY 2008:	20
SFY 2009:	22

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Safety Goal 7: The percentage of cases where sufficient comprehensive information about *every* parent, caregiver and child was gathered to determine whether *each* of the CSA's seventeen safety factors was present or absent will be 95% or more (Initial Assessment PICR Item 2.C.)

Quarter 1 2009:	16% ²
CY 2009:	14%

Safety Goal 8: The percentage of cases in which the agency took sufficient and least intrusive actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 3)

Quarter 1 2009:	82%
CY 2009:	76%

Absence of maltreatment in foster care continued to be a strength for the state in FFY 2009. Arizona has continually excelled in this area and has surpassed the national standard of 99.68% since at least 2003.

The number of child fatalities in the SFY that resulted from child abuse or neglect, as indicated by an after investigation substantiated finding of child death due to abuse or neglect, increased from 20 in SFY 2008 to 22 in SFY 2009. The Division had received a prior report of child maltreatment on 32% of the families with a substantiated child death by abuse or neglect in SFY 2009 (seven of the 22), compared to 25% in SFY 2008 and 44% in SFY 2007. These prior reports sometimes involved a different child victim or perpetrator. In SFY 2008, 80% of the children were age two or younger. In SFY 2009, 68% (15) were age two or younger, 18% (4) were age three to five, and 14% (3) were age seven to ten. In SFYs 2007 and 2008, 75% or more of the deaths were due to physical abuse, such as blunt force trauma or abusive head trauma. Among deaths in SFY 2009, the percentage due to physical abuse dropped to 55%. Several deaths in SFY 2009 were the result of drowning or gunshot wounds due to neglect, or asphyxia from an intoxicated parent unintentionally lying on the child (such as when the baby is sleeping with the parents in their bed).

The overall quality of safety assessment, risk assessment, and safety plan development continues to require improvement. The Division's PICR evaluates performance in these areas on a sample of cases that had a report of maltreatment during the review period, including cases closed at investigation that are not eligible for review during the CFSR. The Division applies a rating standard based on the state's CSA and SRA tools and procedures, which exceed the federal practice standard. The Division's PICR continues to identify a need to increase the consistency of fully comprehensive assessments, but progress is being observed toward the high practice standards defined by the Division's CSA-SRA-Case planning process. In many cases the practice standards were nearly met, but one or more required areas of family functioning were not fully explored. The most common gaps are lack of interview questions to rule out sexual abuse of the child(ren) when sexual abuse was not alleged in the report, and lack of sufficient information about the non-custodial parent or a non-parent caregiver, such as the custodial parent's boyfriend or girlfriend.

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

C. Accomplishments and Factors Affecting Performance

The Division's ability to achieve safety outcomes is affected by many factors with complex relationships, including report volume and prioritization; sufficiency of staff resources; coordination with law enforcement; staff competency with the CSA-SRA process, family-centered practice and safety planning; and the availability of family team meetings and in-home services to identify and develop family strengths, protective capacities and supports. In SFY 2010 the Division was deeply affected by staffing reductions that were not offset by the much smaller reductions in report volume and ongoing caseloads. Despite the staffing and caseload issues, the Division was able to slightly improve the statewide timely initial response rate during FFY 2009 by responding on time to seven of every ten reports received. The Division also reduced the number of children in out-of-home care and the rate of removals per reports without increasing the rates of repeat reports or repeat substantiated reports within 6 months of each other.

The Division's primary improvement activities during this period developed staff competency in foundational practices such as gathering comprehensive information during initial assessments, analysis of information to inform safety decisions, and development of least intrusive safety plans that control safety threats. Much of this work was accomplished through the Division's quality improvement system (including the Practice Improvement Case Review and ongoing data monitoring), the Child Welfare Training Institute, and clinical supervision activities. Improvements have been observed in the quality of initial assessments, with some assessments meeting all or nearly all of the many practice standards measured during the PICR. Although more improvement is needed, the Division has observed a shift from the incident-based assessments of prior years to more comprehensive safety and risk assessments. The Division believes that comprehensive assessment and effective safety planning using a family-centered approach can reduce the number of children in out-of-home care while maintaining child safety. The out-of-home care population reduction and low repeat report and maltreatment rates in FFY 2009 are encouraging and might be the result of improving assessments and safety planning, and the increased availability of family-centered TDM meetings at the time of removal.

The Division's activities in SFY 2010 also produced systemic changes and resources that will provide essential infrastructure as the Division seeks to recover from the budgetary crisis over the next several years. These systemic changes are expected to improve safety outcomes in SFY 2011 and beyond. The Division hired and trained few staff in SFY 2010, but used this opportunity to finalize changes to the staff hiring process, develop a new employee performance evaluation process, and create several computer-based training curricula. The Division also designed significant changes to the Child Abuse Hotline that are intended to improve timely response and comprehensive assessment. Perhaps most importantly, the Division used this period of reduced in-home service funding to redesign the in-home service contract to increase its effectiveness addressing safety threats and preventing removal and re-entry. The Division's participation in self-evaluation and stakeholder consultation activities during SFY 2010, such as the child neglect project and citizen review panels, have continued to assist the Division to identify new improvement strategies and activities that will further improve outcomes in the future.

Information about each of the primary factors affecting safety outcomes and the Division's most significant improvement activities and accomplishments in SFY 2010 is provided in the remainder of this section.

Workload and the Workforce Planning Initiative

Staff and stakeholders frequently cite workload as the factor most directly impacting report response rates. Workload also affects the amount of time staff can spend with families to hear their stories, engage them in comprehensive assessment, and motivate them to make positive changes to prevent repeat

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maltreatment, removal and re-entry. CPS Specialist workload has exceeded the Arizona caseload standard during the last many years. According to the *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, in CY 2008 and 2009 CPS Specialist investigation caseloads were 50% above the Arizona caseload standards. Communications identified as “actions” also take significant staff time and are not included in the number of reports for investigation. Actions include communications such as that a child is being released from detention and the parent is unable to come get the child or cannot be reached, requests from border patrol to shelter a child until he or she can be returned to his or her country of origin, or requests from another state to assess the safety of a child visiting Arizona. Data from the *Child Protective Services Bi-Annual Financial and Program Accountability Reports* also shows that in CYs 2008 and 2009 Districts 1 and 2 had lower ratios of filled to required CPS Specialist positions than other districts, and consistently had lower rates of timely initial response. Districts 3 and 4 had the highest ratios of filled to required positions and generally have the best rates of timely response.

Excessive workload was exacerbated by the budget reductions and shortfalls that began in SFY 2009. The budget reductions resulted in staff layoffs, a hiring freeze, mandatory furloughs, and tight restrictions on use of overtime hours. The Division has recently been able to hire CPS Specialists and Unit Supervisors again, but use of overtime continues to be restricted and mandatory furlough days are scheduled for SFYs 2011 and 2012. Districts continually evaluate the assignments of existing staff to ensure children are, first and foremost, protected from abuse and neglect. Qualified staff with other job assignments (such as supervisor-level Program Specialists) often assist to respond to reports. After Hours Units in Maricopa and Pima Counties provide vital assistance for timely report response. Staff in these units respond to reports on nights and weekends, and may respond to an overflow of reports during the week.

The Workforce Planning initiative is the Division’s primary strategy to retain and support competent staff so they are available to effectively respond to reports, conduct comprehensive safety and risk assessments, and serve families. The Division is particularly hopeful that workforce planning activities to strengthen the role of the supervisor and the new staff performance evaluation tool will improve safety related practices and outcomes. More information on the Division’s staff resources and activities to improve staff retention and develop staff competency with safety related practices is located in Section I, *Introduction*.

Alignment of Hotline Procedures with the Child Safety Assessment

The Division’s CFSR Program Improvement Plan (PIP) and Child and Family Services Plan 2010 - 2014 (CFSP) include a strategy to align Child Abuse report acceptance and prioritization procedures with the Division’s CSA and SRA tools and decision-making processes (CFSP Primary Strategy 1). This project is supported by technical assistance from the National Resource Center on Child Protective Services (NRCCPS). The goal of this project is to improve the accuracy and consistency of Hotline decisions in response to communications about child safety and well-being, so that unsafe children receive a timely safety assessment and families are served in the least intrusive manner necessary to maintain child safety. The NRCCPS facilitated focus groups with Hotline supervisors, CPS Specialists, staff from different roles within the agency and community stakeholders, to solicit feedback on the effectiveness of the current Hotline procedures, tools and practices and receive suggestions for improvement. A stratified random sample of reports was reviewed, to better understand how safety is assessed and prioritized by Hotline staff. A statewide workgroup, in consultation with the NRCCPS, completed a comprehensive review, evaluation and revision of Hotline practices, including the interview and assessment tools currently used by the Hotline. New Hotline cue questions have been developed that will assist Hotline staff to collect more relevant and comprehensive information about the circumstances surrounding the maltreatment and family dynamics that impact child safety. In some circumstances Hotline staff may initiate collateral

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contact with a mandated reporter known to be working with the child, to gather missing information that is critical to the report prioritization decision. All the information gathered at the Hotline will be available to the CPS Specialist who conducts the initial assessment, thereby assisting the CPS Specialist with the collection of sufficient information to accurately assess safety and risk.

The Division's Hotline report acceptance and prioritization procedures also have a direct impact on timely response rates. The revised report prioritization procedures will assign an initial response timeframe based on an assessment of child safety, rather than the severity of the reported incident. Children in situations that have resulted in or are likely to result in serious or severe harm at any moment will require an immediate response. An initial response will be required in 48 hours if serious or severe harm is not occurring in the present, but is likely to occur in the next 72 hours. Reports that do not describe an unsafe child will require an initial response within 72 hours or seven days, depending on whether the report describes an actual incident of abuse or neglect versus risk, and the length of time since the reported incident. The affect of the new prioritization procedures on timeliness of response is not yet known and will depend in part on whether or not the procedures cause an increase or decrease in reports requiring an immediate response (priority 1 reports). In either case, the new procedures will assign a response timeframe that is most suited to the child's needs.

The new cue questions and procedures were finalized in January 2010. Hotline management staff developed a training curriculum and delivered training to Hotline Specialists in June 2010. Implementation of the new procedures is scheduled for July 2010. In SFY 2011, Hotline, policy and practice improvement staff will evaluate staff application of the new procedures and their affect on outcomes.

Joint Investigations with Law Enforcement

Joint CPS-law enforcement investigation requirements are a factor affecting response timeliness, safety assessment and safety related decision-making. Response is sometimes delayed because the law enforcement agency does not have sufficient staff resources to respond within the Division's required timeframes, and Division staff are reluctant to respond alone to reports requiring joint investigation. This is especially true in sexual abuse and other cases where the quality of the interview can substantially impact the criminal investigation and potential for prosecution. To address this issue, the Division continually trains staff to make the initial response to ensure child safety, then follow-up with law enforcement to complete the assessment jointly. The Division's *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* includes specific questions that can be asked by the CPS Specialist to explore sexual abuse allegations and child safety prior to law enforcement involvement. Training also occurs as a result of the feedback given to staff through the PICR process. For example, case reviewers have observed that the interviews conducted by law enforcement often fully address the current alleged maltreatment, but do not provide sufficient information about adult and child functioning, general parenting practices or disciplinary practices to comprehensively assess impending danger. During PICR feedback sessions, staff have been given guidance about the necessity of conducting follow-up interviews to gather sufficient information.

Advocacy centers, such as Maricopa County's Childhelp, are available in many counties for conducting interviews and/or obtaining medical examinations. Co-location of law enforcement and CPS staff at these sites makes it easier to coordinate a joint response, and can therefore increase timeliness in cases requiring joint investigation. There are six advocacy centers in Maricopa County and one each in Pima, Pinal, Coconino, Yavapai, Yuma, and Mohave Counties. Four of the centers have a full initial assessment unit co-located at the facility (one supervisor and seven CPS Specialists). One or two CPS Specialists are co-located at many of the other centers.

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Comprehensive Child Safety Assessment, Risk Assessment and Safety Planning

The Division's PIP and CFSP include a strategy of providing training, supervision and oversight to increase staff and stakeholder knowledge about, and competency applying, the integrated CSA-SRA-Case planning process (CFSP Primary Strategy 2). Consistent application of the CSA-SRA-Case planning process is a primary factor affecting the achievement of child safety outcomes, including safety and risk assessment, safety management, prevention of repeat maltreatment, and prevention of removal and foster care re-entry. Effective in-home safety planning based on a comprehensive safety assessment can achieve the Division's goal of reducing the number of children in out-of-home care while maintaining child safety. The CSA-SRA-Case planning process also includes aftercare planning to identify services and supports that address current or anticipated needs and prevent repeat maltreatment and foster care re-entry. Dependent on the current level of risks and needs, the agency or in-home service provider gives the family contact information and other assistance to establish links with ongoing supportive programs in the community prior to reunification or case closure. Team Decision Making meetings also support aftercare planning by including community partners who can provide or link the family to aftercare services. A detailed description of the CSA-SRA-Case planning process is located in Section I, Part 1, A.

The Division's CFSP includes several action steps to pursue this CFSP Primary Strategy. Progress implementing these action steps in SFY 2010 included the following:

- *Action Step 2.1:* Within each district, use practice tools, clinical supervision, and managerial oversight to ensure required people are interviewed and required documents are reviewed during initial assessments, and that sufficient information is obtained to conduct a thorough CSA in relation to all required children and adults.

Interviews and document review are the first steps in comprehensive safety and risk assessment, without which comprehensive assessment is not possible. Therefore, the Division chose to focus on these practice areas first. The Division developed a calendar of initial assessment practice priority areas for CY 2010. In each quarter, a focus area will be the subject of communication from administration, practice tips and policy reminders, district level discussion, and other activities. Completion of required interviews and review of required documents were the practice focus areas for the first two quarters of 2010. Policy reminders and practice tips were distributed and discussed with staff in all districts. In addition to general policy reminders, detailed tips were provided on areas that the Division's PICR found to need the most improvement: obtaining and reviewing criminal history information, and determining if orders exist that restrict or deny custody, visitation or contact. Staff were also reminded that a computer-based refresher training on the CSA-SRA is available, including information about required interviews and document review. The Division is using the PICR process to provide individualized feedback to staff on these practice areas and to monitor performance levels and strategy effectiveness.

The Division's practice improvement-policy-training team has also developed several guides and examples to help staff gather sufficient information during initial child safety and risk assessments. An interview guide was developed that provides a list of essential questions recommended for most initial assessment interviews with children and parents. This guide covers all areas that must be explored in order to gather comprehensive information as defined by the Division's safety and risk assessment model and the PICR rating standards. Examples of CSA documentation, including documentation of the safety-related analysis of the information gathered, have also been published and distributed.

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- *Action Step 2.2:* Deliver advanced training to CPS Supervisors to enhance their knowledge and skills in the use of the CSA-SRA Case planning process, and their ability to assist their staff with transfer of learning in this process.

The Division views supervisor competency as pivotal to achievement of positive outcomes. To strengthen supervisor competency, the Division is holding a conference for direct service supervisors and managers in July 2010. This conference will include workshops on supervisory skills and tools for fostering consistent high quality practice, including change management, personnel rules, self-care and other topics. All conference participants will attend a workshop on safety planning and safety management, facilitated by national safety assessment expert, Emily Hutchinson. This workshop will provide a review of the CSA model's safety planning and safety management requirements, and will enhance the supervisors' ability to direct the safety planning process while teaching essential skills in safety planning to staff. The workshop is being funded through the Governor's Office for Children, Youth and Families.

Transfer of learning from the workshops to field practice will be supported through the Grand Rounds initiative, which borrows a clinical teaching practice of the medical community. This initiative is sponsored by Casey Family Programs with additional funding through the Governor's Office for Children, Youth and Families. The Grand Rounds will bring in experts to lead a dialogue with supervisors around specific clinical practice areas, using actual cases to facilitate an educated discussion. The first set of Grand Rounds regional trainings will be facilitated by national safety assessment expert, Emily Hutchinson, and will utilize actual case presentations as a framework for discussion of sufficient safety plans, in addition to presenting an overview of key issues and barriers with safety planning. The Division is hoping to hold quarterly Grand Rounds with the support of Casey Family Programs.

Supervision circles continue to be active in some districts, and provide another avenue to transfer learning to field practice. During supervision circles, managers and supervisors model critical thinking, strengths-based and family-centered supervision, and integration of the CSA-SRA-Case planning model into supervisory decision-making. Each supervision circle consists of a group of supervisors and their Assistant Program Manager, who hold clinical case discussions and discuss new policies, practice tips, resources, local practice or systemic issues, progress and successes.

- *Action Step 2.3:* Develop training materials, practice tips, case examples, or other tools and opportunities to increase staff competency conducting the safety threshold analysis and improve staff ability to differentiate between safety threats and risks.

The Divisions' 2010 third quarter practice focus area will be gathering sufficient information about each of the "six questions": extent of current maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting practices and disciplinary practices. The 2010 fourth quarter focus area will be the "safety threshold": is the child vulnerable and is the safety threat out of control, observable and specific, and likely to have a severe harmful effect in the immediate or near future? The focus areas will be the subject of communication from administration, practice tips and policy reminders, district level discussion and other activities.

Training is being provided to support this action step. The safety planning workshops and Grand Rounds initiative will increase staff competency conducting the safety threshold analysis and differentiating between safety threats and risks. In addition, the CWTI has developed a hands-on

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training on using Group Supervision with the CSA-SRA-Case planning process. The training has been delivered in some districts and is available to any district upon request.

- *Action Step 2.4:* Deliver training on the CSA-SRA assessment processes to community stakeholders (such as courts, CASAs, attorney's schools or others) to increase their knowledge of how safety threats differ from risks, and how the CSA-SRA process guides safety planning and case planning

The Division plans to pursue this action step later in the 2010 – 2014 five year planning cycle. The Division is considering the option of providing information about the CSA-SRA-Case planning process as part of the stakeholder training about the new Child Abuse Hotline cue questions and priority system.

- *Action Step 2.5:* Continue to provide access to refresher trainings, policy question and answer documents, and practice guidance on use and supervision of the CSA-SRA-Case planning process

In addition to the activities already described, the Division is pursuing this action step by maintaining a range of refresher trainings. A four-part CSA-SRA-Case planning refresher series is available to staff on demand as computer-based training. The CWTI is also able to provide refresher training on any aspect of the CSA-SRA-Case planning process upon request. A full list of all available training topics has been provided to all districts. Trainings can be provided in-person or via i-linc. When refresher training is requested, CWTI staff consult with the district's Practice Improvement Specialist to learn about the PICR findings and other performance data, and tailor the training content to the needs of the requesting district or unit.

In Division's Assessment and Case Planning Specialist position was created to provide intensive on-site support and individual and group mentoring to staff needing assistance with the CSA-SRA-Case planning process. The specialist travels the state to provide training and answer questions. This position had been vacant because of the hiring freeze, but the Division was given special permission to fill the position and a new CSA Specialist was hired in March 2010.

- *Action Step 2.6:* Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of the CSA-SRA-Case planning process and design worker-centered and systemic improvement strategies

In SFY 2008 the Division began to review a monthly statewide random selection of initial assessment (investigation) cases using a revised PICR instrument that closely follows each step within the CSA-SRA-Case planning process, from initial response through aftercare planning. District Practice Improvement Specialists provide behaviorally specific feedback to the involved CPS Specialists and CPS Unit Supervisors. This feedback supports the development of Professional Skill Building Plans, which are used within the clinical supervision process to build the Specialist's or Supervisor's competency and skills. District Program Managers and Assistant Program Managers are involved in the case reviews, as a method to develop their own knowledge and ability to apply the practice standards to unique and complex cases. This is of critical importance because it substantially increases the likelihood that managers are correctly communicating and holding staff accountable to these practice standards on a day-to-day case-by-case basis. More information about the Division's quality improvement system, including other activities to support clinical supervision, is located in Section III, Part 4, A.3. *Quality Assurance System*.

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To align Professional Skill Building Plans with the Division's practice focus areas, the CPS Program Administrator has identified initial assessment interview requirements, document review requirements, and collection of sufficient information to conduct a thorough CSA as priority practice areas that require a Professional Skill Building plan if assessed as needing improvement during a PICR. Other areas may be addressed if desired by the CPS Specialist or CPS Unit Supervisor, but priority must be given to the designated practice focus areas. The CPS Program Administrator ensures that Professional Skill Building Plans are being developed as required by reviewing a random selection of Plans from each district, each quarter.

The Division's CFSR Manager writes quarterly reports that summarize the quarter's PICR findings on the practice focus areas. Progress, promising practices and barriers to improvement are presented to the Division's executive team each quarter, which enables discussion about strategy effectiveness and identification of necessary strategy revisions. The Division's CFSR Manager also periodically presents data and practice analyses on areas of interest. For example, the Division is especially interested in safety planning to prevent the removal of the roughly 20% of children who exit out-of-home care within seven days of removal. District level data and other information about children exiting in seven days or less and the relationship to safety planning and other practice factors was presented to the Division's executive leadership and district Program Managers twice in SFY 2010. Some districts, including Districts 1 and 2, have identified prevention of short-stay removals as a priority improvement area and are routinely monitoring this data in their self-evaluation teams.

Chronic Neglect Project

Chronic child neglect is one of the most persistent and intractable challenges facing the nation's child welfare system, contributing to repeat maltreatment and repeat report rates, child fatalities, and the number of children in out-of-home care. The term chronic neglect refers to an enduring pattern in which a child's basic physical, developmental and/or socio-emotional needs are repeatedly unmet by the child's parent or caregiver. Patterns of neglect present a challenge for CPS Specialists conducting safety assessments, because it is often the chronicity itself that is harmful to the child rather than a specific incident. In its 2008 report, the Arizona Citizen Review Panels recommended that "Child Protective Services develop protocols to identify, assess, and intervene in cases of chronic neglect. Cases of chronic neglect can extend over many years and involve multiple caregivers. These cases require complex strategies and a high level of coordination among many agencies and stakeholders." The Division is determined to successfully address chronic neglect. As a first step, a team of Division staff have been reviewing literature provided by Arizona State University and other longitudinal studies and professional journal articles. The Division also has a team participating in the Chronic Neglect Virtual Series, a web conference series and online community dialogue center hosted by American Humane in partnership with the National Association of Public Child Welfare Administrators. Topics of discussion have included a chronic neglect definition, assessment, primary and secondary prevention and interventions, interagency sharing and systems of care, and moving research into practice. This initiative is bringing together practitioners, policymakers, researchers and other interested individuals who are building the Division's knowledge about chronic neglect, and will inform the Division's development or augmentation of relevant policy and procedures.

Report Substantiation

The state's low substantiation rate continues to be a factor affecting the state's low repeat maltreatment rate. According to Arizona's *Child Welfare Reporting Requirements Semi-Annual Report*, substantiation

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rates have remained between 8% and 10% from FFY 2006 through the first half of FFY 2009. Data is not yet complete for the last half of FFY 2009. Arizona's substantiation rate is affected by the state's appeal process. Approximately 10% to 15% of proposed substantiated findings are appealed. The Division's internal Protective Services Review Team (PSRT) reviews all cases where a timely and eligible appeal has been initiated. As in prior years, the PSRT overturns between 40% and 50% of the proposed substantiated findings. Reasons these are overturned include that the incident proposed for substantiation does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, unreasonable risk of harm is not present or clearly documented, or the alleged perpetrator is not the child's parent, guardian or custodian. The Division's proposal to substantiate has been upheld by an Administrative Law Judge and the Department's Director's Office at a high rate: 90% of appeals heard in SFY 2009 and 86% of those heard in the first half of SFY 2010.

Changes to state statute and Division policy effective October 1, 2009 are likely to increase Arizona's substantiation rate, which in turn may increase Arizona's repeat maltreatment rate. Revisions included the following:

- The Division is now able to substantiate when the court adjudicates the child dependent based upon an allegation of abuse or neglect contained in the dependency petition. The dependency petition and court ordered findings of dependency serve as the necessary documentation to support this finding. The Division expects it will now be very rare to have a dependent child without a substantiated report of maltreatment.
- The physical abuse definition was expanded to include unreasonable confinement and physical injury due to a child being permitted to enter or remain in a dangerous drug manufacturing structure or vehicle.
- The neglect definition was revised to include the following: "The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of the parent, guardian, or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services." This new definition changed "substantial" risk of harm to "unreasonable" risk of harm. Taking into account the totality of the circumstances specific to the incident, unreasonable risk of harm means the behavior and/or action or inaction of the parent, guardian or custodian placed the child at a level of risk of harm to which a reasonable (ordinarily cautious) parent, guardian or custodian would not have subjected the child. This expansion of the neglect definition requires the agency to consider the severity of potential harm to the child, as opposed to only the likelihood of harm. The new definition also added "custodian" to the list of adults whose inability or unwillingness to provide for the child constitutes neglect. The Division is now able to substantiate when someone acting as a parent (such as a boyfriend or girlfriend of the parent) neglects the child.
- The neglect definition now requires substantiation when a health care professional determines a child was parentally exposed to drugs, regardless of whether the child was injured by this prenatal exposure; and when a health care professional diagnoses a child less than one year of age with fetal alcohol syndrome or fetal alcohol effects.
- The neglect definition was expanded to include deliberate exposure of a child to sexual activity and sexual acts committed by the parent, guardian or custodian with reckless disregard as to

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whether the child is physically present. The new definition allows substantiation in situations where the child was deliberately or recklessly exposed to sexual activity but not actually touched in a sexual manner.

The Practice Improvement Case Review Instrument assesses whether the agency made a concerted effort to gather sufficient information to determine whether maltreatment occurred, and whether the state's substantiation guidelines were accurately applied to the information that was gathered. Reviewers have found that staff correctly apply the Division's substantiation guidelines in more than 90% of cases, but in some cases additional interviews, observations or documents were necessary to accurately determine whether maltreatment occurred. The Division continues to address this practice area through case review feedback sessions and Professional Skill Building Plans with involved staff; ongoing activities to improve safety assessment, risk assessment and case documentation; and training. The PSRT and the Child Welfare Training Institute continue to train new and existing staff on the substantiation guidelines and related documentation requirements. Training on the revised abuse and neglect definitions was delivered to all district Program Managers, Assistant Program Managers, CPS Unit Supervisors and CPS Specialists beginning in September 2009, and included a substantial amount of content on documentation requirements. Ongoing training methods include:

- Core Training for new staff;
- individualized training to staff or units upon request;
- written feedback from the PSRT to the CPS Specialist when the PSRT amends a propose substantiation finding, explaining why the propose substantiation finding could not be supported and what observations and documentation would support a substantiated finding in the case;
- maintenance of PSRT Tips in Public Folders, where they can be accessed by staff at any time, and
- documentation training, including content on documentation to support investigation findings, which has been delivered in three districts and is available upon request.

Although the low substantiation rates affect repeat maltreatment rates, they have not hindered the Division's ability to ensure child safety. While the appeal process determines the report finding, the investigation finding does not dictate the level of CPS intervention with a family. The need for emergency intervention through voluntary or involuntary services is based on the assessment of safety and risk, and services may be provided even when legal definitions of child maltreatment or evidentiary requirements for substantiation are not met. On the other hand, Arizona law does not compel a family to accept services when no child in the family is at imminent risk of harm. While CPS may offer and encourage CPS or community services, the family has a legal right to refuse the services if grounds for a dependency petition do not exist. In some cases low to moderate level risks are known to be present but the family is unwilling to address them, resulting in repeated reports to CPS.

Services to Safely Maintain Children In-Home

Preventive services such as the Healthy Families Arizona program, Family Preservation programs, and the Department's service integration initiative have been instrumental in meeting the needs of children and families that do not require ongoing protective services, addressing risks early and preventing maltreatment and out-of-home care. The Department continues to generate internal communications about its programs so that staff are aware of other Divisions' programs and maintains an intranet site so that staff can easily search for programs, learn about available services and eligibility criteria, and access applications and other forms. Prevention programs experienced significant budgetary reductions beginning February 2009, including a 75% reduction in HFAz services. However, in April 2009 First Things First allocated approximately \$6,000,000 to support the HFAz program through July 2010. While these funds did not restore the program completely, many communities that would have lost the program

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have continued to be served. First Things First is in the process of re-soliciting family support services. It is not know if they will continue to support HFAz at the current level.

The availability of in-home services is a factor affecting repeat maltreatment rates and the Division's ability to prevent removal and reduce the number of children in out-of-home care. Services provided through the Division's Family Support, Preservation and Reunification Services contract, known as the in-home service program, are available statewide to address safety threats and risks and prevent removal or re-entry. This integrated services model includes intensive and moderate level family support and reunification services, which are provided based upon the needs of the child and family. Data suggests these services successfully prevent repeat maltreatment and removal. CY 2009 outcome data shows that more than 90% of families did not have a CPS report or a child placed into the Department's custody during program participation, more than 85% of families did not have a CPS report within six months of case closure, and 96% did not have a child placed into the Department's custody within six months of case closure. A detailed description of the in-home services program and District 1's specialized Substance Exposed Newborn Safe Environment (S.E.N.S.E.) program, and the Division's activities to improve service quality and outcomes, is located in Section III, Part 1, A.

The availability of contracted in-home services decreased in SFY 2009 and the first half of 2010 as a result of budget reductions. Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that the Division's in-home caseload fell 45% from the high of 6,075 cases in October 2008 to the low of 3,371 in July 2009. In SFY 2010 the Division again encouraged staff to serve families in-home by developing safety plans to control safety threats while providing contracted or community in-home services. The number of in-home services cases during the month (newly opened or continuing from the prior month) increased nearly 30% from July to November and December 2009. However, the number of in-home cases remained below the SFY 2005 levels: 4,339 in November 2009 and 4,273 in December 2009. Decreased ability to serve families through the in-home service program may have been a barrier to achieving greater reductions in the out-of-home care population in FFY 2009.

Family Team Meetings

The Division collaborates with mental health and community-based providers to deliver in-home services for children and their families to prevent removal and re-entry. When the family has multi-agency involvement, every effort is made to collectively develop a single unified plan that addresses the needs and mandates of all the parties involved. Service coordination may occur through Child and Family Team (CFT) meetings when the child is receiving services through the behavioral health system. The behavioral health service provider generally facilitates the CFT and include the parents, youth, caregivers, CPS Specialist, behavioral health providers, support persons invited by the family and other case participants. The CFT provides a facilitated process to identify the child's and family's strengths, needs and important cultural considerations. Stakeholders report that CFTs can be an effective means for identifying effective services to address safety threats and risks, and developing aftercare plans for families that have significant risks but are motivated to participate in services, particularly cases referred to CPS because of the behavioral health needs of a young adult. Therefore, CFT meetings help to achieve the Division's safety goals of reducing the number of children in out-of-home care and reducing repeat maltreatment.

Team Decision Making (TDM) meetings also provide a forum for family, friends, natural supports, Division staff, and community partners and providers to discuss the strengths and needs of the family, and identify the best placement for the child that will keep him or her safe and connected to family and community. The Division encourages staff to hold a TDM meeting prior to removal when the child's

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safety can be assured through a short-term protective action such as an in-home safety monitor. Trained TDM facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry, or to quickly reunify with birth family if removal is necessary. In some cases the family and team are able to identify a sufficient in-home safety plan. TDM meetings are now being held in all Districts and Counties. Statewide 4,796 initial removal TDM meetings were held in CY 2009, impacting 8,557 children. This is an increase from the 4,762 TDM meetings, impacting 6,859 children in CY 2008. Approximately 23% of these meetings were held prior to the child being removed. The team recommended in-home services for 48% of the children discussed. Use of TMD meetings is likely an important factor that allowed the Division to reduce the number of children in out-of-home care in FFY 2009 while maintaining a low repeat maltreatment rate.

Citizen Review Panels, Child Fatality Review Committees and Critical Incident Staffings

County and state Citizen Review Panels (CRP) evaluate the Division's assessment and safety planning practices, and identify methods to prevent repeat maltreatment, child fatalities, and removals to out-of-home care. The Citizen Review Panels' purpose is to determine whether state and local agencies are effectively discharging their child protection responsibilities. The panels are composed of citizens, social service, legal, medical, education and mental health professionals who review child fatality, near-fatality and high risk child abuse or neglect cases. The Division's Practice Improvement Specialists and other Division representatives attend the meetings and use the information gained to improve practice in their areas. An annual report with recommendations is provided to the Division. More information about the Citizen Review Panels, their recommendations, and the Division's response to the most recent recommendations is located in Section V, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

The Arizona State University Center for Applied Behavioral Health Policy, which administers the Citizen Review Panels, has also entered into a contract with the Division to analyze CHILDS data and identify trends on the prevalence and characteristics of cases involving a child fatality or near fatality. The project will identify factors that should be given careful consideration to prevent fatalities and near fatalities, and to determine the appropriate course of action and level of intervention. The project will produce recommendations for augmenting policy and practice, and information to guide staff who investigate or manage cases involving children at risk of fatality or near fatality.

The Arizona Child Fatality Review Program has been operating since 1994. The Child Fatality Review State Team studies the adequacy of existing statutes, ordinances, rules, training and services to determine what changes are needed to decrease the number of preventable child fatalities; educates the public about the number and causes of child fatalities; and produces an annual report to the Arizona Governor, the President of the Arizona State Senate and the Speaker of the Arizona State House of Representatives. Reviews of child deaths are conducted by twelve local Child Fatality Review Teams that meet as frequently as necessary to complete reviews of all child deaths in Arizona. Teams are located throughout the state and must include local representatives from CPS, who bring expertise on the causes and signs of child maltreatment; answer questions regarding CPS policy, protocol and practice; and provide information about prior CPS involvement with the family, when applicable to the case. Membership also includes representation from a county medical examiner's office, a county health department, law enforcement, a county prosecuting attorney's office, a pediatrician or family physician, a psychiatrist or psychologist, a domestic violence specialist, and a parent.

When a local Child Fatality Review Team determines that abuse or neglect contributed to a death, the team notifies CPS of the team's conclusion to ensure that a safety assessment of other children in the home was conducted. Notification of all such fatalities also allows the Division to identify child fatality

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trends and methods to prevent similar child deaths. In addition, CPS representatives attend an annual meeting to review child deaths that were determined by local teams to have been the result of maltreatment. The purpose of this review is to ensure that the local teams' determinations are as consistent as possible with the definition of maltreatment applied by CPS staff. These reviews also provide another opportunity to identify child fatality trends and prevention strategies. For example, this group observed that mandated reporters, particularly law enforcement, were not making reports to CPS in fatality cases with suspected maltreatment if there were no other children in the home. It is important for CPS to investigate and determine whether the death was due to abuse or neglect, so that CPS is aware of the perpetrator's involvement in the child's death if the perpetrator is a parent, significant other or household member in a future CPS initial assessment or ongoing case. To address this trend, a letter was sent to law-enforcement entities throughout the state to clarify the need to report homicides in which maltreatment is suspected, even when there are no surviving children.

The Division holds Critical Incident Review meetings to immediately evaluate critical incidents involving a child fatality or near fatality, serious injury of a child, or any significant event that would impact the safety or well-being of a child or other person involved in a CPS investigation or ongoing case. Information is presented and discussed at a Critical Incident Review Staffing, attended by the Division's Crisis Response Manager, District Program Manager or designee and any other appropriate staff from the involved district, staff who can provide information about the family, the CPS Program Administrator or designee, the Division's Deputy Director or designee, an Assistant Attorney General, the DES Communications Director or designee, the Division's Policy Manager or designee, a representative of the Citizen Review Panel and a representative from DES Risk Management. The participants thoroughly review the case information, analyze the Division's prior involvement with the child and family and all facts of the critical incident, and identify:

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

Following the Critical Incident Review Staffing, the Crisis Response Manager or designee develops and monitors an action plan, if appropriate, that identifies corrective action steps and due dates. Some of the cases are selected for in-depth follow-up and review, which is most often conducted by a Division Policy Specialist and the management staff responsible for the case. Through the Critical Incident Review process, the Division has identified policies, processes and other issues that can be addressed to prevent future similar incidents.

The Quality Improvement System and Practice Improvement Case Reviews

The Division continues to impact timeliness of initial response, safety and risk assessment, safety management, and provision of in-home services to prevent removal and re-entry through its quality improvement system. Worker-level attention to practice is an effective means for improving outcomes. Data on timely initial response, refreshed weekly, continues to be available to management and all CPS Unit Supervisors on the Division's Business Intelligence Dashboard. Dashboard reports are used by supervisors and managers to quickly identify the highest and lowest performing staff, units, sections, or

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districts. PICR feedback sessions and individual Professional Skill Building Plans have also proven to be useful tools towards improving competency and outcome achievement, and the PICRs allow the Division to identify and address policy clarification needs. For example, the Division's Practice Improvement Specialists observed that staff were not applying a consistent definition of initial response when entering data into CHILDS. The Practice Improvement Specialists and the Divisions' Policy Manager developed a policy clarification, which is now available for distribution during PICR feedback meetings or whenever the need arises. More information about the Business Intelligence Dashboard, Practice Improvement Case Review and Professional Skill Building Plans is located in Section I, Part 4, A.3. *Quality Assurance System*.

See Section III, Part 4, A.8. *Foster and Adoptive Home Licensing, Approval, Recruitment and Retention* for information on the Department's process for selecting and monitoring out-of-home placements to ensure children in foster care are safe, and services to support caregivers to prevent maltreatment in out-of-home care.

D. Strategies and Action Steps for SFY 2011

This section lists the state's primary strategies for improving safety outcomes. Both of these strategies were included in the state's current CFSR Program Improvement Plan (PIP) and in the June 2009 CFSP. Activities in SFY 2011 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFY 2010. These strategies and action steps do not describe all the activities that may improve safety outcomes. Routine work activities and other programmatic changes will also have a significant impact. These are the Division's primary strategies that are most directly linked to child safety, but these will also support permanency and well-being outcomes. Likewise, the Division's permanency, well-being and systemic strategies will support achievement of safety outcomes. For example, the systemic strategy of recruiting and retaining a competent workforce is expected to improve timely response to reports and comprehensive safety and risk assessment.

Primary Strategy 1: Align Child Abuse Hotline report acceptance and prioritization procedures with the Division's CSA and SRA tools and decision-making processes

Goal: Improve the accuracy and consistency of Hotline decisions in response to communications about child safety and well-being so that unsafe children receive a timely safety assessment and families are served in the least intrusive manner necessary to maintain child safety

Action Step 1.1: With technical assistance from the NRC for Child Protective Services, adjust the Child Abuse Hotline's report acceptance and prioritization procedures to align with the Division's safety and risk assessment tools and procedures

This strategy was identified during Arizona's CFSR PIP development process as a method to improve timeliness of initial response to reports of maltreatment and the collection of data to inform the child safety assessment and risk assessment processes. A full description of this project and recent accomplishments is located in Section III, Part 1, C. Implementation of new cue questions and report prioritization procedures is scheduled for July 2010. Following implementation, the Division will monitor the effects of the new procedures on report prioritization, timeliness of response, and collection of child safety and risk information. In November 2009 the Division submitted a request for technical assistance for this project. The majority of this technical assistance has been received and the tasks accomplished. The remaining one and a half days of technical assistance is targeted to occur in September 2010, for post-implementation evaluation.

Primary Strategy 2: Provide training, supervision and oversight to increase staff and stakeholder knowledge about, and competency applying, the integrated CSA-SRA-Case planning process

Goal: Improve the accuracy, consistency and documentation of decisions related to safety, risk, safety planning and case planning

Action Step 2.1: Within each district, use practice tools, clinical supervision and managerial oversight to ensure required people are interviewed and required documents are reviewed during initial assessments, and that sufficient information is obtained to conduct a thorough CSA in relation to all required children and adults

Action Step 2.2: Deliver advanced training to CPS Supervisors to enhance their knowledge and skills in the use of the CSA-SRA-Case planning process, and their ability to assist their staff with transfer of learning in this process

Action Step 2.3: Develop training materials, practice tips, case examples, or other tools and opportunities to increase staff competency conducting the safety threshold analysis and improve staff ability to differentiate between present danger, impending danger and risk

Action Step 2.4: Deliver training on the CSA-SRA assessment processes to community stakeholders (such as courts, CASAs, attorneys, schools, or others) to increase their knowledge of how safety threats differ from risks, and how the CSA-SRA process guides safety planning and case planning

Action Step 2.5: Continue to provide access to refresher trainings, policy question and answer documents, and practice guidance on use and supervision of the CSA-SRA-Case planning process

The integrated CSA-SRA-Case plan has been used statewide since June 2006. A full description of this process is located in Section III, Part 1, A. The action steps in Arizona's PIP have been completed or institutionalized. New action steps to extend and sustain the improvements were identified in the June 2009 CFSP. The new action steps were written with input from all District Program Managers, the Central Office Policy and CFSR Managers, Central Office Administrators and the state's Training Manager, with consideration of recent PICR findings. A description of recent accomplishments implementing the strategy and action steps is located in Section III, Part 1.C. These action steps continue into SFY 2011 with only minor revisions. The Division's SFY 2011 activities to implement the action steps will include:

- distribution and discussion of practice guides on the "six fundamental questions" and "safety threshold" analysis,
- training and oversight targeted to units or individuals with the greatest need for improvement in the practice focus areas,
- a supervisor's conference and Grand Rounds,
- individualized staff support and training from the Central Office Child Safety Assessment Specialist, and
- continued availability of refresher training and policy question and answer documents.

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The Division will also continue to use its quality improvement system to monitor and improve implementation of the CSA-SRA-Case planning process. Quality improvement activities will include Practice Improvement Case Reviews, individualized case review feedback sessions and Professional Skill Building Plans; as described in Section III, Part 4, A.3. and Section III, Part 4, B., primary strategy 9.

PART 2: PERMANENCY

A. Program or Service Descriptions

1. Time Limited Reunification Services

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

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

AFF provides an array of structured interventions, statewide, to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers, using modalities that include educational, outpatient, intensive outpatient, residential treatment and aftercare services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services and an aftercare phase to manage relapse occurrences. More than 31,276 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 3,944 individuals were referred in SFY 2009 for substance abuse screenings or assessments, 4,058 clients received treatment and 4,580 received supportive services. As a result of an 11% funding reduction from March to June 2009, the number of referrals in SFY 2009 was 15.9% lower than referrals in SFY 2008.

AFF providers are increasingly integrating adult substance abuse services and child welfare services. For example:

- Maricopa County AFF providers continue to attend TDMs each month, and frequently attend CFTs and Adult Recovery Team meetings related to their clients. The ability to attend a majority of TDMs is enhanced by the District I provider's commitment to co-location in the majority of CPS offices throughout District I. Other innovative and successful practices include the use of five peer recovery coaches and the development of a specialized, highly coordinated, intense response system for substance exposed newborns.
- The Maricopa County AFF provider is entering its third year of the Parent to Parent Program, which employs five successfully-recovering, previous AFF clients as Recovery Support Specialists to assist current AFF clients in their treatment. The four goals of the Project are to: 1.) engage parents into treatment; 2.) encourage parents to remain in treatment; 3.) assist parents in navigating through the child welfare system; and 4.) guide parents through the process of their individual recovery. At this time, parents of substance-exposed newborns are the priority population for these services. As of March 2010, 575 adults have been referred to a Recovery Support Specialist. The Parent to Parent Program has reduced by half the time required to initially engage and assess clients, compared with those who are not assigned to a Recovery Support Specialist. Parents who work with a Recovery Coach engaged into the substance abuse treatment process 84% of the time and attended an average of 50 days of treatment, while parents without a Recovery Coach only engaged 59% of the time and attended an average of 19 days in treatment. Due to the significant positive outcomes realized by this program, AFF is expanding

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use of these services to AFF providers statewide in the new AFF contracts beginning in July 2011.

- In Northern Arizona (District 3) the AFF providers routinely attend TDMs, CFTs and Adult Recovery Teams. The AFF provider in Yavapai County attended approximately 20 TDMs this past year, the AFF provider in Coconino County attended 24, and the AFF provider in Apache and Navajo Counties attended 15 – all increases from last year. In addition, District 3 providers continue to coordinate services with CPS, the local RBHA providers and other community agencies. Weekly meetings with CPS and local RBHA providers throughout the District enhance communication among providers to ensure families are receiving quality services.
- CFT meeting attendance by District 4’s northern AFF provider, WestCare AZ, continues to improve. WestCare AZ staff attend about 30 CFTs or TDMs per month. WestCare has worked hard to increase communication and collaborations with CPS and the Title XIX agencies in their district. In addition, they have added new services for AFF clients in response to the challenges the current economy has brought, including resume writing, interview practice and connections with job banks. They also continue to add halfway and sober-living homes to their current facilities to assist with the affordable housing shortage.
- All District 6 provider sites use integrated child and adult services based upon the CFT and Adult Recovery Team processes. Expansion and increased use of Peer Support services continues. There are currently 11 Recovery Support Specialists (RSS) and five Family Support Partners (FSP) providing peer support services. In addition, there are three case managers in the SEABHS system who are trained and certified as Peer Support workers. Each of these case managers began working in the behavioral health system as a Recovery Support Specialist. SEABHS hopes to add an additional three RSS/FSP staff by July 2010.

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) was established by Executive Order (EO) 2007-12 in June 2007. Staffed by the Governor’s Office for Children, Youth and Families – Division for Substance Abuse Policy and chaired by the Governor’s Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies, federal entities and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment and recovery efforts. It is ASAP’s mission to ensure community-driven, agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment, recovery and enforcement professionals. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending.

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

- Arizona Underage Drinking Committee
- Community Advisory Board
- Methamphetamine Task Force
- Substance Abuse Epidemiology Work Group

The Substance Abuse Epidemiology Work Group works to ensure that a data-driven decision making process is used to identify priorities, emerging trends and the state’s capacity to respond. Indeed, all

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strategic focus areas are addressed through data-driven policies that pay attention to emerging trends and recognize the importance of addressing the unique needs of individuals with co-occurring/morbid conditions.

In January 2008, *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)* was signed, which prioritized substance abuse treatment to families involved in the child welfare system. This executive order dictated that every effort be made to ensure appropriate and immediate substance abuse treatment for parents involved in the CPS system, in order to provide a safe and stable environment for children. The main tasks of the Executive Order 2008-01 continue to be: 1.) to maximize Federal funding wherever possible before using state dollars for treatment; 2.) to prioritize services for CPS families, by all executive branch agencies administering substance abuse treatment funding; 3.) to create a mechanism to collect and organize data on the CPS-involved families being referred for treatment through CPS and the Department of Behavioral Health Services (DBHS); 4.) to track and improve substance abuse treatment capacities in the state; and 5.) for all executive branch agencies working with CPS-involved families to implement protocols to streamline treatment.

ASAP's child welfare strategic focus area was tied to Executive Order 2008-01. The executive order's prioritization of substance abuse treatment services to families involved with CPS marked a systematic change in planning and policy in the state, and continues to impact the work of ASAP as an overarching paradigm. ASAP took this one step further by adopting drug endangered children as a strategic focus area, which has recently been expanded to include children of incarcerated parents and the child welfare population. This broad focus on drug endangered children, children of incarcerated parents and child welfare ensures that all children impacted by substance abuse receive the state's attention.

The Substance Abuse Epidemiology Work Group, the Department and ADHS/DBHS continue to work collaboratively to share data and assess Arizona's substance abuse treatment capacity. The *Substance Abuse Treatment Services Capacity Report* of April 2008 provided the total number of substance abuse treatment providers contracted with ADHS/DBHS across the state, the number of facilities and staff providing treatment, and the number of clients that could be served in each type of treatment level, including: outpatient, residential treatment, detoxification, specialty treatments, sub-acute, stabilization services and methadone clinics. Due to budget deficits and a lack of staff resources, an updated capacity report has not been completed for 2009. However, the Substance Abuse Epidemiology Work Group has combined efforts with the Statistical Analysis Center (SAC) of the Arizona Criminal Justice Commission (ACJC) to create and administer a Drug Data Clearinghouse to record substance abuse related data. Labeled the Community Data Project, the SAC staff will be responsible for updating the data and identifying additional data sources relevant to the work of the ASAP, its subcommittees, and state and local substance abuse prevention practitioners and policymakers, with emphasis placed on local data for and from local substance abuse prevention coalitions. A website will be used, providing interactive mapping and data file functions, allowing users to select specific data elements and geographic units of analysis most relevant to their work, and have the data delivered in a variety of formats. The goals of the ACJC's Community Data Project will be: 1.) to serve as a central repository for data on alcohol and drug prevalence and related consequences in Arizona; 2.) to provide state and local drug prevention practitioners and policymakers easy access to the most recent and relevant drug data that informs their work; 3.) to facilitate the sharing of such data across agencies, entities, and jurisdictions; 4.) to facilitate National Outcome Measure reporting for Arizona agencies receiving federal grant funds; 5.) to facilitate the use of local and standardized process and impact performance measures for substance abuse prevention programs; and 6.) to identify tools to assist practitioners and policymakers who seek to enhance the effectiveness of their work. As part of this project, the SAC will complete community

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resource assessments, which includes substance abuse treatment services among the numerous resources available within communities to combat substance abuse.

The Division's Office of Prevention and Family Support continues to participate in the Governor's Arizona Substance Abuse Partnership and its Meth Task Force subcommittee. In SFY 2010, the ASAP and the Task Force accomplished the following:

- The Access to Recovery (ATR) grant was expanded to include services to additional Drug Courts, and is now serving meth-addicted adults in Maricopa, Yavapai, Pima, Cochise and Coconino counties. In addition, ATR was expanded in Maricopa and Pima Counties to serve members of the general population with methamphetamine addiction.
- Through a sub-contract with COPE Community Services, ATR is working through TERROS, Inc. to provide treatment and recovery support services in Maricopa County to members of the general population with methamphetamine addiction. This partnership will expand the partnership between the Department's Arizona Families F.I.R.S.T. program and the ATR grant, allowing TERROS to refer parents participating in the AFF program with methamphetamine addiction for services through the ATR program.
- Members of the Meth Task Force and the Arizona Drug Endangered Children (DEC) Alliance provided training to seven tribal communities to support the creation of DEC protocols in tribal communities.
- The Task Force brought AHCCCS and ADJC together to discuss changing the procedures for suspending and terminating a youth's AHCCCS eligibility and enrollment upon entry into care. Work is being finalized to allow a youth entering juvenile corrections to have his or her eligibility suspended for up to 6 months, rather than fully terminated after 45 days. Since the average length of stay in juvenile corrections is six months, this will eliminate the barrier of re-establishing eligibility after release for many children, which also delays access to behavioral health and substance abuse treatment services.
- The Task Force has been working with the DEC Alliance to outline approaches to enact Arizona legislation to make pseudoephedrine, a precursor ingredient used in the manufacture of methamphetamine, available by prescription only.
- GIS mapping identified "hot spots" in Arizona for meth use (age of first use and use within the past 30 days). This data will be used to target areas of the state for increased prevention, treatment access, and law enforcement activities.
- Arizona was selected to participate in "Methamphetamine: The National Summit to Promote Public Health, Partnerships and Safety for Critically-Affected Populations." Following the summit, a state strategic plan was developed to expand the state's response to critical populations. Part of the strategic plan is to systematically identify families in the child welfare and juvenile justice systems and prioritize them for treatment and prevention services.
- Arizona received a 10% increase in Substance Abuse and Treatment Block Grant funding, totaling \$2.3 million. The additional monies are being used to target juveniles with substance abuse treatment needs who are not Title-XIX eligible.

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- Arizona was included in the Office of National Drug Control Policy Anti-Meth Media Plan. Ads aired in September 2009 to coincide with National Recovery Month and incorporated recovery and treatment messaging. The target audience was adults 18-34 years old.
- The Arizona Substance Abuse Partnership's Epidemiology Workgroup published an Epidemiology Profile for 2009, using data from sources such as criminal justice, hospitals and surveys. The Arizona Arrestee Reporting Information Network (AARIN) indicated that youth reporting past 30-day use of methamphetamine was 12.9% in 2007 and dropped to 5.1% in 2008. The percentage of adults reporting past 30-day use of methamphetamine was 30.2% in 2007 and dropped to 20.6% in 2008; however, the percentage of AFF participants that reported past-30-day use of meth was 29.8% in 2005 and increased slightly to 30.4% in 2008.
- In 2009, Arizona Revised Statutes § 8-201 related to definitions of physical abuse of child were amended to include "Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in section 13-3401." This amendment allows the Division to propose a substantiated finding when a child has been abused in this way.
- The Adolescent Substance Abuse Practice Protocol was developed by DHS/DBHS after receiving feedback from the Division and other state agencies and stakeholders. This Protocol reviews best practice requirements that must be used by DBHS's contracted providers in the areas of assessment, screening, and treatment for adolescents with substance abuse issues.

Housing Assistance

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification or permanency. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits and utility arrearages. Housing assistance payments can only be made if other community resources are not available. Eligibility requirements include that at least one child in the family is involved in an open CPS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the U.S.

This program is available to families statewide, following verification of the applicant's citizenship. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. Due to the state's budget shortfalls, effective March 31, 2009, the maximum amount of money available to individual families through this program was reduced from \$1,800 to \$900. In March of 2010, the maximum benefit amount was restored to \$1,800. The temporary change to the maximum benefit amount resulted in a very significant reduction of monies expended in SFY 2009. In addition, the new citizenship requirement likely contributed to the decrease in the number of eligible families.

In SFY 2009:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 1,682 children within 661 families, statewide – a notable decrease from the 2,841 children and 1,086 families served in SFY 2008.

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- The total amount expended statewide decreased from \$1,360,362.85 in SFY 2008, to \$792,417.45 in SFY 2009.
- An estimated \$7,903,085.57 would have been expended by the Division for foster care maintenance if the 1,682 children who benefited from Housing Assistance during SFY 2009 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SFY Housing Assistance Program Expenditures of \$792,417.45, there is a SFY cost avoidance of \$7,110,668.12.

2. Out-of-Home Children Services

Permanency Planning

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

Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Family Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by the Adoption and Safe Families Act. Beginning in 2008, Arizona law also requires a permanency hearing within six months of the child's removal from the home, for children younger than three. At the time of the child's initial removal pursuant to court order, the parent(s) are also informed that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. Concurrent permanency planning is required in cases where there is a poor prognosis of reunification within twelve months of the child's initial removal. The Division conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Division involvement. Follow-up and support services are put in place to ensure a safe and successful reunification.

A permanency plan of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption second only to family reunification. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights shall not be initiated when it has been determined that such action is not in the child's best interests and approved by the District Program Manager or designee. All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for CPS Specialists to ask families when gathering information to assess strengths and

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functioning in each risk domain. The recommended questions are open-ended, non-confrontational and phrased to engage family members in identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. CPS Specialists arrange and monitor services to address risks within the home, maintain family relationships and support timely achievement of the permanency plan; facilitate information sharing among team members; and report progress and barriers to the Juvenile Court and Foster Care Review Board (FCRB).

Placement and Placement Support

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or impending and unmanageable risk of maltreatment. Placement services promote safety, permanency, and child and family well-being through supervision and monitoring of children in out-of-home placement, and support of the out-of-home caregiver's ability to meet the child's needs. State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that whenever possible the Division:

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

Placement types include licensed or court approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers and independent living subsidy arrangements. By court order a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona Statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest. Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation, when the CPS Specialist inquires about relatives or significant persons who might be willing and able to care for the child. A new law requires that within 30 days of a child's placement in out-of-home care, the Division must try to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the CPS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about certain relatives is unavailable, the CPS Specialist can use the state's Parent/Relative Locate program for a professional search by a contracted agency.

The CSA-SRA Case planning process, Team Decision Making (TDM) meetings, Child and Family Team (CFT) meetings, and Family Group Decision Making (FGDM) meetings are used to identify caregivers, services and supports to meet each child's needs. A TDM meeting is held for most removals or potential removals, in which parents, family members, CPS staff and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and proximity to the birth family. In some locations TDMs

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or CFTs may occur at or prior to unplanned placement transitions. When the Division's budgetary and staffing resources allow, the Division plans to expand the use of TDMs for unplanned placement transitions when a CFT meeting is not available. In District 1 during SFY 2010, TDMs occurred before changing a child's permanency goal to adoption, independent living, or long-term foster care; upon identification of an adoptive resource for a legally free youth; for youth in care who do not have a goal of reunification, thirty days before the youth's eighteenth birthday; prior to discharge of a young adult at age twenty-one; and when termination of a voluntary foster care agreement for a youth age eighteen or older is being considered.

Policy requires that the Division promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys and CPS. Among other information, the written case plan identifies the child's educational, physical health and mental health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

- ensuring every child in out-of-home care has an individualized Out-of-Home Care Plan included in the case plan;
- providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;
- reviewing each case every 6 months, through the Foster Care Review Board process or the Department's Administrative Review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being and service needs – including visiting alone with the child if verbal.

State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the child's placement needs and whether additional services to the family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation and the planning of supportive services. For Native American children, placements must take place in accordance with the Indian Child Welfare Act and the tribe must be notified whenever a placement change is considered.

The Division informs potential kinship caregivers of financial and non-financial services available to them, and offers a grievance process when placement of the child in the home is denied. The Division has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers. CPS case managers are encouraged to discuss foster care licensing with kinship foster caregivers. Licensing enables kinship foster caregivers to receive the same foster care payment rate as non-kin licensed foster parents. Kinship caregivers are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. Select Home Recruitment, Supervision and Support (HRSS) contracted providers in District 1 provide targeted support and training to kinship families interested in licensure. The Division provides and facilitates other support and training to kinship families directly or in partnership with contracted agencies or community resources.

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Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. See Section III, Part 4 for more information on these services.

Kinship and resource family support centers that support permanency and placement stability are operating in Phoenix and Tucson. These centers are dedicated to the creation and preservation of adoptive, foster, kinship and guardianship families. The Centers provide a place for families to gain access to information, and community professionals who can help them build happy healthy families. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. The Pima County KARE Center exists entirely to support kinship caregivers, including kinship caregivers not associated with CPS. The KARE Center provides financial, legal, and emotional support and outreach, and advocacy training for kinship caregivers.

The Interstate Compact on the Placement of Children and Timely Interstate Placement Home Studies

The Interstate Compact on the Placement of Children (ICPC) is a contract between and among the 50 states, which standardizes national procedures to ensure suitable placement and supervision for children placed across state lines. Any person, court, or public or private agency wishing to place an Arizona child for care in another state must proceed through the ICPC. Likewise, any person, court, public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona Deputy Compact Administrator is responsible for reviewing ICPC referrals and sending them to the Compact Administrator in the receiving state, and for referring requests for placement in Arizona to a local receiving agency. The local receiving agency oversees the evaluation of the referral and notifies the sending state's Compact Administrator of the placement approval or denial.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within 60 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 993 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2009; significantly fewer than the 1,410 requests in FFY 2008. Also in FFY 2009, Arizona made 1,503 requests to other states for home studies.

3. Adoption Promotion and Support Services

Adoptive Home Identification, Placement and Supervision Services

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include: placement of the child on the Central Adoption Registry; assessment of the child's placement needs; preparation of the child for adoptive placement; recruitment and assessment of adoptive homes; selection of an adoptive placement; supervision and monitoring of the adoptive placement; and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Adoption promotion and support services also include post-adoption individual, group or family counseling services for adoptive children, adoptive parents and the adoptive parents' other children. These counseling services supplement the services that are available through the Title XIX behavioral health system. Services are provided by contracted providers who are experts in adoption. There are no

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geographic limitations on adoptive home identification, placement and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The adoptive placement preference order is 1.) grandparents; 2.) kinship care with another member of the child's extended family, including a person who has a significant relationship with the child (such as a foster parent); or 3.) non-relatives without a prior relationship to the child. Contracts for foster care and adoption home study, recruitment and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system and children with special needs. The Division and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The agencies are also being requested to recruit homes in specific geographical areas.

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

Arizona was awarded \$499,000 in Adoption Incentive payments in FFY 2009. This money was used to support adoptive home recruitment resources and efforts.

Adoption Subsidy

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

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the Adoption Subsidy program grew from 11,886 on September 30, 2008 to 12,992 on September 30, 2009. In FFY 2009, 1,808 new special needs adoptions were subsidized and the Department reimbursed \$1,402,498 of nonrecurring adoption expenses for 1,285 completed adoptions.

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

- Adoption subsidy policy continues to be included in the Children's Services Policy Manual, which is available on the Division's internet and intranet sites.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children.

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- Adoption subsidy staff participated in the November National Adoption Day celebrations in Tucson, Phoenix and Yuma.
- The Lodestar Family Connections Center in Phoenix and the K.A.R.E. Family Centers in Tucson, Phoenix and Yuma continue to be valuable post-adoption resources used by families. The Division continues to identify new community resources for all children eligible for adoption subsidy.

More information on the Division's programs and activities to promote and support adoption is located in Section III, Part 4, A.8. *Foster and Adoption Home Licensing, Approval, Recruitment and Retention.*

Inter-country Adoption Act of 2000 (ICCA)

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

Case information was reviewed for each child who entered out-of-home care during FFY 2009 and was identified in CHILDS as having been previously adopted. This review identified two children who entered out-of-home care in FFY 2009 and were the subject of an inter-country adoption ending in dissolution.

- One child was adopted from Haiti in 2003, at age seven, with two siblings. The Division is unable to identify the agency that handled the adoption. This child entered the Department's custody in August 2010, when his adoptive parents were unwilling to take him from residential treatment due to his aggressive behavior and their concern for the safety of their other children. The adoptive parents relinquished their parental rights in February 2010. This child's permanency goal is adoption and he is placed with a foster family who is considering adoption.
- The second child was adopted from Ethiopia at about age 11. Her adoption was final in Ethiopia on April 13, 2006 and in Arizona on November 18, 2006. She was placed by the Ethiopian orphanage Wide Horizons for Children. The adoption was handled in Arizona by Building Arizona Families. This child entered the Department's custody in February 2009 because her adoptive mother had abandoned her. The adoptive mother's parental rights were terminated in July 2009. The child's current permanency goal is adoption and she is placed in a prospective adoptive home.

Three other children who were previously adopted from outside the United States entered out-of-home care in FFY 2009, but these adoptions did not end in dissolution. These children and their families received services, and the children were reunified with their adoptive parents.

4. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody and control of the Department. These are children for whom reunification and adoption has been ruled out as unachievable or contrary to the child's best interest. Medical services are provided to Title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of services. Many of the permanent homes supported by the Subsidized Guardianship program are kinship placements.

This program is available statewide to children exiting out-of-home care to permanent guardianship. The average number of children per month receiving guardianship subsidy benefits during FFY 2009 was 2,289, which was a 6% increase over the average of 2,159 children per month who received guardianship subsidy benefits in FFY 2008.

Independent Living and Transitional Independent Living

Youth and Division staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood; and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age 16 and older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age 18 or older.

Youth who do not have a goal of reunification, adoption or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Eleven percent of children in out-of-home care on September 30, 2009 had a permanency goal of independent living. This percentage has remained stable at 11% to 13% over the last several years. The number of youth served by Arizona's Young Adult Program has decreased slightly, from 1,296 on September 30, 2007; to 1,201 on September 30, 2008; and 1,150 on September 30, 2009.

State policy allows youth to continue to receive Division services and supports to age 21 through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, ages 18 through 20, who were in out-of-home care and in the custody of the Department while age 16, 17 or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During FFY 2009, 197 former foster youth were served by this program – a 7% decrease from the 212 former foster youth served in FFY 2008. This decrease followed a 26% increase from FFY 2007 to FFY 2008.

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Young Adult Transitional Insurance (YATI)

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 21, regardless of income. Approximately 500 additional youth who reached the age of 18 while in foster care during the last year will benefit from this program.

Education and Training Vouchers

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to eligible youth up to age 23 years. In accordance with the current state Chafee Foster Care Independence Program (CFCIP), a youth may apply for assistance through the state ETV program if the youth:

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2010*.

B. Outcomes, Goals and Measures

To integrate the CFSR process and the Child and Family State Plan, most of the Department's CFSP outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's permanency outcomes and goals is measured using CFSR Permanency Composite data, which is generated from the state's Adoption and Foster Care Analysis and Reporting System (AFCARS) files; and the state's Practice Improvement Case Review. The FFY 2008 CFSR Permanency Composite baseline data included in this report is from the composite spreadsheet generated by the U. S. DHHS, dated March 31, 2009. The FFY 2009 CFSR Permanency Composite data is from the composite spreadsheet generated by the U.S. DHHS, dated February 12, 2010. The CFSR Permanency Composite data from the twelve months ending March 2010 is from the composite spreadsheet generated by the U.S. DHHS, dated June 8, 2010.

Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's goals in the June 2009 CFSP. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and measures progress on many of the permanency goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. CHILDS and the PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. More information on the Practice Improvement Case Review is located in Section III, Part 4, A.3. *Quality Assurance System*.

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

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CFSR Item 5: Foster Care Re-entries

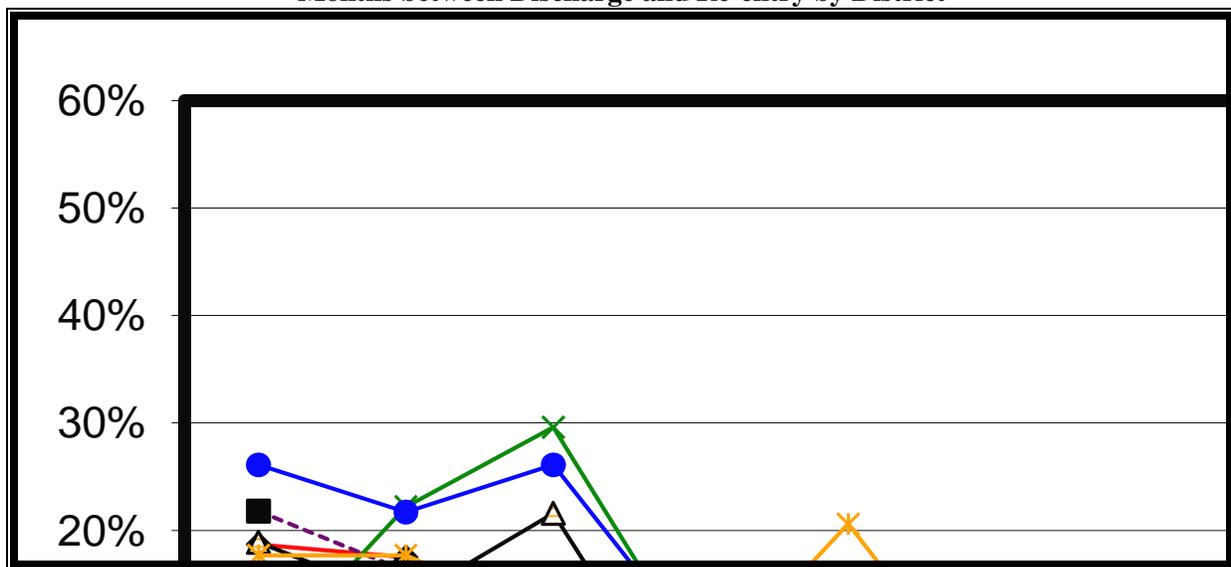
Permanency Goal 1: The percentage of all children who discharged to reunification in the 12 months prior to the year shown who *do not* re-enter out-of-home care in less than 12 months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

FFY 2008	79.3%
FFY 2009:	80.6%

Arizona continues to prevent re-entry for approximately eight of every ten children who exit to reunification. However, the state’s performance has remained below the national target of 90.1% and the national median of 85.0% for this CFSR measure. Arizona did achieve a small improvement in prevention of re-entry in FFY 2009, and data from the twelve months ending March 2010 shows further improvement, to 81.7%.

Data from the last few years has consistently shown children are more likely to re-enter care within the first 60 days after discharge. Statewide, children who entered care in FFY 2009 and within twelve months of a prior exit (the CFSR Round 1 re-entry measure) were most likely to re-enter within 30 days of the prior exit. Within the statewide re-entry population, 19% re-entered within 30 days of the prior exit, 18% within 31 to 60 days of the prior exit, and 12% within 61 to 90 days. The percentage continues to drop, lowering to between 3% and 5% in the 10th through 12th months after the prior exit. The following chart shows, by district, the months between prior exit and latest removal for children who entered care in FFY 2009 and within 12 months of a prior discharge from out-of-home care. This data excludes youth who were age 18 or older at the time they re-entered care.

Months between Discharge and Re-entry by District



CFSR Item 6: Placement Stability

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Permanency Goal 2:	Of children served in out-of-home care for at least 8 days but less than 12 months, the percentage who had two or fewer placement settings will be 86.0% or more (CFSR Data Profile, C4-1)
	FFY 2008: 85.6%
	FFY 2009: 85.6%
Permanency Goal 3:	Of children served in out-of-home care for at least 12 months but less than 24 months, the percentage who had two or fewer placement settings will be 65.4% or more (CFSR Data Profile, C4-2)
	FFY 2008: 62.8%
	FFY 2009: 65.8%
Permanency Goal 4:	Of children served in out-of-home care for at least 24 months, the percentage who had two or fewer placement settings will be 41.8% or more (CFSR Data Profile, C4-3)
	FFY 2008: 30.9%
	FFY 2009: 31.7%

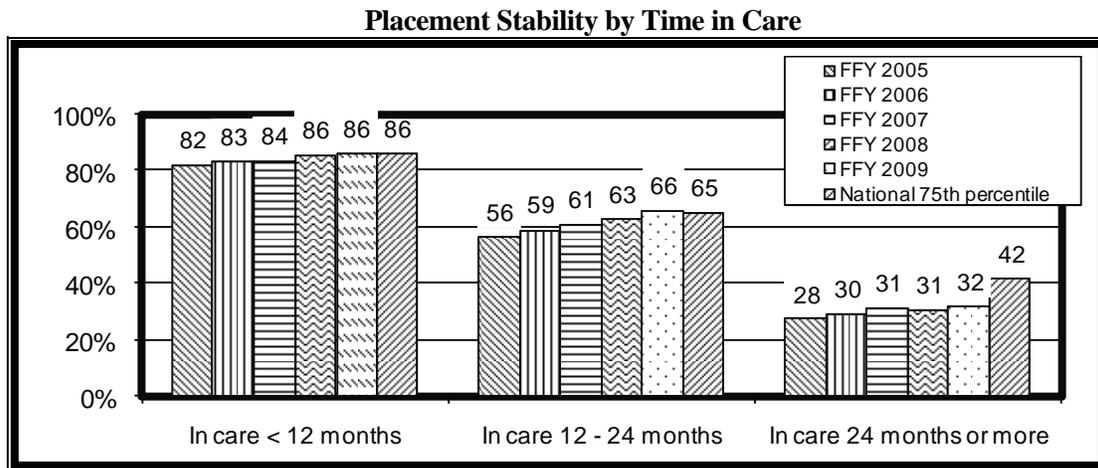
The state has not yet achieved the CFSR national standard on placement stability, but Arizona's performance continued to slowly improve in FFY 2009 and the first half of FFY 2010. Additional data includes the following:

- The *Child Welfare Reporting Requirements Semi-Annual Report* shows the median number of placements for children who exited care has maintained at one since FFY 2002. The average number of placements for children who exited has been between 2.3 and 2.5 in FFYs 2008 and 2009.
- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 74% of children who exited care in FFY 2008 and 73% of children who exited care in FFY 2009 experienced two or fewer placements.
- Arizona's performance on CFSR Round 2 measure C4-1 is affected by the large percentage of children exiting care within 7 days of removal, which was 23% in FFY 2007, 24% in FFY 2008, and 20% in FFY 2009 according to the most recent CFSR Data Profiles (issued by DHHS in August 2009 and February 2010). These children commonly have only one placement while in care, but are excluded from the placement stability measure on children in care less than 12 months. According to a Division report based on AFCARS (Report 43), of children served during the year who have been in foster care less than twelve months (including those in care 7 days or less), the percentage who experienced no more than two placement settings has remained at 88% to 89% in FFYs 2007, 2008 and 2009. This exceeds the Round 1 CFSR national standard of 86.7%.
- First-time entry cohort data contained in the CFSR data profiles issued by DHHS indicates the percentage of children who entered care in the first half of the year and had experienced two or fewer placements by the last day of the year or their date of exit has been increasing, from 82.8% in FFY 2007, to 83.5% in FFY 2008, and 84.2% in FFY 2009.
- Data on Permanency Composite 4 contained in the CFSR Data Profiles indicate placement stability has continually improved since FFY 2004. The state's composite score increased in all years, from 85.2 in FFY 2004 to 97.2 in FFY 2009 and 99.5 in the twelve months ending March 2010. Arizona's

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score is slightly below the national standard of 101.5. Data from the twelve month period ending March 2010 shows that Arizona is now exceeding the national targets on placement stability for children in care less than 12 months and children in care 12 to 24 months.

- The following chart shows the state’s improvement in all of the CFSR Round 2 placement stability measures. Arizona has reached the national target goals for children in care less than 12 months and children in care 12 to 24 months (after rounding to the nearest whole number), but remains below the target goal for children in care more than 24 months.



CFSR Item 7: Permanency Goal for the Child

Permanency Goal 5: The percentage of cases where the child’s permanency goal is appropriately matched to the child’s needs and established in a timely manner, and ASFA TPR requirements are met will be 95% or more (Out-of-Home PICR Item 2)

CFSR On-Site 2007:	80%
PICR CY 2009:	78%

In nearly 90% of cases reviewed, the permanency goal being pursued for the child was appropriate and had been established timely in the case plan or with the court. However, some cases were rated as needing improvement on PICR Item 2, *Permanency Goal for the Child*, because a motion for TPR had not been filed within required timeframes and a compelling reason to not file a TPR motion was not documented in the case plan or court documents. In some of these cases there did appear to be a compelling reason, but that reason was not clearly articulated in the record.

Data from the *Child Welfare Reporting Requirement Semi-Annual Report* shows that 50% of children in care on September 30, 2009 had a permanency goal of reunification, 25% had a goal of adoption, 11% independent living, 2% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 3% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). A goal was not yet established for the remaining 8% of children because they had recently entered out-of-home care. There had been very little change in these percentages from year to year, until FFY 2008 when the percentage of children with a goal of reunification increased to 55%, and the percentage of children with a goal of adoption decreased to 18%. In FFY 2009 the percentages returned to the pre-FFY 2008 levels.

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

Goals and Measures

Permanency Goal 6:	Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less will be 75.2% or more (CFSR Data Profile, C1-1)
	FFY 2008: 65.7%
	FFY 2009: 69.4%
Permanency Goal 7:	Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the median length of stay will be 5.4 months or less (CFSR Data Profile, C1-2)
	FFY 2008: 8.1 months
	FFY 2009: 8.0 months
Permanency Goal 8:	Of children who entered care for the first time in the 6 months prior to the year shown and remained in care for 8 days or longer, the percentage who discharge to reunification within 12 months of removal will be 48.4% or more (CFSR Round 2 measure C1-3)
	FFY 2008: 34.0%
	FFY 2009: 30.4%

Arizona's performance on CFSR measures C1-1 and C1-2 improved in FFY 2009, after declining in the prior three years. However, performance on CFSR measure C1-3 declined in FFY 2009, and the state has not yet achieved the CFSR permanency composite on Timeliness and Permanency of Reunification.

Reunification is being achieved within twelve months for the large majority of children exiting to reunification. Approximately eight of ten children who exit to reunification do so within twelve months of removal (including those who exit in one week or less). According to the CFSR Data Profiles, 23% of children exited in one week or less after removal in FFYs 2007 and 2008 and the twelve month period ending March 2009.

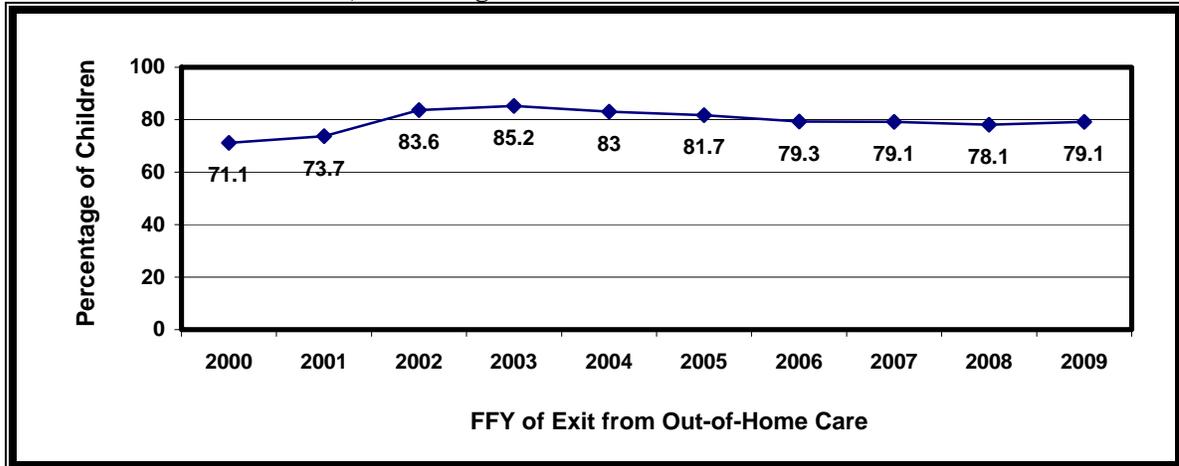
Additional data on reunification includes the following:

- More than half of all children served in out-of-home care by the Division discharge to reunification.
- The CFSR Data Profiles provide data on the percentage of children discharged to reunification, *excluding those who were in care for 7 days or less*, who exited within twelve months of their most recent removal (Permanency Composite 1, Component A, Measure C-1). This percentage decreased from 75.7% in FFY 2004 and 72.2% in FFY 2005, to 65.7% in FFY 2008; but increased to 69.4% in FFY 2009. Arizona's FFY 2009 performance nearly reached the national median of 69.9%, but did not achieve the national 75th percentile target of 75.2%.
- The following chart shows the percentage of children discharging to reunification, *including children in care for 7 days or less*, who do so within twelve months of their most recent removal.

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This percentage rose dramatically between FFY 2000 and FFY 2003, but dropped from FFY 2003 to FFY 2008. In FFY 2009, the percentage increased for the first time in six years. Arizona continues to exceed the Round 1 CFSR national standard of 76.2% for this performance measure (Report 43).

Of Children Reunified, Percentage who Exited within 12 Months from Removal



- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, the average months in care for children exiting to reunification was 7.0 in the last half of FFY 2008 and 7.3 in the last half of FFY 2009. The median months in care for children exiting to reunification increased from 2.1 months in the last half of FFY 2008 to 4.4 months in the last half of FFY 2009. In other words, half of all children who exited to reunification in the last half of the FFY 2009 spent less than four and a half months in out-of-home care. The percentage of children served who exited in one week or less decreased from 23% in FFY 2008 to 20% in FFY 2009. It may be that some short stays were avoided altogether, thus increasing the median time in care for those who did enter care.
- The CFSR Data Profiles provide data on the median months in care for children exiting to reunification *excluding those who were in care for 7 days or less* (Permanency Composite 1, Component A, Measure C-2). The median length of stay for children discharged to reunification that had been in foster care for 8 days or longer has continually increased over the last several years, from 5.5 months in FFY 2004 to 8.1 months in FFY 2008 and 8.0 months in FFY 2009. The FFY 2009 median was longer than the national median of 6.5 months, and did not achieve the national target of 5.4 months.
- The CFSR Data Profiles provide data on the percent of children in an entry cohort who reunify in less than twelve months. Specifically: Of all children entering care for the first time in the six month period just prior to the year shown, and *who remained in care for 8 days or longer*, what percent was discharged to reunification in less than 12 months from the most recent removal? (Permanency Composite 1, Component A, Measure C-3). The state's percentage increased to 34.0% by FFY 2008, but declined to 30.4% in FFY 2009. Performance remains below the national median of 39.4% and the national 75th percentile target of 48.4%. The denominator for this measure includes children from the entry cohort who exited to any reason or remain in care. Therefore, the percentage is expected to be much lower than the percentage on measure C1-1, which limits the denominator to children exiting to reunification.

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CFSR Item 9: Adoption

Goals and Measures

Permanency Goal 9: Of children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 36.6% or more (CFSR Data Profile, C2-1)

FFY 2008: 38.8%

FFY 2009: 41.3%

Permanency Goal 10: Of all children who exited out-of-home care to adoption, the median length of stay will be 27.3 months or less (CFSR Data Profile, C2-2)

FFY 2008: 26.3 months

FFY 2009: 26.0 months

Permanency Goal 11: Of all children in care on the first day of the year who were in care for 17 continuous months or longer (and by the last day of the year had not exited to live with relative, reunify or guardianship), the percentage that exited to adoption by the last day of the year will be 22.7% or more (CFSR Data Profile, C2-3)

FFY 2008: 35.3%

FFY 2009: 35.5%

Permanency Goal 12: Of all children in care on the first day of the year who were in care for 17 continuous months or longer and were not legally free for adoption prior to that day (and by the end of the first 6 months had not exited to live with relative, reunify or guardianship), the percentage that became legally free for adoption during the first 6 months of the year will be 10.9% or more (CFSR Data Profile, C2-4)

FFY 2008: 14.7%

FFY 2009: 17.2%

Permanency Goal 13: Of all children who became legally free for adoption in the 12 months prior to the year shown, the percentage that exited to adoption in less than 12 months of becoming legally free will be 53.7% or more (CFSR Data Profile, C2-5)

FFY 2008: 61.0%

FFY 2009: 64.5%

Arizona is exceeding the national standard of 106.4 on CFSR Permanency Composite 2: Timeliness of Adoptions. The state's score has been improving for the last several years, from 110.8 in FFY 2004 to 147.8 in FFY 2009 and 159.6 in the twelve months ending March 2010. The CFSR Data Profiles provide the following data on the five CFSR adoption measures:

- Measure C2-1 is the percentage of children who discharge to adoption who do so within 24 months of their most recent removal. The national median is 26.8% and the national 75th percentile is 36.6%. Arizona achieved this goal for 38.8% of children exiting to adoption in FFY 2008, 41.3% in FFY 2009, and 46.8% in the twelve months ending March 2010 – exceeding the national 75th percentile in all periods. In FFY 2000, just 18.4% of children exiting to adoption

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did so within 24 months of removal.

- Measure C2-2 is the median length of stay for children exiting to adoption. The national median is 32.4 months and the national target goal is 27.3 months or lower. Median time to adoption dropped to 26.3 months in FFY 2008, 26.0 months in FFY 2009 and 24.7 months in the twelve months ending March 2010. Arizona's median time to adoption was better than the national target in each period, and demonstrates a substantial improvement from the FFY 2000 median time to adoption of 37.4 months.
- Measure C2-3 assesses the state's success at achieving adoption for children who have been in care for 17 months or more at the start of the year and do not achieve another permanent outcome (reunification, live with relatives, or guardianship) during the year. Arizona has continually improved and exceeded the national 75th percentile of 22.7% for this measure since at least FFY 2004, reaching 35.5% in FFY 2009 and 39.1% in the twelve months ending March 2010. This measure does not consider the child's permanency goal, and it is likely that many of the children who do not exit to reunification, guardianship, or adoption by the end of the year are youth with a goal of independent living.
- Measure C2-4 assesses the state's success at achieving termination of parental rights (TPR) within the first six months of the year for children who had been in care for 17 months or more at the start of the year and were not already legally free for adoption. As with C2-3, this measure excludes children who exit during the year to reunification, live with relatives or guardianship. Arizona has continually exceeding the national 75th percentile of 10.9% since FFY 2005. Performance improved from 14.7% in FFY 2008 to 17.2% in FFY 2009 and 20.2% in the twelve months ending March 2010. As with C2-3, it is likely that many of the children for whom TPR was not achieved had a goal of independent living, so TPR was not being pursued.
- Measure C2-5 is the percent of children who became legally free for adoption in the prior year, who discharge to adoption in less than 12 months of becoming legally free. Arizona has achieved substantial improvement on the past three years, reaching 64.5% in FFY 2009, which exceeds the national target goal of 53.7%.

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

- The percentage of children in care on the last day of the FFY with a goal of adoption ranged from 21% to 23% between FFY 2004 and FFY 2007; decreased to 20% on March 31, 2008 and 18% on September 30, 2008; but grew to 24.8% in the last half of FFY 2009.
- Adoption was the exit reason for 1,468 (19.9%) of the children who exited out-of-home care in FFY 2007, 1,562 (21.4%) of the children who exited in FFY 2008, and 1,655 (22.1%) of the children who exited in FFY 2009.
- Of children in care with a goal of adoption on September 30, 2009, 49% were age five or younger, 18% were age 6 to 8, 20% were age 9 to 12, and 13% were age 13 to 17; 68% were legally free for adoption; and 86% were placed in an adoptive home. These percentages changed very little from FFY 2008 to FFY 2009.
- Of the 891 children who exited to adoption during the last half of FFY 2009, 63% experienced two or fewer placements, 25% were in three or four placements, and 12% had five or more

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placements. This data indicates somewhat decreased placement stability for children exiting to adoption, compared to the six month period ending September 30, 2008. In particular, 106 children (12%) experienced five or more placements before being adopted, compared to 74 children (9%) in the last half of FFY 2008. This may be indicative of successful efforts to find adoptive homes for an increasing number of high needs children (who might not have been adopted at all in prior periods), rather than decreased success achieving placement stability for children with a goal of adoption.

- In FFYs 2007 through 2009, more than one-third of children who exited to adoption were in their adoptive placement for at least two years at the time of adoption. This data suggests that identification of an adoptive placement is *not* a barrier to the adoption of many of the children who exit in more than 24 months from removal.

CFSR Item 10: Other planned permanent living arrangement

Goals and Measures

Permanency Goal 14:	Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship or live with other relatives) prior to their 18 th birthday and by the end of the year will be 29.1% or more (CFSR Data Profile, C3-1) FFY 2008: 35.7% FFY 2009: 35.4%
Permanency Goal 15:	Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home (reunification, adoption, guardianship or live with other relatives) prior to their 18 th birthday will be 98.0% or more (CFSR Data Profile, C3-2) FFY 2008: 96.2% FFY 2009: 96.0%
Permanency Goal 16:	Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their 18 th birthday while in out-of-home care, the percentage that was in out-of-home care for 3 years or more will be 37.5% or lower (CFSR Data Profile, C3-3) FFY 2008: 35.0% FFY 2009: 35.9%

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Permanency Goal 17: Of youth age 16 or 17 who had been in out-of-home care for at least 60 days and had a most recent permanency or concurrent permanency goal of independent living or long-term foster care, the percentage that have received or are receiving independent living skills training will be 59.1% (Report 46)

FFY 2008:	56.6%
FFY 2009:	60.7%

Permanency Goal 18: Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage in which concerted efforts were made to provide services to prepare the child for independent living and to place the child in a permanent living arrangement will be 95% or more (CFSR On-site; Out-of-Home PICR Item 4)

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

The CFSR Data Profiles indicate that Arizona has achieved the national standard of 121.7 on Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long period of Time. Arizona's score improved from 118.7 in FFY 2005 to 137.5 by FFY 2008, declined to 136.2 in FFY 2009, but increased to 141.9 in the twelve months ending March 2010.

In FFY 2009 Arizona was performing much better than the national target on measure C3-1, and just two percentage points below the target for measure C3-2. Performance on both measures further improved in the twelve months ending March 2010. These measures are indicators of the Division's success at achieving permanency for youth whose length of time in care or legal status of free for adoption suggests the child is ready to reach permanency. Both measures are affected by the Division's termination of parental rights and adoption practices. More than half of children who had been in care for 24 months at the start of the year (the denominator for measure C3-1) had a most recent goal of adoption at the end of the year, which indicates it is the intent of the Division to achieve adoption for more than half of these children. Adoption was in fact the exit reason for 65% of the children in this population who exited during the year.

Arizona is also performing slightly better than the target on measure C3-3. There was little change from FFY 2008 to FFY 2009, but performance improved in the twelve month period ending March 2010. Of youth who turned 18 in care or exited before age 18 to a reason of age of majority in the period ending March 2010, 67.2% had been in care for three years or less. That is, 67.2% of these youth were age 15 or older when they entered out-of-home care. This data does not include youth who elected to remain in care after their eighteenth birthday.

The state's *Child Welfare Reporting Requirements Semi-Annual Report* shows that for children exiting to age of majority in the last six months of the year, the average time in care dropped from 46.1 to 37.6 months between FFY 2006 and FFY 2007, but rose to 38.8 months in the last half of FFY 2008 and 41.1 months in the last half of FFY 2009. The median time in care dropped from 29.4 to 25.6 months between FFY 2006 and FFY 2007, but rose to 28.2 months in the last half of FFY 2008 and 30.7 months in the last half of FFY 2009. However, this data includes youth that choose to remain in care after their eighteenth birthday, which is a positive outcome encouraged by the Division while the youth is obtaining an educational degree or other milestones in the transition to adulthood. Of youth who exited to age of majority in the last half of FFY 2009, 42% were age 18.5 years or older at the time of exit.

Data in the state's *Child Welfare Reporting Requirements Semi-Annual Report* shows that youth who exited to age of majority had less placement stability than other youth who left care. In the last half of

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FFY 2009, more than half of the youth who exited to age of majority experienced five or more placements in the current removal episode and 22% experienced just one or two placements. Of all children exiting care (to any exit reason) in the last half of FFY 2009, 11% experienced five or more placements and 73% had just one or two placements.

An increasing number of children benefit from services designed to assist youth ages 16 or older. Data on participation in services includes the following:

- The number of youth participating in the AYAP or transitional living support services to current and former foster youth continues to increase. Between FFY 2008 and FFY 2009, the number of youth receiving these services increased slightly, from 1,675 to 1,699. Youth served are primarily age 16 or older, and may have a goal of independent living or another goal.
- From FFY 2008 to FFY 2009 the total number of youth who elected to remain in voluntary care after their 18th birthday increased 13% from 802 to 909. This data demonstrates the success of the Division's efforts to spread the word about the availability of continued care, encourage youth to take the option, and provide positive experiences so youth want to stay in care.
- The Independent Living Subsidy Program (ILSP) provides financial assistance and supportive services to assist older youth in care to maintain a stable living arrangement and permanent connections with caring adults up to age 21. The number of youth who are achieving permanency through participation in the ILSP exceeded the 40% benchmark with 41% of eligible youth participating during the past year.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) increased 24% between SFY 2008 and 2009, from 298 and 369 students.

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

CFSR Item 11: Proximity of foster care placement

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

District 1 compares the zip code of removal with the zip code of the child's current placement to identify the percentage of children removed and placed within the geographic area served by a single CPS field section (a cluster of CPS Units). Field sections generally serve an area smaller than the "one hour drive" definition of close placement proximity included in the CFSR On-site Review Instrument. Only children placed in a foster home are included in this data, since the data is used to identify areas in which additional foster homes are needed. Baseline performance for District 1 was 32% in the period of October through December 2008. Performance was lower than the baseline throughout CY 2009, but continually improved throughout the year. Performance moved from 26% in the first quarter of CY 2009 to 30% in the fourth quarter.

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The Division's other districts are provided with data on the number and percent of children whose current placement is within the same zip code, town and county of the child's removal. On September 30, 2009, 21% to 38% of children in Districts 2 through 6 were placed in their removal zip code. This percentage was lowest in District 2 (Pima County, including Tucson) where each zip code covers a much smaller area than in rural counties. The percentage of children placed within their county of removal was 91% in District 2, and ranged from 66% to 79% in the rural districts.

CFSR Item 12: Placement with siblings

Permanency Goal 19: 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.

9/30/08: 63%

9/30/09: 63%

Permanency Goal 20: Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 95% or more.³

9/30/08: 84%

9/30/09: 77%

This area was identified as a strength in the 2001 and 2007 CFSR on-site reviews. The 2007 CFSR Final Report stated that "in 95 percent of the applicable cases, reviewers determined that the agency placed siblings together in foster care whenever possible and appropriate," and "Stakeholders ... expressed the opinion that the agency makes concerted efforts to place siblings together. They noted that when siblings cannot be placed together, usually because of the size of the sibling group, the agency makes concerted efforts to place them in close proximity so that they can have frequent visitation." The number of cases with a sibling group in care on the last day of the year increased from 1,901 on the last day of FFY 2008 to 2,057 on the last day of FFY 2009. CHILDS data indicates that in 77% of these cases at least two siblings are placed together, and in more than six of ten cases all siblings are placed together. This measure provides an indicator of change, but is limited in its ability to describe the experience of children in out-of-home care. The data can not account for the reasons for separation. Furthermore, a case is identified as "siblings placed together" if two children are placed together on the given day, even if another sibling is placed separately or the children spent other days in separate placements.

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

Permanency Goal 21: The percentage of cases where children in out-of-home care visit with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (CFSR On-site; Out-of-Home PICR Item 5)

CFSR On-Site 2007: 69%

PICR CY 2009: 68%

³ This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.

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CFSR Item 14: Preserving Connections.

Permanency Goal 22: Of all American Indian children who exited care during the year, the percentage who exit to permanency before age 18 (do not exit to *age of majority* or *runaway*) will be 95% or more (Report 43 flat file)

FFY 2008: 90%

FFY 2009: 89%

Permanency Goal 23: Of all American Indian children served during the year, the percentage whose most recent placement is/was with a relative foster family or a trial home visit with a parent will be 50% or more (Report 43 flat file)

FFY 2008: 28%

FFY 2009: 33%

Preservation of connections was found to be a strength in 84% of cases reviewed during the 2007 CFSR On-site Review. The Division is currently monitoring data on maintenance of family connections for American Indian children. The Division has maintained its performance in relation to exits of American Indian children to permanency before age 18. The percentage of American Indian youth exiting to age of majority increased from 8.7% in FFY 2008 to 10.5% in FFY 2009, but the percentage exiting for reason of runaway declined slightly. The Division also observed an increase in the percentage of American Indian youth that exit for reason of transfer to another agency, which usually indicates the child's tribe has taken jurisdiction. This percentage increased from 8.2% in FFY 2008 to 11.6% in FFY 2009. Improvement has also occurred in the percentage of American Indian youth whose most recent placement was with a relative or parent.

See Section III, Part 2, CFSR Items 11, 12, 13, 15, and 16 for information on the state's effectiveness at placing children in close proximity to the parent(s); placing with siblings; visitation with parents and siblings; placing with relatives; and promoting shared parenting and parental involvement in child related activities other than visits. Achievement of these outcomes is closely linked to the state's ability to maintain connections to neighborhood, community, faith, family, tribe, school and friends.

CFSR Item 15: Relative Placement

Permanency Goal 24: The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (CFSR On-site; Out-of-Home PICR Item 6)

CFSR On-site 2007: 73%

PICR CY 2009: 76%

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* indicates that 34% of children in out-of-home care on September 30, 2009 were placed with a relative, up from 33% on September 30, 2008. This data underestimates to an unknown degree the percentage of children placed with relatives, because identification of licensed relative placements requires an additional documentation step that is not consistently completed. In addition, many families are served voluntarily while the children temporarily reside with relatives, preventing removal and dependency. These children are not in the state's out-of-home care population and therefore are not included in this statistic.

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The child was placed in a stable relative placement in 42% of the cases reviewed during the Practice Improvement Case Review in 2009. In two-thirds of the remaining applicable cases a sufficient search for maternal and paternal relatives was conducted during the period under review.

CFSR Item 16: Relationship of child in care with parents.

During the 2007 CFSR On-site review, 61% of cases were rated strength on Relationship of child in care with parents. This area is not currently evaluated through the Division's Practice Improvement Case Reviews.

C. Accomplishments and Factors Affecting Performance

The Division's ability to achieve permanency outcomes is affected by interrelated factors such as staff competency with assessment and case planning practices; the frequency and quality of CPS specialist contacts with children, parents and out-of-home caregivers; the availability of family-centered TDM and CFT meetings; accessibility of reunification, behavioral health, and visitation services; the success of foster, kinship and adoptive parent recruitment and retention activities; staff retention and caseload size. In SFYs 2009 and 2010 the Division was deeply affected by staffing reductions that were not offset by the much smaller reductions in report volume and ongoing caseloads. Services that support reunification, such as Arizona Families F.I.R.S.T., the Housing Assistance program, and contracted in-home services also suffered deep cuts and served far fewer families in SFY 2010. Despite these barriers, the Division was able to obtain small improvements in the re-entry rate and timeliness of reunification in FFY 2009, placement stability continued to improve, and Arizona continued to perform better than the national target goals on all five measures within the timeliness of adoption CFSR composite and two of three measures within the CFSR composite on permanency for children and youth in care for long periods of time. More youth were served in care voluntarily after their 18th birthday and the adoption and guardianship subsidy program caseloads grew. Kinship caregivers are increasingly licensed, and the Division increased the number of foster homes and spaces available for children and sibling groups. The Division is especially proud of its adoption timeliness performance, which has been achieved by Division and contracted home recruitment activities, services to support and involve resource parents, and collaboration with the courts.

The Division's primary practice improvement activities during this period developed staff competency in foundational practices, including safety reassessment and safety planning, concurrent permanency planning and CPS Specialist contacts with children and caregivers. Much of this work was accomplished through the Division's quality improvement system (including the Practice Improvement Case Review and ongoing data monitoring) and the Child Welfare Training Institute. The Division also continued to expand and strengthen the use of TDM meetings at the point of removal and implemented strategies to increase father attendance at TDM meetings and engage fathers throughout the life of the case. Collaborations in SFY 2010 with the courts, behavioral health system and other stakeholders were essential to offsetting some of the negative impacts of the budget reductions. For example, stakeholders across the state actively worked with the Division to identify kin and other resources to maintain sufficient visitation, which is correlated with successful reunification. These activities may account for the Division's success achieving some improvement in many permanency outcomes despite the reductions of staff and services. Given the recent approval to hire CPS Specialists and recovery of some reunification services, the Division expects that the SFY 2010 improvement activities will have a greater impact on permanency outcomes, particularly timely reunification, in FFY 2010 and FFY 2011.

The Division's activities in SFY 2010 are also producing systemic changes and resources that will provide essential infrastructure as the Division seeks to recover from the budgetary crisis over the next

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several years. These systemic changes are expected to improve permanency outcomes in FFY 2010, SFY 2011 and beyond. For example, the Division hired and trained few staff in SFY 2010, but used this opportunity to finalize changes to the staff hiring process, develop a new employee performance evaluation process, and train staff and stakeholders on concurrent planning. The Division also implemented significant changes in its policies on identification and assessment of kin, and redesigned the in-home service contract to increase its effectiveness addressing safety threats and achieving permanent and timely reunification. Changes to resource family recruitment, licensing, support and placement selection procedures will continue the Division's progress improving placement stability and adoption timeliness.

Information about each of the primary factors affecting permanency outcomes and the Division's most significant improvement activities and accomplishments in SFY 2010 is provided in the remainder of this section.

The CSA-SRA-Case Planning Process

Staff competency with comprehensive ongoing assessment and behavioral case planning improves services to parents, children and caregivers; resulting in timely permanency and continuity of family relationships and connections. The CSA-SRA-Case planning process includes safety plan, out-of-home care plan and aftercare plan components that support timely reunification, improve placement stability and prevent foster care re-entry. The process also requires identification of kin and other connections for the children and development of a visitation plan to ensure sufficient frequency of contact between children in care and their parents and siblings. CSA and SRA reassessments are required at least every six months while a case is open, prior to beginning unsupervised visitation, prior to reunification and whenever there is a change in the parents' household composition or a concern about the safety of a child in the family. These requirements ensure safety threats, risks and protective capacities are understood throughout the case, and that the case plan and safety plan are updated at key decision points. For example, reassessment prior to unsupervised visitation and reunification prompts the CPSS to develop visitation arrangements that control potential safety threats, update the safety plan to control threats in the home if needed, and develop a schedule of visitation that increases in frequency and duration as reunification approaches.

A full description the Division's CSA-SRA-Case planning process is located in Section III, Part 1, A. A description of recent activities to improve staff competency and consistent application of the model is located in Section III, Part 1, C.

Permanency Planning and Concurrent Planning

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Division's clear policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification. The Division has clearly communicated statewide that long-term foster care is a goal of last resort. Division policy requires management approval of the long-term foster care goal (the state's version of APPLA for children younger than sixteen), and many districts also require management approval for a goal of independent living (the Division's APPLA goal for youth age 16 or older). The Division's PICR results indicate that appropriate permanency goals are identified in a timely manner in 90% of cases.

Improvements to the CSA-SRA-Case planning process have assisted family and team members to establish appropriate permanency goals for children involved in the child welfare system. Timely permanency hearings also support practice by requiring review and discussion of the permanency plan

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within twelve months of a child's removal, and within six months of the child's removal if the child is younger than three. At the time of the child's initial removal pursuant to court order, the parent(s) are informed that if they substantially neglect or willfully refuse to participate in reunification services, this may result in a court order to terminate parental rights at the permanency hearing.

Case planning, including requirements for development of the written case plan in a staffing to which all family and team members are invited to participate, has been identified as a practice improvement focus area for CY 2010. The Division has monitored data on timely case plan reassessment to ensure all cases have a current case plan. In the last two quarters of CY 2010 the Division's practice improvement-policy-training team will produce practice tips and training materials on case plan development timeframes, case plan staffing requirements, behavioral case planning, and the written case plan. These will be the focus of discussion and administrative communications during these quarters.

Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within 12 months is poor. The family and service team work together to increase the chances of reunification while simultaneously identifying and readying a placement to be permanent if reunification is not successful. Concurrent planning focuses the family and team on permanency from the outset of the case, so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The Division's policy and training emphasizes the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

Concurrent planning is a strategy included in the State's CFSR PIP and CFSP. In SFY 2010 the Division continued its work to improve concurrent planning practices, as follows:

- Information about concurrent planning was delivered to stakeholders throughout Arizona during CY 2009. Judges, attorneys, Court Appointed Special Advocates (CASA) and Foster Care Review Board (FCRB) volunteers were among those trained, as were HRSS contract agency representatives, behavioral health system staff, and Native American tribal partners. PS-MAPP trainers received information on concurrent planning to incorporate into the foster parent training. Training was also provided by the Division's Policy Unit Manager and a consultant from the National Resource Center for Legal and Judicial Issues to twelve Superior Court judges and two Tribal Court judges in November 2009.
- The FCRB has revised its procedures so that the boards will now make findings of whether a timely and appropriate concurrent permanency goal has been assigned and whether concurrent planning activities are being pursued.
- The CASA program has added material on concurrent planning to its training for new volunteers, and communicated the importance of CASA attention to concurrent planning via e-mails, local newsletters, and development of a CASA *Concurrent Case Planning Responsibility Flowchart*.

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- A four part computer-based training on concurrent planning was developed by the CWTI. This training was mandatory for all CPS Specialists and CPS Unit Supervisors. Staff completed this training in September and October 2009. A version of the training for community stakeholders, particularly FCRB and CASA volunteers, is also available on the training website.
- The PICR instrument includes an item to evaluate concurrent planning practice. The Practice Improvement Specialists give information about concurrent planning policy and case-specific feedback to the involved CPS Specialists and Unit Supervisors, based on the case review findings. Case reviewers have observed an increased awareness of concurrent planning policy among field staff.
- The Division's executive leadership has identified concurrent planning as a priority practice improvement area that requires a Professional Skill Building Plan be developed with the involved field staff if it is found to be an area needing improvement during a PICR. The Division's Child Welfare Program Administrator reviews a random set of Professional Skill Building Plans each quarter, to ensure they are being developed and address the required areas in a meaningful way.
- The Division's executive leadership has identified concurrent planning as a practice focus area for CY 2010. This area was the focus of communication and discussion in the first quarter of 2010. The Division's practice improvement-policy-training team published a series of practice tips on concurrent planning that review the policy, answer common questions, and provide examples of concurrent planning practice. These were distributed throughout the districts and used as a basis for discussion in district leadership and CPS unit meetings.
- Concurrent planning will be the focus of a primary work session in the July 2010 CPS Supervisors' conference, titled: *Teaming with the Courts to Achieve Permanency*. This session will highlight best practice points along the continuum of permanency, including case plan development, case plan staffings, and concurrent permanency planning. Following the best practice presentation, a panel of judges, assistant attorneys general, and CPS experts will answer questions about the ways in which the courts and CPS can work together to improve permanency planning and outcomes for children. The last segment of the session will be a small group activity on application of concurrent case planning to sample cases.

Team Decision Making and Ice Breaker Meetings

Team Decision Making meetings provide a forum for family, friends, natural supports, Division staff, community partners and providers to discuss the strengths and needs of the family, and identify the best placement for the child that will keep him or her safe and connected to family and community. By engaging family members, friends and natural supports in decision making and the identification of safe placement options, TDMs achieve permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, and preservation of the child's important connections. Team Decision Making is also a primary strategy to improve contact and engagement of fathers, which can lead to the identification of paternal relatives for placement or support of the child. TDM meetings are now being held in all districts and counties. Statewide 4,796 initial removal TDM meetings were held in CY 2009, impacting 8,557 children. This is an increase from the 4,762 TDM meetings, impacting 6,859 children in CY 2008. Mothers attended approximately 77% of TDMs and fathers attended approximately 46% (up from 65% for mothers and 34% for fathers in CY 2008). Youth age twelve and older participated in 68% of the meetings (up from 63% in CY 2008). Increasing fathers' attendance at TDM meetings has been an area of focus in Districts 1 and 2. Both districts monitor data on father attendance and have developed action plans to address this need.

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In CY 2009, District 1 also conducted 684 TDM meetings for 998 children who were at risk of or had disrupted from their out of home placement, and held 1,657 TDM meetings for 2,297 children and youth whose permanency goal was being considered for change or were soon to be aging out of the foster care system.

Ice Breaker meetings encourage shared parenting between birth and resource families, which improves the team's ability to maintain important connections for the child and achieve positive well-being outcomes. These meetings involve the birth parent, placement resource and the CPS Specialist. The birth parent shares information about the child's likes, dislikes, bed and play habits, illnesses, allergies, etc. A visitation schedule, phone schedule and other forms of communication between visits are identified. The meeting is expected to ease the transition for all parties, change perceptions and myths about birth parents that can make some resource parents reluctant to have contact with birth parents, and reduce placement disruptions. Icebreaker meetings continue to take place in Districts 1 and 2. District 3 is holding some Icebreakers and plans to hold a greater number in SFY 2011.

More information about TDM meetings, Ice Breaker meetings, and the Division's progress implementing these strategies is located in Section III, Part 3, A.

Reunification Services

Access to effective services to support families before and after reunification is an important factor affecting reunification timeliness and prevention of re-entry. The Division substantially reduced the in-home services contract in response to budget reductions and shortfalls in SY 2009, and this may explain the Division's limited improvement in the areas of reunification within twelve months and prevention of foster care re-entry. However, in SFY 2010 the Division again encouraged staff to serve families in-home by developing safety plans to control safety threats while providing contracted or community in-home services. The number of in-home service cases during the month (newly opened or continuing from the prior month) increased nearly 30% from July to November and December 2009. The Division is in the process of redesigning the in-home services program contract to include a range of service levels designed to prevent removal, facilitate reunification and stabilize placements. The program design will include more clearly defined timeframes for initial contact and service duration, and expectations for frequency and type of provider contact. The contract will also require that the provider agency hold a meeting prior to service closure to discuss aftercare needs and planning. More information about the Division's in-home services program is located in Section III, Part 1, A.

Child and Family Teams and Behavioral Health Services

Behavioral health services are especially important to achievement of permanency outcomes, particularly reunification, prevention of re-entry and placement stability. The behavioral health system's Urgent Response system and Child and Family Team (CFT) meetings are frequently identified by stakeholders and in case reviews as being effective methods to support families and address risks. CFTs are particularly helpful with young adults, who often re-enter out-of-home care because of their behavioral health issues. These meetings provide an opportunity for the youth, the parents, supportive kin and friends, CPS staff, behavioral health providers and any other involved agencies (such as juvenile justice or school system representatives) to jointly develop a plan to support the family in-home. Discussion at CFTs also includes pre-reunification transition planning, and aftercare planning to identify services and supports that will sustain the family after CPS case closure.

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CFTs and behavioral health services support placement stability by giving opportunities for supportive contact with professionals, information sharing and problem solving. These services improve the likelihood that issues affecting placement stability are identified early, children and out-of-home caregivers receive services to preserve the placement, and the child is placed in a care setting that meets his or her needs. Unless the child is unsafe in the out-of-home placement, an emergency CFT meeting can be requested to discuss threats to placement stability and identify supportive services to prevent the potential removal of a child. Stabilization teams in District 1 and intensive teams in District 6 are available through the behavioral health system to families with a child at risk of removal or placement disruption. These services are particularly helpful to families with young adults, and can serve biological, adoptive or foster families.

More information on collaborations with the state's behavioral health system to improve access to high quality services that support reunification and placement stability is located in Section III, Part 3, A.2., *Services to Address Children's Educational, Physical Health and Mental Health Needs* and Section III, Part 3, C.

Prevalence of substance abuse and addiction problems among parents involved with the Division is often cited by stakeholders as a factor affecting timely reunification and re-entry prevention. Re-entry rates may be affected by substance abuse relapse, which can sometimes be addressed through relapse prevention services and development of in-home safety plans to prevent removal if relapse occurs. Relapse prevention services are available through the Arizona Families F.I.R.S.T. program. However, stakeholder input and a treatment capacity study in 2008 have indicated that substance abuse treatment services were insufficient to meet the need in 2007 and 2008. Funding reductions from March to June 2009 further reduced service availability, which may be a factor in the Division's minimal progress increasing rates reunification in twelve months and reducing re-entry rates. However, AFF services do support reunification for many families. AFF providers are increasingly integrating adult substance abuse services and child welfare services by attending TDM meetings in many areas of the state (including Maricopa County), participating in the Parent to Parent and SENSE programs, and through other means. More information about AFF services is located in Section III, Part 2, A.

The Governor's Office for Children, Youth and Families, law enforcement and criminal justice agencies, and the Division of Behavioral Health Services have been especially active in efforts to prevent substance abuse and improve accessibility and quality of substance abuse treatment services. Two of the most promising initiatives, which began in SFY 2008 and are included in the state's CFSR PIP, are *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services* and the Parent to Parent Recovery Program. Information about the many accomplishments of these initiatives and other activities to address substance abuse is located in the descriptions of the Arizona Families F.I.R.S.T. program and the Arizona Substance Abuse Partnership in Section III, Part 2, A.

Visitation Service Capacity

Visitation frequency and quality affects timeliness of reunification and preservation of the child's important connections. Despite the Division's efforts to place children in-home, with kin and with siblings, the demand for visitation services remains high. In FFY 2009 the number of children in out-of-home care remained above 10,000, half of these children had a goal of reunification, and 37% of siblings groups in out-of-home care had at least one sibling placed separately.

Contracted parent aides provide transportation, supervision and parenting instruction to support family visitation. The parent aide contract was capped between March 2009 and March 2010 due to budget reductions, but staff and district leadership worked with stakeholders to ensure visitation between parents

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and children continued while this cap was in effect. Division case aides have been assigned to cases to ensure that visitation is occurring, and foster parents and kinship providers are encouraged to provide transportation and monitor visits that do not require close supervision, especially sibling visitation. Volunteers are also being trained to monitor visits in Districts 2 and 6, and District 2 continues to use a contracted visitation center to provide transportation, supervision, opportunities for visits on evenings and weekends, and documentation of the visits to the CPS Specialist. This service was temporarily stopped from March through September 2009 as a result of the budget crisis, but has since reactivated. The provider has recently increased capacity by opening new visit locations.

Out-of-home caregivers, especially relatives, provide excellent resources for facilitation of visits; including opportunities for frequent in-person and telephone contact with siblings and parents in a relaxed and natural environment. New statute and policy that require staff to identify and provide notice to all the adult relatives of the child, including the child's grandparents, great-grandparents, whole and half siblings, aunts, uncles, first cousins and persons who have a significant relationship with the child may improve identification of relatives who can assist with visitation, if not serve as a placement for the child. One of the core elements of PS-MAPP training for licensed foster parents is the expectation that foster and birth parents support visitation and share parenting. Shared parenting increases parent-child contact when parents attend the child's educational meetings, medical appointments, extracurricular activities and other special events. The Division has also set expectations for shared parenting and resource family support of family visitation via the HRSS contract. Foster parents are expected to transport children to and from visits, and the contract includes performance measures related to contact with parents and facilitation of sibling contact. Foster parents are also expected to have contact with birth parents so both can receive and share information about the child, and to support the child's connections to the family. More information about PS-MAPP training, shared parenting and the HRSS contract is located in Section III, Part 4, A.8. *Foster and Adoptive Parent Licensing, Approval, Recruitment and Retention.*

Adoption Support Services

Specialized adoption units in Districts 1 and 2 also support permanency planning and timely adoption. Staff in these units are experts in their area and not distracted by blended responsibilities. They are therefore able to manage a higher adoption case volume and move cases quickly to finalization. The Division also has a well established, high quality adoption subsidy program. Case management and special services are available, and adoption subsidy rates are similar to the foster care rates. These services encourage adoption, particularly in situations where the caregiver anticipates services and support will be needed to provide care for a child with special needs.

Resource Family Recruitment, Retention and Support

Resource family recruitment, retention and support activities allow the Division to maintain a pool of qualified experienced foster and adoptive parents in the neighborhoods from which children are removed, which is essential to achieving permanency outcomes such as placement stability, timely reunification, timely adoption, proximity of foster care placement to the parents' home, placement of siblings together, parent-child and sibling visitation, preservation of the child's important connections, and maintenance of the parent-child relationship. The number of licensed foster homes increased 9% in FFY 2009, and the number of bed spaces available to Child Protective Services increased 21% in FFY 2009. This may account for some of Arizona's improvement in placement stability outcomes.

The Division's HRSS contract is an important component of the Division's services to recruit, retain and support resource families. The contract includes outcomes and performance measures that align with the

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Division's permanency outcomes. The following are some of the ways in which this contract is designed to promote permanency, placement stability, and continuity of family relationships and connections:

- The HRSS contract achieves timely adoptions through child specific recruitment and targeted recruitment for sibling groups, teens, children whose ethnicity is over-represented in the foster care system and children with special needs.
- The HRSS contract allows agencies to jointly recruit and prepare homes for foster care licensure and adoption certification. Foster families wishing to adopt a child in their care who becomes legally free for adoption do not need to change to an adoption agency to be certified to adopt. Because the contract agencies provide standardized pre-service training for foster care and adoption, foster families wishing to adopt are not required to take additional training to become adoption certified. Contract agencies may also request that the court certify their families for adoption at the time of initial foster care licensing, in the event the family is open to both foster care and adoption.
- The HRSS contract identifies permanency outcomes such as "siblings in foster care shall be placed together as an intact group (all siblings)." Performance incentive payments are awarded to providers who achieve at least twelve of the sixteen performance measures included in the HRSS contract.
- Placement of children in their own neighborhoods is an outcome identified in the HRSS contract. Placement within the home neighborhood provides natural opportunities for parental involvement in the day to day lives of their children. To support the goal of keeping children connected to their families and neighborhoods, all contracted HRSS providers receive semi-annual data on the number of removals occurring within their assigned zip codes, along with Geographical Information System (GIS) maps providing the locations of child removals and placements. The maps also include data on the number of available resource homes so that providers and community partners can target recruitment efforts in communities where higher numbers of children enter out of home care and resource homes are not sufficiently available. In SFY 2009 maps continued to be distributed twice per year to District Recruitment Liaisons, who assist stakeholders to use the data. GIS Maps have been enhanced to reflect the unique needs of each District.
- The HRSS contract and Division policy require a team meeting if a foster parent requests a child be removed from the home and there is not a safety concern requiring immediate removal. The HRSS contract states that the contractor must "arrange a one-to-one meeting with the foster family wishing to have a child removed, prior to placement disruption or adoption disruption. When removal is being considered, the Contractor and Child Case Manager shall request a CFT or TDM meeting prior to the child's removal whenever possible."
- The HRSS contract requires that foster and adoptive parent pre-service training be provided using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting*). The PS-MAPP curriculum educates foster parents about family-centered practice and requirements for shared parenting and maintenance of each child's important connections. For example, the *Criteria for Mutual Selection* document, which is used in PS-MAPP training, informs potential foster and adoptive parents that to be successful they must be able to: "Build connections - Help children and youth maintain and develop relationships that keep them connected to their pasts;" and "Build self-esteem - Help children and youth build on positive self-concept and positive family, cultural and

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racial identity.” This training has resulted in significant role and practice changes within the Department’s foster care and adoption programs that support permanency outcomes such as visitation with siblings and parents, parent involvement in their children’s lives, and maintenance of the child’s important connections. Additional content on resource parent involvement in visitation with biological parents was recently added, including content to help resource parents differentiate between safety concerns and discomfort with visitation. This training is supported by foster home licensing rules, which require that foster parents support the child’s and the family’s cultural and ethnic heritage and language and not compel a child to participate in cultural and ethnic activities against the child’s or the family’s wishes.

More information about the Divisions’ recruitment activities, the HRSS contract and other ways in which the Division recruits, retains and supports resource parents is located in Section III, Part 4, A.8. *Foster and Adoptive Parent Licensing, Approval, Recruitment and Retention.*

Kinship Caregiver Identification, Assessment and Support

The Division and its child welfare partners continue to communicate with staff, out-of-home caregivers and service providers about the importance of maintaining the child’s connections to neighborhood, community, faith, family, tribe, school and friends; and to develop systems and resources that support maintenance of those connections. Much of this work has focused on increasing the percentage of children placed with kin. Such placements provide the best possible method for maintaining relationships with family and friends, placement with siblings, and ongoing participation in family, faith, and cultural events and traditions. Furthermore, reducing the number of sibling groups needing non-related foster homes gives the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed.

New Arizona statute effective December 31, 2009, made significant changes to the manner in which relatives are identified, notified of a child’s out-of-home placement, and assessed for placement of a child. Division policies to support the statute require that within 30 days of a child’s placement in out-of-home care, the Division exercise due diligence to identify and notify all adult relatives and persons who have a significant relationship with the child of the child’s out-of-home placement and of their option for being considered as a placement for the child. Two forms are sent to each relative. The first provides notification of the child’s removal, information about the Division’s child placement policies, and instructions for contacting the CPS Specialist. The second form is completed and returned by the relative, to request consideration as a placement for the child now or in the future, involvement with the child in other ways (such as visits), and/or contact by the CPS Specialist to discuss the child. This form also requests the relative provide information about the identity or location of other relatives of the child.

The assessment of a relative or significant person who expresses an interest in being a placement option must begin within ten working days of their request. The assessment begins with a discussion of the child’s needs and the potential caregiver’s interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver’s ability to meet the child’s placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated.

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

- Policy requires that the relatives’ names and contact information be gathered from the parents and children, as well as any other potential sources (such as each located relative). Arizona Juvenile

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Court Rules also require that at the preliminary protective hearing the court order the parent or guardian to provide the names, type of relationship and all available information necessary to locate persons related to the child or who have a significant relationship with the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

- The revised integrated CSA-SRA-Case planning process directs staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care.
- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Division to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin.
- If a relative cannot be located, the CPS Specialist may make a referral to the Parent Locate Service, although the higher priority for the Parent Location Unit is to locate parents for service of process, which sometimes limits the Division's ability to process relative search requests or increases the wait time.
- TDM meetings are a helpful resource for locating kin. In SFY 2009, a relative attended 87% of emergency removal TDMs, and 87% of TDMs where removal was being considered.
- A case note type of Relative Contact was added to CHILDS in SFY 2010, so that staff can easily locate information about kin and assessments of kin as placement resources.
- Exhibit 12 of the Division's on-line policy manual, *Relative Search Best Practice Guide*, provides theoretical information about the importance of finding and involving relatives in child welfare cases, and describes practice standards for conducting diligent and comprehensive relative searches.

The Division recognizes that the relationships between kinship caregivers, the children in their care and the birth parents present special issues that require sensitivity, knowledge and skill among CPS Specialists and service providers. The Division continues to develop the knowledge and skills of staff in relation to these special needs, and to identify services and supports to promote permanency and stability with kinship foster caregivers. Recent Division accomplishments have included the following:

- Relatives report that they are committed to caring for the children regardless of financial compensation, but placement of children can put significant financial strain on the kinship families, particularly given the current economic crisis and cuts to Temporary Assistance to Needy Families (TANF). The Division actively encourages kinship caregivers to become licensed so they can receive financial benefits, the support of a licensing worker, and the greater perception of legitimacy afforded by completion of the home study and training processes. Staff are required to discuss and encourage kinship caregivers to become licensed in situations where it appears that the placement will not be of short duration. Policy requires staff to review with the kinship caregiver a form that provides information about all the benefits available to kinship caregivers, including licensing. The Division saw a 17% increase in the number of licensed kinship caregivers between the last days of SFY 2008 and the last day of SFY 2009 (*Report 42 extract dates 7/9/08 and 5/20/10*).

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- On a case-by-case basis, the Division works with the OLCR and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. These waivers are possible because of the federal Fostering Connections to Success and Increasing Adoptions Act. From August through December 2009, 46 kinship foster families were able to become licensed due to a waiver for non-safety related standards. The waivers most often relate to some aspect of the sleeping arrangements. A smaller number relate to income requirements. Many sibling groups are placed in these homes.
- The Division's HRSS contract providers assist the Division to train and license relatives as resource families, and one provider in District 1 has developed a unit dedicated to licensing kinship foster caregivers. This agency's model program gives special consideration to the unique needs of kinship caregivers. Child care is offered during class times and specially trained licensing workers assist the kinship caregivers to complete necessary paperwork. Services are offered in both English and Spanish and licensing workers accommodate each family's preferred meeting time and place for most appointments. From July 2009 to May 2010, this agency completed the intake and orientation for 151 kinship families, of which 118 started the initial training. The agency licensed 32 new homes in July 2009 through May 2010, and another 65 families remain in the licensing process. The project currently has 76 licensed homes, in which 130 children are placed.
- Kinship caregivers are also given the Division's Kinship Foster Care pamphlet, which provides contact information for emergency and routine purposes, general information about the child welfare system, specific information about the juvenile court process, a description of the Division's expectations of kinship caregivers, a description of the licensure process, and information about benefits that may be available to the kinship caregiver and child. This pamphlet is available in English and Spanish. The pamphlet is being revised into a booklet, which will be ready for distribution in July 2010. The new *Kinship Foster Care for Relatives Caring for Children in CPS Custody* booklet will provide more extensive information for kinship caregivers, including information about:
 - the benefits provided to children in care;
 - financial and non-financial benefits available to kinship caregivers;
 - the benefits of becoming licensed;
 - the licensing process and licensing requirements, including standards related to criminal history;
 - licensing waivers;
 - the Division's expectations for the care and supervision of children, provision of transportation, and communication about the child's medical, dental, educational and behavioral health status and needs;
 - medications or therapies for children;
 - approved discipline techniques;
 - visitation with parents and siblings;
 - caregiver participation in meetings and court hearings; and
 - case plans and permanency plans.
- District 2, 3 and 5 all have staff designated to provide additional support to kinship caregivers. These supports often include in-person contacts to identify and resolve unmet needs, and provision of information about local services and supports.
- A 90 minute kinship module, updated annually to reflect current information and resources, is provided during CPS Specialist core training. Community professionals, kinship caregivers and

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the DCYF Kinship Specialist co-facilitate the training to educate new CPS Specialists on topics specific to kinship care, including: available support services and resources, role and boundary issues, permanency for children placed with kinship families and feelings associated with kinship caregiving. In SFY 2009, 252 new CPS Specialists were trained in the kinship module.

- The Division is a member of the Central Arizona Kinship Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events and education subcommittees that address issues of importance to kinship families. Division staff serve on the Coalition's training and education team, which assisted to update and deliver the core training kinship module and developed and delivered training on the CPS system for kinship caregivers. In SFY 2010 the Coalition updated and refocused its informational pamphlet, which now provides essential information to help kinship caregivers access services and supports. The Coalition also developed a client-led and client-only Board of Directors, and identified three priority goals for CY 2010: 1.) use the schools to get information to kinship caregivers who are not connected to services, 2.) develop or piggyback on a warm line for kinship caregivers, and 3.) develop a strong advocacy component for the Coalition and its individual and agency members to support measures beneficial to kinship caregivers and to oppose measures detrimental to kinship caregivers.
- In 2008, Arizona's Children Association initiated enhanced services for kinship caregivers in rural areas. These programs create greater community involvement in the provision of necessary supportive services to kinship foster caregivers. The KARE Center in Tucson has continued to provide services to kinship caregivers with relatively few cut backs resulting from the economic crisis, but the kinship program for the rural areas ceased in September 2009. One long-standing and popular urban program, Golden Gate Center in Phoenix, was also forced to close its kinship program in September 2009. However, funds were allocated in April 2010, staff is being hired, and kinship programs will again be available in West Phoenix.
- Beginning in July 2008, the *Arizona Statewide* newsletter for foster parents and adoptive parents expanded its circulation to kinship foster caregivers. In 2009, articles of particular interest to kinship foster caregivers included an updated listing of kinship support groups, information on foster home licensure and kinship waivers, and a two-part article regarding the special needs and issues that arise when caring for children of incarcerated parents. This article explained that even while incarcerated, parents can play important roles in the lives of their children and explained to kinship caregivers how to support involvement of incarcerated parents. It also gave tips to kinship caregivers about how to support the children and how to identify red flags in the children or the parents that indicate a need for attention.

Reduced Use of Congregate Care

Improvements in placement stability have coincided with reductions in the number of children placed in congregate care settings and increased use of family-like placements. The Division's limited use of congregate care also increases the percentage of children placed in their home communities. Districts have avoided initial temporary shelter placements and other placement changes by increasing relative placements and using in-home supports to prevent removal. The number of children under four years old in shelter care dropped from 108 in March 2005 to 21 in September 2008 and 22 in September 2009. The number of children under seven years old placed in group homes dropped from 36 in March 2006 to 14 in September 2008 and ten in September 2009. The percentage of children in out-of-home care and placed either with relatives or foster parents has been above 70% since March 2005, reaching 82% of children in

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care on September 30, 2009. An additional 50 children were placed with their parents on a trial home visit and 301 youth were residing in independent living settings.

Although the Division discourages the use of congregate care settings, the Division does use group care facilities to keep sibling groups intact when kinship and other family settings cannot be located. Also, when safe and otherwise appropriate, Division staff may request to exceed a foster home's current license capacity in order to prevent separation of siblings. The Division does expect that some children will continue to be placed separately from siblings or away from their home communities to be placed with relatives that they do not share with their half-siblings or relatives that live outside of their home community, or to be placed in a therapeutic setting to meet their behavioral health, physical health or other special needs.

CPS Specialist Contacts with Children and Out-of-Home Caregivers

Foster parents often mention in-person contacts from the child's assigned CPS Specialist as an important support service. These contacts have been linked to positive permanency outcomes. The Division is working to increase the percentage of children and caregivers who have monthly in-person contact with their assigned CPS Specialist, and the quality of those contacts. Additional contact and support is provided by the Division's Case Aides and District Foster Care Recruitment Specialists. Information on efforts to improve CPS Specialist contacts with children and out-of-home caregivers is located in Section III, Part 3.

Youth Involvement and Services for Young Adults

Provision of services to support young adults is most directly related to the percentage of cases rated strength during the PICR on Other Planned Permanent Living Arrangement (Division Permanency Goal 18), but effective services also improve placement stability, reduce foster care re-entry, increase the percentage of youth placed with siblings and relatives, reduce the number of youth in out-of home care, and increase the number and percentage of youth that exit to permanency rather than at age of majority. The Division continues to serve young adults through Young Adult Program Units, CPS Specialists, and contracted providers that have specialized knowledge about the needs of young adults and services available to meet those needs. During the 2007 CFSR On-site Review, stakeholders praised the state's Young Adult Program as effective in meeting the needs of transitioning youth. A statewide Independent Living Policy Specialist provides consultation and technical assistance to staff and contracted agencies serving young adults, including annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth. Goal directed support and oversight is also provided by district managers, supervisors, and program specialists.

During the 2007 CFSR On-site Review, stakeholders in two counties identified a need for more timely provision of independent living skills training for eligible youth. The Division's CFSR Program Improvement Plan (PIP) includes activities to address this area, and a related data measure. In SFY 2010 the Division defined IL skills training standards for inclusion in the Division's Foster Home Agreement and group home contract scope of work. As a result of the budget reductions, the Division reduced IL skills training contracts and communicated to staff and caregivers an expectation that out-of-home caregivers develop and implement individualized IL skills training activities for young adults in their care. These services are also sometimes available through title IX behavioral health agencies. Non-contract services require that the CPS Specialist manually enter service start and end dates. The Division used a data report to monitor data on provision of IL skills training, and developed a CHILDS User Guide as a reference for staff who must enter the data. In SFY 2010 the report was used to identify eligible youth who had no documentation if independent living skills training. Data was entered for youth when

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they began the service, and for youth who were still in care and had received the service in the past. This data entry allowed the state to achieve the PIP target goal. In SFY 2011 the Division will continue to partner with community agencies and out-of-home care providers to ensure eligible youth receive timely IL skills training.

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

- Transition to Adulthood services for children who will be moving from the children's behavioral health system into the adult system. A representative from the adult behavioral health system is required to attend the youth's CFT starting when youth is age 17 years and 6 months, to provide information on available services and facilitate transition into the adult system.
- Continuation of some child services to age 21, when appropriate, which is supported by the recent approval of a special capitation rate for youth ages 18 to 21 years old, that helps the RBHAs cover the cost of these services.
- Support and Rehabilitation Services for children, adolescents and young adults, including a variety of home-based and community services with the goal of keeping children in their homes.
- The *Child and Adolescent Service Intensity Instrument (CASII)*, in use for all children ages of six and seventeen to identify the intensity of need and recommended service intensity. The results inform the CFT process in which services and supports are identified to best meet the youth's needs.
- Distribution of the *Risky Youth Behavior Screening Guide* on substance abuse, alcohol and problem gambling; which uses the CRAFFT substance abuse screening guide and the South Oaks Gambling Screen and has been distributed by the Division of Behavioral Health Services to schools and Medicaid health plans across the state.

The Division's foster home recruitment, retention and support activities include methods to recruit and retain foster and adoptive homes for young adults, to reduce the number and percentage of youth that exit at age of majority rather than to a more permanent arrangement. For example, a Youth Engagement Task Force in District 1 developed two brochures to assist with keeping teens in foster care in a family home setting. The first brochure is directed to resource families, to encourage them to consider teen placements. This brochure features quotes from teens, talks about the importance of ongoing connections for teens as they become adults, and describes why fostering teens is fun. The second brochure was developed for teens in foster care who are currently living in a group home setting. This brochure describes how placement in a family setting is better than congregate care, and encourages the youth to have additional conversations with their CPS Specialists. After a successful pilot in District 1, both brochures were rolled out statewide in spring 2010. In addition, all CPS Specialists in District 1 received "Unpacking the No" training, developed by nationally recognized trainer Michael Sanders. This training helps CPS Specialists to understand what youth are really thinking when they are asked about living with a family and adoption. District 1 has also developed a training curriculum based on the Unpacking the No training, to be provided to newly hired staff into the future. In District 2, the Division is collaborating with foster care alumnae, particularly through the In My Shoes organization, to develop a youth advisory board and prepare community presentations to recruit foster homes for teens and sibling groups. Particular attention will be given to four zip codes that have the biggest disparity between number of foster homes and number of removals.

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Involvement of youth in the development of their own case plans is necessary to achievement of permanency goals, aside from being a Division goal, PIP measure, and PICR item in itself. Young adults attend TDM and CFT meetings and court hearings to give input into case planning. Youth of all ages have opportunity for input during contacts with their CPS Specialists. In addition, the Division consults with young adults to identify system improvement needs. The Division's state and local Youth Advisory Boards identify system improvement goals and related activities. The Division also consults with the behavioral health and juvenile justice systems that often jointly serve young adults in out-of-home care. Much of the Arizona Young Adult Program's success can be attributed to the involvement of youth, alumni and stakeholders (including caregivers, family members, faith communities, service providers, child welfare advocates and professional experts) in the continuous evaluation and growth of the program and services.

More information about youth and stakeholder involvement in program evaluation and development, the Division's activities to improve outcomes for young adults, services and systems to support young adults, and related accomplishments is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2010*.

Collaboration with the Courts

Collaboration with the courts and court improvement activities are important avenues to identify and resolve points of delay along the path to permanency. The Division continues to work with county juvenile courts and the state's Court Improvement Program (CI) to improve permanency outcomes. Much of the focus in SFY 2010 has been on timely reunification, timely adoption, and visitation of children in care with their parents and siblings. More information about the Division's collaborations with the courts is located in Section III, Part 4, A.6. *Agency Responsiveness to the Community*. Examples from SFY 2010 that are most directly related to permanency outcomes include the following:

- CASA partnered with Maricopa County CPS and Casey Family Programs on the training of *Knowing Who You Are* facilitators. The CASA facilitator is part of the training cadre for District I. Additionally, CASA volunteers and staff recently attended trainings at three CPS Offices.
- Pima County's Courts Catalyzing Change Model Court workgroup includes three subcommittees with Division representation that are working to improve permanency outcomes. One subcommittee's goal is to reduce the number of African-American youth aging out of foster care, which has been identified as a disparate outcome for this population. A second subcommittee is addressing disparate outcomes for Native American children, such as foster care entry rates and placement stability. The family support subcommittee is implementing strategies to learn about kin from the family and engage kin to provide a placement, visit with the child, or support the child and case goals by facilitating and monitoring visitation with parents or siblings, providing transportation, or meeting other needs. This subcommittee's plans include the following:
 - The subcommittee developed materials that prompt judges to ask family members about kin during hearings.
 - A form is being provided to all attorneys that they can use to collect information about kin from the parents and children they represent, and then provide to the CPS Specialist.
 - Training for CPS Specialists, Supervisors and Assistant Program Managers has been developed on the need to ask about kin more frequently and new district procedures that

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require more detailed information about kin search and involvement be included in reports to the court, including a running log of contact with kin and their involvement.

- It is anticipated that CPS staff will be trained in August 2010, and court personnel and attorneys will be trained in September 2010.
 - The subcommittee is planning activities in SFY 2011 to change staff and stakeholder attitudes and reluctance to have kin monitor visitation with parents and siblings when the relative is not the child's placement/caregiver.
- The monthly Pima County Model Court meeting is attended by Division management and other staff. For example, District 2's Practice Improvement Specialist has begun to attend these meetings every few months to share county-level CFSR Permanency Composite outcome data.
 - District 2's self-evaluation team includes Pima County Court staff. Data discussed in these meetings has included data on timeliness of adoption, foster care re-entry, timeliness of reunification and children who exit care in seven days or less. The self-evaluation team is currently conducting a targeted review of children who reunified just after the twelve month mark, to identify practices that could have achieved earlier reunification. In SFY 2010 the self-evaluation team will continue to focus on preventing removal for children who stay less than seven days and reducing length of stay for children exiting to reunification.
 - Reduction in appellate delay of dependency related appeals continues to be an area of priority for the courts and the Division. Court rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule was enacted to reduce delays to finalized adoption. The state's two appellate divisions have also changed the way they process dependency related appeals, and are tracking data on timeliness of TPR rulings. Their goal is to decrease to 140 days the time from the filing of the notice of appeal to the filing of the appellate court decision. The statewide average time from filing to decision has decreased from 267 days in SFY 2007, to 178 days in SFY 2008, and 152 days in SFY 2008 (data provided by the Administrative Office of the Courts, Court Improvement Program).
 - Yavapai County had the second or third highest rate of adoptions occurring within 24 months of removal in SFY, FFY and CY 2009. Two practices in Yavapai County may account for this performance:
 - To reduce the need for TPR hearings, the Yavapai County court continues to review case progress prior to the 12-month review hearing at a Permanency Planning Mediation. The Permanency Planning Mediation program ensures that all parties to the case are meeting their obligations and provides the Division with sufficient notice of any service gaps. Parents are reminded of case plan requirements, the court's expectations regarding compliance with services, and statutory permanency planning time frames.
 - The Yavapai County presiding Judge sets the hearing for adoption finalization to occur at the same time as the first Report and Review Hearing following termination of parental rights. This reduces court scheduling delays, communicates an expectation that the parties should be prepared to finalize the adoption by that date, and provides a forum to discuss and resolve barriers to adoption if the parties are not prepared by that date.

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- In May 2010, the Pima County Juvenile Court added a second day to the time set aside for adoption finalization hearings. This change was prompted by a private attorney who observed that the Division was experiencing a backlog of adoption cases that were ready for finalization but waiting for time in the court's schedule. The private attorney approached the judge who hears these cases, who readily set aside extra time for adoptions and offered to do so whenever a backlog develops. As a result of this simple example of teamwork, Pima County was able to finalize many more adoptions in May 2010, eliminate the backlog, and achieve more timely adoption for many children.
- The Division and the CI Program continually collaborate on judicial training events. Whether reviewing new policy or engaging in discussion about the continuum of services offered to children and parents, these continue to be very constructive opportunities. For example, the CI Program has taken a lead role in ensuring education for judges and attorneys regarding the Division's new concurrent case planning policy and is currently working with Division staff in planning the July 2010 Supervisors Conference, which will include an opportunity for Division staff to discuss behavioral and concurrent case planning with a panel of judges.

Activities to Reduce Disproportionality and Improve Cultural Responsiveness

Districts have been examining issues of racial disparity and disproportionality through their self-evaluation teams. Some rural districts did not find evidence of racial disproportionality within their small out-of-home care populations. Racial disparity and disproportionality are most prevalent, and therefore receiving the most attention, in Districts 1 and 2. Examples of activities in SFY 2010 include the following:

- District 1's Eliminating Racial Disparity and Disproportionality (ERRD) group meets monthly and includes representation from every District I section and the community. District 1 is in the process of implementing the group's strategic plan. In February 2010, the group conducted a focus group with black and Native American families who were actively or previously involved with CPS. The focus group was videotaped in order to produce a training video for newly hired CPS Specialists and co-located RBHA and Arizona Families F.I.R.S.T. staff. This video allows trainees to hear black and Native American parents describing their positive and negative experiences with CPS and contracted staff. The ERDD group has also developing materials to be distributed at TDM meetings to encourage father involvement and identification of kin, and to provide information about available services and possible TDM outcomes (such as in-home services, voluntary foster care, or dependency). Furthermore, the group has analyzed data about removals of black and Native American children that end in 72 hours or less, to evaluate whether short term removals could be prevented or reduced.
- An ERRD Convening was held in October 2009, with funding from Family to Family. All District staff were mandated to attend a one day session on disparity and disproportionality of black and Native American youth in out-of-home care. Participants provided positive feedback about the convening and reported that the content was pertinent to their daily practice.
- District 1 now has two staff who can train *Knowing Who You Are...Helping Youth in Care Develop Their Racial and Ethnic Identity*. This program gives staff the tools they need to begin courageous conversations to help youth on their ethnic and cultural journey. Staff in the Gilbert office and their co-located partners were trained in November 2009. Staff in three other offices were trained in January through March 2010. Now that District 1 has additional trainers, it is hoped that all staff will be trained by the end of CY2010.

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- District 1's self-evaluation team tracks removal data by race for District 1 as a whole and each District 1 Section. Target goal rates of removal by race are being developed by the ERDD Committee members.
- Two Pima County Court Catalyzing Change (CCC) Model Court workgroups are exploring data that shows less favorable outcomes for African American and Native American youth in out of home care. The African American subgroup is conducting a targeted review to explore the factors associated with African-American youth aging out of the system at a higher rate than children of other races. The Native American subgroup is monitoring data related to Native American children in care, exploring options for coordination of home studies for families on the reservation, and looking at options to increase community support for Native American families.

The Division is also actively involved in collaborations with Arizona's Native American tribes to improve outcomes for Native American children, including preservation of connections to tribe and culture. More information about these activities is located in Section III, Part 4, A.6. *Agency Responsiveness to the Community*.

Workload and the Workforce Planning Initiative

Out-of-home care population growth, staff shortages and staff turnover inhibit the Division's ability to persistently pursue reunification or another permanency option; and the time available for contact with children, parents and out-of-home caregivers to support reunification, placement stability, and other permanency outcomes. Reassignment of cases due to staff vacancies and turnover is especially troubling as service and progress may stall while the new CPS Specialist becomes acquainted with the family and case history. Through the Workforce Planning Initiative, the Division continues to pursue systemic improvements to increase staff retention and strengthen staff competency. See Section I, *Introduction* for more information on case volume growth, staff resources, and the Division's Workforce Planning Initiative to recruit and retain competent staff.

The Quality Improvement System

The quality improvement process uses case reviews and CHILDS data to encourage individual competency and systemic improvement of practices and programs affecting permanency outcomes. Information is gathered, analyzed and monitored on all the Division's permanency outcomes. Aggregate and worker-specific feedback is provided to management and field staff, to guide systemic improvement and skill development. An important aspect of the quality improvement system is communication of values and clarification of practice standards. Case reviews, data presentations and individualized feedback meetings are opportunities to repeatedly communicate to staff and stakeholders the Division's priorities, values and expectations. Clear communication of these values, expectations and preferences is especially important to achievement of permanency outcomes that can require difficult choices or extra effort by the CPS Specialist, such as placement with kin and siblings. For example, CPS Specialists who understand the Division's values and expectations are more likely to advocate for the temporary disruption of a child's transition from a non-related home to a kinship home in order to maintain lifelong family connections. Communication of values and practice expectations also occurs through publication and discussion of the Division's goals, and best practice tips throughout the Division's policy manual.

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Data monitoring is another component of the quality improvement system that has assisted the Division to achieve permanency outcomes. The CFSR Manager regularly distributes CFSR Permanency Composite data and related information to District Program Managers, Central Office Managers and external stakeholders. Presentations by the CFSR Manager at meetings of Central Office executive staff and Program Managers provide more information about performance, to guide improvement efforts. For example, in SFY 2010 the CFSR Manager presented an evaluation of the high percentage of children who exit care in seven days or less, and data on the number of children in care and length of stay for entry cohorts. The CFSR county-level permanency composite data is distributed to all districts each quarter and is included in the districts' quarterly quality improvement reports. This data is discussed in administrative meetings so that managers and supervisors are aware of their local performance in relation to reunification, adoption, permanency for youth in care for long periods of time, and placement stability. New AFCARS files are made available to the districts each month. These files contain additional fields, such as the unit number and CHILDS case number for each child, so that districts can analyze performance at the unit level or conduct targeted reviews of a sample of cases. This data is especially useful to district self-evaluation teams. In SFY 2011 many self-evaluation teams plan to use the data to analyze timeliness of reunification and foster care re-entry.

The Division also distributes case level adoption data in a monthly report to each district. This report identifies children with an adoption goal, their legal status, and their adoptive home identification and placement status, allowing districts to identify children who may be experiencing delays to finalized adoption. For example, the report is used to identify children who do not have an identified placement resource and require child specific recruitment, and to identify legally free children with a plan of adoption who require case transfer to the adoption unit. Central Office Adoption Policy Specialists work with adoption units in all Districts to ensure pertinent data fields in CHILDS are accurately completed, so that children with special recruitment needs are correctly identified and accurate outcome performance data is produced.

D. Strategies and Action Steps for SFY 2011

This section lists the state's primary strategies for improving permanency outcomes. Both strategies were included in the state's current CFSR Program Improvement Plan (PIP) and the June 2009 CFSP. Activities in SFY 2011 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFY 2010. These strategies and action steps do not describe all the activities that may improve permanency outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to permanency, but will also support safety and well-being outcomes. Likewise, the Division's safety, well-being and systemic strategies will support achievement of permanency outcomes. For example, improved competency with the CSA-SRA-Case planning process will result in more accurate assessments and more individualized case plans, which can increase the likelihood of earlier permanent reunification.

Primary Strategy 3: Involve birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor

Goal: Reduce time to permanency and the number of placement changes for children in out-of-home care

Action Step 3.1: Inform and educate key community stakeholders about concurrent permanency planning policy and practices

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Action Step 3.2: Deliver advanced training to CPS Supervisors to enhance their knowledge and skills in the application of concurrent planning practice

This strategy was identified during Arizona's CFSR PIP development process as a method to improve timely achievement of permanency and placement stability. The 2007 CFSR On-Site Review identified timeliness of reunification, timeliness of adoption, and placement stability as outcomes needed improvement. Case reviews and other information continue to indicate a need to increase staff and stakeholder knowledge about concurrent planning and consistent application of concurrent planning practices.

Implementation of this strategy is well under way. A description of the Division's progress in SFY 2010 is located in Section III, Part 2, C. In SFY 2011 the Division will provide additional training and support to targeted geographical areas, CPS units, and stakeholders. Concurrent planning will be an area of focus at the July 2010 conference for supervisors and field managers. The Division will also continue to use its quality improvement system to monitor and improve implementation of concurrent permanency planning. Quality improvement activities will include Practice Improvement Case Reviews, individualized case review feedback sessions and Professional Skill Building Plans; as described in Section III, Part 4, A.3. and Section III, Part 4, B., primary strategy 9.

Primary Strategy 4: Expand and strengthen the use of family team meetings, particularly Team Decision Making meetings

Goal: Involve birth families and community members, along with resource families, service providers and agency staff, in all placement decisions; to ensure a network of support for the child and the adults who care for them

Action Step 4.1: Hold a TDM or CFT meeting prior to unplanned placement changes, in all districts

Action Step 4.2: Increase father attendance at TDM and CFT meetings, when the father's attendance is not contrary to the child's safety or well-being

Action Step 4.3: Develop and provide staff training on early identification and engagement of fathers in team meetings

Action Step 4.4: Develop and provide training and other guidance for staff and supervisors on the effective use of, and participation in, TDM meetings

Action Step 4.5: Create consistent messaging and guidance that describes a blended and mutually supportive process for use of the CSA and TDM meetings

This strategy is included in Arizona's CFSR PIP as a method to improve placement stability, visitation with parents and siblings, preservation of connections, placement with relatives, maintenance of the parent-child relationship, needs assessment and service provision, and child and family involvement in case planning. This is also a primary strategy to improve location and engagement of fathers. During the CFSR On-site Review, stakeholders repeatedly mentioned TDM meetings as a useful method for identifying and involving parents and kin. TDM meetings involve parents and extended family in decision making prior to or immediately following a child's removal and, in some districts, at other key

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decision points such as unplanned placement changes. This strategy and the first four action steps were included in the June 2009 CFSP, and continue into SFY 2011 with only minor changes.

In SFY 2011 the Division will focus on efforts to increase father attendance in TDM meetings. In addition, Arizona has added Action Step 4.5 and requested six days of technical assistance from both the NRC for Child Protective Services and the NRC for Permanency & Family Connections to explore and resolve the related need. Both the CSA process and the TDM process have strengths and provide guidance to help CPS Specialists make decisions with the child and family. However, these processes were built and implemented somewhat independently from one another. Variances in language, timeframes, use of safety analysis and planning have resulted in some inconsistent messages and direction to staff. These differences require resolution so that the CSA and TDM can exist as blended and mutually supportive processes.

PART 3: CHILD AND FAMILY WELL-BEING

A. Program or Service Descriptions

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

Family-Centered Child Protective Services Case Management

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

The Division's current case planning process was implemented along with the changes to the CSA-SRA, and shifted practice from compliance-based to behavior-based case planning. Family members are assisted to develop a family intervention plan that identifies strengths that will help them achieve the goals in their case plan, behaviors that need to change to reduce or eliminate the identified risks and threats to child safety, and services and supports to achieve the behavioral changes. The case plan communicates to all parties the permanency goal, the behavior changes required to address the safety threats and risks, and the services and supports necessary to achieve behavioral changes. When applicable, the document includes an out-of-home care plan; child specific health, education and independent living plans; a concurrent permanency goal and plan; and a contact and visitation plan. The case plan includes documentation of family and service team involvement in developing the case plan. The case plan must be reassessed and revised by the family and team no less frequently than every six months. The family intervention plan can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families.

The need for concurrent permanency planning is assessed for all children in out-of-home care within 45 days from the child's initial removal. Concurrent permanency planning occurs for all children in out-of-home care with a permanency goal of family reunification where the prognosis of achieving family reunification is poor and unlikely to occur within 12 months of the child's initial removal. Once the need for concurrent planning is identified, the Department simultaneously and actively pursues family reunification while implementing a set of concurrent planning activities. Within six months of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established. The parents, children and identified family supports (including extended family members) are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Arizona law enacted in 2008 expedites permanency for children under the age of three. For children under the age three at the time of initial removal pursuant to court order, the Department is to inform the parent(s) that a permanency hearing will be held within six months of the child's removal from the home, and that substantially neglecting or willfully refusing to participate in reunification services may result in a court order terminating parental rights at the permanency hearing. CPS Specialists are to ensure that the parents are engaged in services, and that the services and supports identified in the case plan are promoting the desired behavioral changes. Reassessment of the supports and services is to occur at a minimum of every 90 days in these cases.

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Engaging family members in the continual evaluation of their strengths and risks and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles continue throughout the Division. Family-centered practice principles and techniques are trained to new staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs and activities. For example:

- Family-centered approaches are provided throughout the state policy. Many of these focus on areas evaluated during the CFSR, such as tips related to preservation of connections to family and culture.
- Arizona's case planning policies require full disclosure about the reasons for CPS involvement, the reason for a child's removal, the permanency planning process and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her; to provide a response to the allegation; to have any verbal, written or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve or older are to be included at critical decision points in the life of their case to ensure each child is: (1) informed of his or her role and rights in participating in the case plan and court proceedings; (2) informed about the Department's goal of achieving permanency for the child in a safe home; (3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship and adoption through termination of parental rights; (4) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; (6) helped to identify significant adults with whom relationships can be maintained; and (7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Division policy require an exhaustive search for all adult relatives of each child in care, and notification that the relatives can request to be considered for placement of the child or to otherwise be involved in the child's life.
- The Division partners with the family to create a family support team. The family's team may include relatives, neighbors, community leaders, clergy, public agencies, out-of-home care providers, mental health providers, juvenile probation officers, educational providers and other individuals. Parents, children age 12 or older, and other team members are encouraged to attend all case plan staffings, CFT meetings, TDM meetings, Family Group Decision Making meetings, court hearings and Foster Care Review Board hearings to provide ongoing input into the case plan.

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- Strategies for tracking the father's inclusion in the TDM process and through the life of a case have been developed and incorporated. For instance, in District 1 the form used to initiate a TDM prompts the CPS Specialist to include information on all alleged fathers so that the TDM facilitator can make concerted efforts to invite the father or ask about him at the meeting.
- The statewide *Engaging and Assessing Families – A Guide to Comprehensive Family Assessment* training was first delivered to staff statewide in 2008, by national consultants through the Family to Family initiative. The training develops engagement skills for conducting comprehensive family assessments using the integrated CSA-SRA process. Concepts from this and previous engagement trainings are now embedded in the Case Manager Core Training.
- In SFY 2010 the Division continued to put substantial effort into developing staff competency with the family-centered CSA-SRA-Case planning process. The Division continued to provide refresher training on the concepts and use of the CSA-SRA-Case planning process. Training can be delivered in-person and via internet, on both the concepts and the automation of the CSA-SRA-Case planning process. A computer-based course is available on-demand to all staff. Refresher trainings can also be delivered in-person to units that request additional individualized assistance to increase competency with the CSA-SRA-Case planning process.
- The Division's supervisory training continues to include content to support family-centered supervision. In 2009, work was completed between the Child Welfare Training Institute and ASU to incorporate a two-day course on clinical supervision into Supervisor Core training. The session includes coursework on best practices in group and individual clinical supervision; modeling strengths-based family-centered practice; and use of the parallel process during supervision.
- The Division continues to promote shared birth and resource family parenting of children in out-of-home care. Requirements are defined in the resource family HRSS contract and trained through the PS-MAPP training for resource parents.

Case Manager Visits with Children and Parents

Frequent contacts by the CPS Specialist improve ongoing assessment; provide opportunities to inform, support and engage children and parents; and give parents, out-of-home care providers and children (including children younger than 12) opportunities to identify their strengths, needs, progress, goals and services. Division policy requires that face-to-face visits between the CPS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. Contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any child older than an infant must be seen alone for part of each visit. CPS Specialists are required to consult with the out-of-home caregiver, the child (if verbal) and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits. Division policy also provides guidance, including an extensive exhibit, to guide the content of contacts with children and out-of-home caregivers.

If the permanency goal is remain with family or family reunification, the CPS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home and incarcerated parents. If the child's permanency goal is *not* family reunification or remain with family, the CPS Specialist consults with the CPS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. At minimum, the CPS Specialist is to have telephone contact or written correspondence with these parents once every three

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months. Exceptions to monthly face-to-face contact with parents may be approved by the supervisor on a case-by-case basis, based on the unique circumstance of the family. Ongoing exceptions are reviewed with the parents, team members and the supervisor at the time the case plan is developed and revised.

The Division's June 2009 *Child and Family Services Plan Fiscal years 2010 – 2014* included the following strategies and action steps to achieve the child visitation target goals. These strategies and action steps are being implemented and will continue in SFY 2011, with the exception that a prior action step on provision of training on high quality in-person child contacts to case aides has been completed and therefore deleted.

Primary Strategy 6: Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases

Goal: Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being

Action Step 6.1: Within each district, use dashboard data, clinical supervision and managerial oversight to monitor the rate of monthly in-person contact with children, alone for part of each contact if verbal

Action Step 6.2: Develop training materials, practice tips, documentation examples, or other tools and opportunities to increase staff knowledge of the practice standards for quality contacts between CPS Specialists and children in in-home and out-of-home service cases

A description of the Division's accomplishments in SFY 2010 and activities for SFY 2011 related to this strategy and its action steps is located in Section III, Part 3, C.

Primary Strategy 8: Implement the DCYF Workforce Planning Initiative to strengthen staff recruitment, retention, training and supports

Goal: Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

Action Step 8.1: Implement a competency model for CPS Specialists that reflects family-centered values and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development and performance management

Action Step 8.2: Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover

Action Step 8.3: Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

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Action Step 8.4: Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

Action Step 8.5: Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager's job satisfaction and competence

A description of the Division's accomplishments in SFY 2010 and activities for SFY 2011 related to this strategy and these action steps is located in Section III, *Introduction*.

Primary Strategy 9: Align Division management, policy, training and practice

Goal: Maintain Division-wide adherence to clearly defined safety, permanency and well-being goals and practice standards

Action Step 9.1: Continue to implement and strengthen self-evaluation in all districts

Action Step 9.2: Employ the quality improvement system, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of the Division's practice focus areas (including monthly CPS contacts with children), and design worker-centered and systemic improvement strategies

Action Step 9.3: Using the In-Home and Out-of-Home Practice Improvement Case Reviews, identify ongoing case practice standards that require clarification, and address these by revising policy, developing practice guides or tips, adding rating guidance to the PICR instrument and/or educating staff

Action Step 9.4: Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement

Action Step 9.5: Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery and effectiveness of training

A description of the Division's accomplishments in SFY 2010 and activities for SFY 2011 related to this strategy and these action steps is located in Section III, Part 4, A.

Family to Family

Arizona continues to embed the Family to Family initiative into Arizona's child welfare practice. This nationwide child welfare initiative, designed by the Annie E. Casey Foundation, provides principles, strategies, goals and tools to achieve better outcomes for children and families. Using the Family to Family strategies, the Division is striving to achieve the following outcomes:

- Reduce the number and rate of children placed away from their birth families

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- Among children coming into foster care, increase the proportion who are placed in their own neighborhoods or communities
- Reduce the number of children served in institutional and group care and shift resources from group and institutional care to kinship care, family foster care and family-centered services
- Decrease lengths of stay of children in placement
- Increase the number and rate of children reunified with their birth families
- Decrease the number and rate of children re-entering placement
- Reduce the number of placement moves children in care experience
- Increase the number and rate of brothers and sisters placed together
- Reduce disparities associated with race/ethnicity, gender or age in each of these outcomes

Family to Family defines four core strategies to achieve the child and family outcomes. Information about the status of these strategies is included elsewhere in this Annual Report. These strategies are the hallmark of Family to Family and include:

1. *Recruitment, Development and Support of Resource Families* – Finding and maintaining kinship and foster families who can support children and families in their own neighborhoods
2. *Building Community Partnerships* – Establishing relationships with a wide range of community partners in neighborhoods where referral rates to the child welfare system are high and collaborating to create an environment that supports families involved in the child welfare system
3. *Team Decision Making* – Involving resource families, youth, parents, community partners and case managers in all placement decisions to ensure a network of support for the children and for the adults who care for them
4. *Self Evaluation* – Collecting and using data about the child and family outcomes to find out where there is progress and where there needs to be change

The principles of Family to Family have been successfully integrated into the Division's daily child welfare practice. Implementation of Family to Family has concluded in Maricopa and Pima Counties, with the Annie E. Casey Foundation ending its technical assistance February 28, 2010. Maricopa and Pima counties will become technical assistance sites to help Districts 3 through 6 as they continue implementation. During SFY 2010, Districts 1, 2, 3 and 4 convened Family to Family Progress Reviews with staff and external stakeholders, to share their implementation progress and develop strategies for consistency and further implementation. Progress implementing each of the four Family to Family strategies is described below:

Recruitment, Development and Support of Resource Families – This strategy provides the framework for finding relatives and families for placement of children coming into care, with emphasis on increasing resource families in the neighborhoods and communities where needs are greatest.

- District Recruitment and Community liaisons actively engage their communities to recruit new foster and adoptive families. The liaisons enlist faith-based partners, local business and any other community members to support families. For example, the liaisons have conducted training on the Family to Family values, goals and strategies at churches, and with community organizations and contracted providers.
- The Home Recruitment Study and Supervision contract for child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced and ongoing training; and licensed foster family placement, tracking and monitoring services has been in effect since November 2006. The statewide contract dictates goals, objectives, payment points and reporting requirements that align with the Family to Family goals and emphasize shared parenting. More

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information about the HRSS contract is located in Section III, Part 4, A.8. *Foster and Adoptive Parent Licensing, Approval, Recruitment and Retention.*

- To support the goal of keeping children connected to their families and neighborhoods, all contracted HRSS providers receive semi-annual data on the number of removals occurring within their assigned zip codes, along with Geographical Information System (GIS) maps providing the locations of child removals and placements. The maps also include data on the number of available resource homes so that providers and community partners can target recruitment efforts in communities where higher numbers of children enter out-of-home care and resource homes are not sufficiently available. In SFY 2009 maps continued to be distributed twice per year to District Recruitment Liaisons, who assist stakeholders to use the data. GIS maps have been enhanced to reflect the unique needs of each District. Additionally, the Division has instituted the ARC Reader Software program, which allows users to focus on very specific targets; such as individual schools or neighborhoods.
- With the support of the Annie E. Casey Family to Family initiative's Recruitment Development and Support strategy, the Division has worked collaboratively with statewide staff to ensure contract agencies have the necessary training and tools to develop targeted and child specific recruitment plans. Examples of technical assistance in SFY 2010 included the following:
 - District 1 completed the "Support is Everyone's Business" training for all staff. This training reminded staff about the importance of engaging resource parents by returning their telephone calls, making consistent and timely visits, and ensuring provision of appropriate services for the children placed in their homes. District 1 has also developed a curriculum for this training that will be shared statewide. Moreover, District 1 has continued its campaign of supporting resource families.
 - District 1 completed the "Unpacking the No" training for all staff. The purpose of this training was to give CPS specialists, Supervisors and Assistant Program Managers tools to engage and explore with youth their reasons for not wanting a family-like placement setting; this includes resource homes and adoption. Additionally, District 1 developed a curriculum for this training that will be shared statewide and used to train newly hired staff.
 - District 2 has developed a youth panel consisting of current and former foster youth that assist the District in developing targeted recruitment plans.
 - District 4 has held Foster Care Appreciation events in several communities. District 4 has also held a Kids Carnival for children in out-of-home care and their resource families. The district continues to hold training sessions on the Family to Family strategies with various stakeholders.
- Icebreaker meeting continue to take place in Districts 1 and 2. District 3 is exploring the possibility of fully implementing Icebreakers in SFY2011. Icebreakers involve the birth parent, placement resource and the CPS specialist. During the meeting information is shared by the birth parent regarding the child's likes, dislikes, bed and play habits, illnesses, allergies, etc. A visitation schedule, phone schedule and other forms of communication between visits is developed. The meeting is expected to ease the transition for all parties, and reduce placement disruptions.

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More information about the activities and achievements of the district Recruitment Liaisons, the Community Recruitment Councils, and other Division initiatives to recruit, develop and support resource families is located in Section III, Part 4, A.8. *Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention.*

Building Community Partnerships – The goal of this strategy is to develop true working partnerships with communities where needs are greatest, in order to collaboratively strengthen neighborhoods and support families in areas where the highest numbers of children are referred.

- During SFY 2010, District I has revised their community partnership development by combining community groups. Currently there are five community partnerships teams, including a team focused on young adults. The teams continue to engage community partners and strengthen relationships within their service areas. The community partnership committees continue to make great accomplishments, among them:
 - development of monthly newsletters for CPS staff and community partners that highlight such topics as community resources, tips on self-care for staff, local events, and engaging fathers;
 - creating neighborhood-based resource guides to assist families and staff to find local services;
 - hosting community information fairs in targeted neighborhoods to inform residents of available services and assist in prevention of abuse and neglect;
 - creating awareness of the need for resource homes in targeted areas and providing information to the community to assist with recruitment efforts;
 - securing donations from local partners to assist families in need;
 - partnering with faith-based organizations to provide services to families.
- Districts 1 and 2 continue to provide training to community partners on being community representatives at TDM meetings. This training prepares community partners to attend TDMs in the role of community resource to the family. A curriculum for this training has been developed and will be shared with other community partnership groups throughout the state.
- Development of community partnerships within Districts 2 through 6 continues to progress well and each district has strong representation from partners involved in their Family to Family planning and implementation efforts. District 2 expanded their community partnership work to include another zip code that receives a high number of CPS reports, has a sizeable number of children in out-of-home care and very few foster homes. They have begun to partner with local community organizations, churches and foster care agencies. In Districts 3 through 6 partnership activities continue to grow, with CPS Unit Supervisors and Assistant Program Managers taking the lead. These supervisors and managers have done presentations to their respective communities regarding the need for child welfare to partner with the community. Moreover, staff have been successful in securing donations from local partners to assist families in need. Additionally, Districts 3 through 6 have been innovative in securing grass roots services from the community for the families they serve.

Team Decision Making – TDM meetings provide a forum for family, friends, natural supports, Division staff, and community partners and providers to discuss the strengths and needs of the family, and identify the best placement for the child that will keep him or her safe and connected to family and community. Trained staff facilitate these meetings, ensuring the family's voice is heard and respected, including the family's cultural perspective and identification of significant relationships in the child's life. TDM meetings are an opportunity to develop a plan to achieve the Family to Family outcomes on a child-by-

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child basis. The TDM facilitator guides the team to identify opportunities and resources to prevent removal and re-entry, or to quickly reunify with birth family if removal is necessary. The team explores resources to place children in their home communities, with siblings, and in family versus group care settings; and to support placement stability to prevent moves. Achievement of Family to Family and other Division outcomes is highly inter-related on an individual and aggregate level. For example, prevention of entry or re-entry and early reunification will reduce the number of sibling groups needing non-related foster homes, giving the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed. In turn, with fewer sibling groups in out-of-home care and fewer sibling groups placed separately, the Division will experience less strain on its transportation and visit supervision resources and will be better able to provide frequent visitation with parents and siblings placed separately.

Progress in the implementation of TDMs has included the following:

- All TDM meetings are led by trained, immediately accessible, TDM Facilitators. Currently, 59 TDM Facilitators have been hired and trained across the state. Arizona has also developed internal capacity to provide ongoing TDM facilitation and awareness training to all new TDM Facilitators in Maricopa County, other Arizona counties, and neighboring Family to Family states. District 1 has provided this training five times since 2007 and recently began partnering with the Child Welfare Training Institute to continue this training.
- TDM meetings are now being held in all Districts and Counties. Statewide, 4,796 initial removal TDM meetings were held in CY 2009, impacting 8,557 children. This is an increase from the 4,762 TDM meetings, impacting 6,859 children in CY 2008. Approximately 23% of these meetings were held prior to the child being removed. The team recommended in-home services for 48% of the children discussed. Mothers attended approximately 77% of TDMs and fathers attended approximately 46% (up from 65% for mothers and 34% for fathers in CY 2008). Youth twelve and older participated in 68% of the meetings (up from 63% in CY 2008). Increasing fathers' attendance at TDM meetings has been an area of focus in Districts 1 and 2. Both Districts monitor data on father attendance and have developed action plans to address this need.
- District I (Maricopa County) conducted 684 TDM meetings where a child was either at risk of or had disrupted from their out of home placement. In these meetings, 998 children were discussed. District I also held 1,657 TDM meetings for children and youth whose permanency goal was being considered for change and for youth who were soon to be aging out of the foster care system. A total of 2,297 children and youth were discussed in these meetings.

Self-evaluation – This strategy encourages the application of self-evaluation data in day-to-day management to improve outcomes for children and families. SET meetings are held monthly in District 1 and quarterly in District 2. Both groups continue to review, discuss and disseminate data. The focus has shifted from the Family to Family outcomes to the priority outcomes and practice areas included in the Division's CFSR PIP and June 2009 CFSP. Current priorities include timeliness of initial response to reports of maltreatment, comprehensive safety assessment, safety planning, behavioral case planning, concurrent planning, and case manager contact with children and parents. Additionally, the District 1 and 2 teams continue to track father attendance at TDM meetings. District 1 and 2 SET teams also use out-of-home and placement data from the University of Chicago's Chapin Hall website.

Self-evaluation teams within Districts 3 through 6 are currently integrated into each District's Family to Family strategy lead meetings, where a portion of the meeting is dedicated to a data discussion. CFSR composite data and PICR data are discussed. In District 4 there is regular use of Chapin Hall data. In the

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coming year, Districts 3, 5 and 6 will become trained on the use of Chapin Hall data and will receive additional technical assistance to support their SETs.

The Team Decision Making database is now fully functioning in all of Arizona's districts. The database tracks all TDM meetings, their timing (before or after removal), participation by case role (mother, father, community partner, etc.), and the recommendations made regarding custody and/or placement. Each district is able to produce reports regarding the number of TDM meetings and recommendations made for children.

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

Each child's CPS Specialist cooperates with the child's parents, out-of-home care providers, school, health care providers and others to identify the child's needs and obtain or advocate for services. The Division encourages parents to identify their children's educational, physical health and behavioral health needs and participate in the development of case plans to address identified needs. The Division's CSA-SRA-Case planning process and tools guide the CPS Specialist to gather information about the children's educational, physical health and behavioral health strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health and mental health needs; and services to address those needs. CPS Specialists advocate for service provision through agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services (DBHS).

Educational Services

CPS Specialists collaborate with parents, out-of-home care providers and schools to ensure children are provided services to help achieve their educational potential. Education case plans are discussed and developed with parents and youth in forums such as case plan staffings, Child and Family Team Meetings, informal meetings between the CPS Specialist and parent, and special education meetings initiated by the child's school. The case plan for children in out-of-home care includes an education case plan, and education related tasks may be included in the case plan for children served in-home. The case plan for every child in out-of-home care specifies: (1) the child's educational status; (2) services provided to the child or out-of-home caregiver to address the child's educational needs; and (3) indication of whether the child is attending the home school district. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS Specialists coordinate with parents, school officials, teachers, out-of-home care providers and others to monitor each child's educational needs and plan, and modify services as necessary. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

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

The Educational Case Management Unit employs two full-time Case Managers to serve youth, statewide. The case managers complete Educational Case Management Assessments for youth in the Independent

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Living Program to evaluate the progress of the youth toward high school graduation, passing the Arizona Instrument to Measure Standards (AIMS) test, accessing post-secondary financial assistance, and applying for post-secondary education. The educational case managers provide the assessment information to the assigned CPS Specialist to assist in the development and coordination of the youth's educational case plan. The Department partners with the Arizona Department of Education, school districts and individual school personnel to identify educational barriers related to youth in foster care and to assist youth in the completion of educational assessments that assist CPS Specialists in ensuring the youth's individual educational needs are met.

Comprehensive Medical and Dental Program/Consultation with Physicians or Other Medical Professionals

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

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

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines) and semi-annual dental exams. The CPS Specialist and out-of-home caregiver are responsible for ensuring necessary follow up of recommended care. Each child's health and medical needs are to be reviewed as part of the case planning process, and the case plan includes a health care plan with outcomes and tasks to meet the child's medical needs.

Division policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into the Division's CPS case management system (CHILDS) through an electronic interface. This data is then included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The CPS Specialist is then able to provide copies of medical records directly to the out-of-home caregivers or through the medical summary report.

No changes are anticipated in the population and geographic areas served by the program. In CY 2009, 18,818 children in foster care were enrolled in CMDP, up from the 18,244 in CY 2008.

The Division's CMDP Health Care Services Plan Update 2010 is located in Section VI.

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Child Behavioral Health Services

Meeting the behavioral health needs of children served by the Division is the shared responsibility of the Division of Children, Youth and Families and the Department of Health Services' Division of Behavioral Health Services (DBHS). DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for Title XIX eligible clients. In addition, four Tribal Regional Behavioral Health Authorities have Inter-Governmental Agreements (IGAs) with the Department of Health Services: the Gila River Indian Community, the Colorado River Indian Tribe, the White Mountain Apache Tribe, and the Pascua Yaqui Tribe; and in 2008, DBHS renewed an IGA with the Navajo Nation for case management services. For children in foster care who are not Title XIX eligible, or for those children who are Title XIX eligible but are denied a behavioral health service by the RBHA, the Division's Comprehensive Medical and Dental Program (CMDP) provides coverage for psychiatric and medication services. Other behavioral health services may be covered through district funds.

Behavioral health services for foster children are comprehensive and include behavioral health assessments; psychological and psychiatric evaluations; individual, group and family counseling; direct service supports (Support and Rehabilitation Services); case management; psychotropic medication; medication monitoring; day supports; crisis intervention and placement in appropriate therapeutic levels of care. Service coordination is provided through participation in Child and Family Teams (CFTs) for children who are Title XIX eligible and receiving behavioral health services.

CPS Specialists refer children who have been removed from their homes to the RBHA's statewide 24 hour Urgent Response system to receive a comprehensive assessment of strengths and needs. The Urgent Response includes enrollment in behavioral health services and face-to-face evaluation of all children brought into care by CPS. The results and recommendations of the evaluation are provided to the CPS Specialist to present to the Court at the Preliminary Protective hearing. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment. The Urgent Response assessment is followed by a more in-depth "Birth-to-Five Assessment" for younger children that is first completed within 45 days but can be an ongoing assessment process. If the RBHA's initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's CPS Specialist and primary care physician of the screening results and referral to AzEIP, and includes AzEIP in the child's CFT meetings. If no developmental concern is noted, the RBHA notifies the child's CPS Specialist and provides any necessary behavioral health services to the child, the child's family and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are referred by CPS to AzEIP for a developmental screening.

The Urgent Response marks the beginning of the development of the child's CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. The following 12 principals serve as a foundation for the model and the ISPs, which seek to involve the entire family in the child's treatment, as well as neighbors, community organizations and religious community members identified by the family:

- Collaboration with the Child and Family – Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment, planning, delivery and evaluation of behavioral health services, and their preferences are taken seriously.

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

CFTs provide a family-centered, individualized and strength-based “wraparound” process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a behavioral health service provider, who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include “informal supports,” such as friends, relatives and community supports; as well as professionals and other practitioners from involved agencies. The behavioral health service provider facilitates development of a behavioral health service plan by the Team, which by nature is family-focused. The

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team reviews the plan, approves/authorizes most services, makes recommendations and gives feedback to the behavioral health service provider. The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. When funds are available, ADHS/DBHS flexible funding of up to \$1,525 per child per year is available to meet identified needs. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and helps facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts and logistics.

The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families. The majority of children in the custody of the Department who need residential treatment or other therapeutic care have a CFT engaged just prior to, or shortly after, the placement. The CFT explores all opportunities to maintain the child in a less restrictive setting, including a variety of wraparound services, and continues to work toward returning the child to a less restrictive community setting. Current and past out-of-home caregivers are invited to participate in the CFT meetings while the child is in specialized placement.

B. Outcomes, Goals and Measures

To integrate the CFSR process and the Child and Family Services State Plan, most of the Department's CFSP outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's well-being outcomes and goals is measured using the state's Practice Improvement Case Review (PICR). Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's goals. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and will measure progress on many of the well-being goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. The PICR provides statewide performance data. The baseline data generated through the 2007 CFSR on-site review represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. More information on the PICR is located in Section III, Part 4, A.3. *Quality Assurance System*.

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

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

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

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

CY 2009 data shows that the Division is continually assessing and providing services to address the needs of children and their foster or kinship caregivers. More than 90% of cases reviewed were rated strength in relation to children and out-of-home caregivers. Note that this item does not include assessments and services to meet children's educational, physical health and mental health needs, which are assessed in other PICR items. Foster and kinship parents interviewed during PICRs often reported that they were very pleased with the support they received and that their needs were promptly addressed by the CPS Specialist, but sometimes described inconsistency in the responsiveness of CPS Specialists.

The mother's needs were thoroughly and continually assessed in 77% of cases reviewed in CY 2009, and sufficient services were provided to address the mother's identified needs in 88% of the cases reviewed. Assessment and services to address the needs of fathers is an area needing improvement. Father's needs were thoroughly and continuously assessed in 53% of cases, and sufficient services were provided to address the father's identified needs in 73% of cases.

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

CFSR Item 18: Child and family involvement in case planning

Well-Being Goal 2: The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (Out-of-Home PICR Item 8, B.)

CFSR On-site 2007:	75%
PICR CY 2009:	67%

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

CFSR On-site 2007:	44%
PICR CY 2009:	38%

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

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8, C1.)
PICR CY 2009⁴: 57%

Well-Being Goal 5: The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (Out-of-Home PICR Item 8, A.)

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

During the 2009 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child contained evidence that the mother, father, and/or child participated in CFT and TDM meetings held during the period under review, and had periodic substantive conversation with the assigned CPS Specialist.

The lower rate of father involvement is a result of cases in which sufficient efforts to locate and remain in contact with a non-custodial father were not made. Often these are fathers who have not had recent contact with the child, or incarcerated fathers. In some cases the CPS Specialist's efforts to maintain contact with a mother or father diminished after the goal changed to something other than reunification (adoption, guardianship or independent living), even though the parent's rights are not yet terminated. In addition, some cases had evidence of contact with the mother or father, but there was not sufficient effort during these contacts to elicit the parent's thoughts and feelings about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.)

Children were slightly less likely than mothers to be involved in case planning. Generally, older youth are more involved in case planning. In many cases involving young children, the CPS Specialist visited with the child each month, but did not ask for the child's input into case planning issues.

Statewide 4,796 initial removal TDM meetings were held in CY 2009, impacting 8,557 children. Approximately 23% of these meetings were held prior to the child being removed. Data indicates that mothers attend approximately 77% of TDMs and fathers attend approximately 46% (up from 65% of mothers and 34% of fathers in CY 2008).

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

CFSR Item 19: Caseworker visits with children

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

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Well-Being Goal 6: The percentage of cases in which the assigned CPS Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (Out-of-Home PICR Item 9, A.1.)

CFSR On-site 2007:	77%
PICR CY 2009:	72%

Well-Being Goal 7: The percentage of cases in which the quality of visits between the CPS Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit will be 95% or more (Out-of-Home PICR Item 9, B.)

CFSR On-site 2007:	66%
PICR CY 2009:	35%

The majority of children in out-of-home care and those served in-home receive monthly in-person contact from the assigned CPS Specialist, although CY 2009 case review data suggests a small decrease in the percentage of children that received a contact *each* month during the period under review. The quality of CPSS contacts with children is an area needing improvement for the Division. In many cases rated as needing improvement, the CPSS had not seen the child alone for part of each monthly contact. In other cases the CPSS spoke with the child, but did not discuss issues pertinent to case planning, such as the permanency goal, visits with parents or siblings, or the child's satisfaction with the placement. It is not known whether the lower rate of cases rated strength in CY 2009 compared to the 2007 On-site Review is indicative of reduced performance or variation in the rating standards applied by CFSR and PICR case reviewers.

The state's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the percentage of children in care on the last day of the month that received a documented in-person contact during the month (by the assigned CPSS, another CPSS, a case aide, or another person documenting contacts in CHILDS) was roughly 75% in September 2007, March 2008 and September 2008. The percentage decreased to 70% in March 2009, but increased to 81% in September 2009.

Data retrieved from the Division's Business Intelligence Dashboard (CY 2008 and 2009 data current as of April 10, 2009) demonstrates improvement in the percentage of children in out-of-home care that had a documented in-person contact during the month. The statewide average of monthly contact rates was 79% for the 12 months ending January 2008, 81% in CY 2008, and 83% in CY 2009. Performance improved over CY 2009. In the first four months of the year, performance ranged from 77% to 80%. In the last four months of the year, performance ranged from 85% to 89%. In CY 2009, district performance ranged from a high of 86% in District 1 to a low of 77% in District 2. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian or runaway.

CFSR item 20: Caseworker visits with parents

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

CFSR on-site 2007:	43%
PICR CY 2009:	25%

PICR data reveals higher performance in relation to contact with mothers than contact with fathers. Mother's received sufficiently frequent contact in 54% of cases reviewed, while fathers received sufficiently frequent contact in 29% of cases. In some cases, greater and continual efforts to locate a

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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 (71%) than fathers (49%).

Data retrieved from the Division's Business Intelligence Dashboard current as of April 10, 2009, shows little change in the percentage of cases with in-person parent contact between CY 2008 and CY 2009. The dashboard shows performance on the following measure: Of all children in out-of-home care during the month who had a goal of family reunification, what percentage had at least one parent with whom in-person contact was documented during the month? This data *does not* exclude cases where the parents' whereabouts are unknown, the parents reside out-of-state, or the parents are successfully avoiding contact with the CPS Specialist; therefore, the Division does not expect to ever achieve 100% on this measure. The statewide average of monthly contact rates was 58% in CY 2008, and 57% in CY 2009. During CY 2009, statewide performance improved to a range of 60% to 62% in June through October, but declined to 57% in November and 59% in December.

Staff and case reviewers have also noted that in many cases where monthly in-person contact by the CPS Specialist is not occurring, the parent is having monthly or more frequent contact with a case aide or other involved professionals. Families are sometimes less intimidated by these staff and are more willing to meet with them regularly. In low to moderate risk in-home services cases, these contacts often appear to meet the family's needs.

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

CFSR Item 21: Educational needs of the child

Well-Being Goal 9: The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (Out-of-Home PICR Item 11)

CFSR On-Site 2007:	77%
PICR CY 2009:	90%

Cases are rated strength in the CFSR On-site Review and the Division's PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. The Division is performing well in this area, achieving the standards in 90% of cases reviewed. The lower performance in the CFSR On-Site review may be due to small sample size or different rating standards. CFSR reviewers were more likely than the Division's practice improvement case reviewers to identify this area as applicable to in-home cases, and were less likely to rate in-home cases as strength on this item. CFSR reviewers identified this area as applicable in 52% of 25 in-home cases reviewed, and rated 46% of those cases as strength. Division PICR reviewers identified this area as applicable in just 21% of 57 in-home cases reviewed, and rated 83% of those cases as strength. This suggests that some CFSR reviewers applied a higher expectation for agency involvement in the educational needs of in-home children, such as an expectation that the agency address the children's educational needs even when those needs are not directly related to the reason for agency involvement.

Data on the effectiveness of the Independent Living Program and Educational and Training Voucher Program on educational outcomes for young adults is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2010*.

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

CFSR Item 22: Physical health of the child

Well-Being Goal 10: The percentage of cases in which the physical health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (Out-of-Home PICR Item 12)

CFSR On-site 2007: 75%
 PICR CY 2009: 61%

Arizona’s PICR applies a higher rating standard than the CFSR On-site Review instrument. The PICR instrument evaluates whether the Division’s specific practice standards for physical and dental health assessments were met (for example, that the child have a comprehensive physical examination within 30 days of coming into care and at least annually thereafter). Case reviewers found that 94% of children who had been in care for more than 12 months did have a comprehensive physical health examination within the most recent 12 months, but only 59% of the children who had been in care for less than 12 months had an examination within 30 days of removal. In other words, nearly all children are receiving physical health examinations, but the initial examination is not always timely. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule, although Arizona still maintains a high rate of dental service provision. Of applicable cases reviewed in CY 2009, 71% of children who had been in care more than six months had received a dental examination within the most recent 6 months. This finding is consistent with the CMDP’s performance data provided in the following table.

CMDP continues to do well in all AHCCCS (Arizona’s Medicaid Program) performance and health measures for children and adolescents. CMDP exceeded the Medicaid statewide average in all measures except for EPSDT Visits for children ages 3-6 years. The following chart provides the percentage of children who received EPSDT visits, dental visits and access to a primary care physician.

Performance Indicator	AHCCCS Statewide Average	National Medicaid Mean	CY 2006 CMDP	CY 2007 CMDP	CY 2008 CMDP	CY 2009 CMDP*
EPSDT Visits 3 – 6 Years	66%	N/A	69%	66%	63%	63%
Adolescent Well-Care Visits	42%	N/A	65%	65%	61%	64%
Children’s Access to PCPs	N/A	N/A	88%	86%	91%	N/A
12–24 months	85%	N/A	93%	91%	N/A	89%
25 months – 6 years	82%	N/A	84%	79%	N/A	84%
7 – 11 years	78%	N/A	87%	85%	N/A	86%
12–19 years	80%	N/A	93%	93%	N/A	93%
Dental Visit (2 – 21 years)	61%	N/A	78%	79%	72%	75%

* The CY 2009 data are artificially low due to claims encounter issues. Results of internal monitoring are much higher.

CMDP participated in another formal statewide immunization audit in the fall of 2009. The methodology of this audit was the same as previous years. Immunization rates were calculated after an AHCCCS audit of CMDP immunization records for Title XIX eligible children who reached 24 months of age between October 1, 2008 and September 30, 2009. These data again reflected the Health Plan Employer Data and

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Information Set (HEDIS) performance standard that the immunizations be received on or before the child's second birthday. Many children in the CMDP sample have been in the custody of the Department for only a portion of the time between ages 0-2, so CMDP historically has struggled to get all immunizations completed by the exact date of the child's second birthday. CMDP did very well in all measures for this year and exceeded the AHCCCS average for 6 of the 9 immunization measures.

Immunization Completion Rates 0-2 Years of Age

	CMDP 2005 Audit (N = 299)	CMDP 2007 Audit (N = 319)	CMDP 2009 Audit (N = 303)	AHCCCS Average
DTP 4	88%	81.3%	84.8%	84.8%
IPV 3	92%	89.3%	94.1%	93.4%
MMR 1	95%	95.4%	96.4%	94.9%
HIB 2	93%	91.4%	98.3%	96.7%
HBV 3	88%	88.0%	96.0%	94.0%
VZV	89%	92.6%	95.4%	94.0%
PCV 4	N/A	N/A	80.5%	83.2%
Combination Rates:				
4:3:1:2:3:1	N/A	N/A	79.5%	81.1%
4:3:1:2:3:1:4	N/A	N/A	72.3%	76.3%

CFSR Item 23: Mental health of the child

Well-Being Goal 11: The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more

CFSR On-site 2007:	72%
PICR CY 2009:	88%

Arizona's PICR data indicates that behavioral health care is an area of strength for nearly nine of ten children served in-home or in out-of-home care, and that this area has improved since the CFSR On-site Review in 2007. This is consistent with data on RBHA activities, which indicate access to children's behavioral health services is improving. Staff and stakeholders continue to identify DBHS's Urgent Response system and CFTs as systemic strengths. These services are available statewide.

The Urgent Response process starts with a referral at the time of a child's removal from CPS to the title XIX behavioral health Urgent Response system. The behavioral health system must respond within 24 hours. CPS referred 79% of children removed from their homes in CY 2008 and CY 2009, and 82% to date in SFY 2010. Referral rates for children under the age of five are higher than those for the general population. The referral rate for this population was 85% in CY 2009, and 87% to date in SFY 2010. Case review and anecdotal information suggests referrals are sometimes not made due to case circumstances. Most notably, children are not referred when: 1.) the child is already enrolled and participating in services at the time of the removal; 2.) the circumstances of a removal suggest the child will be returned to a biological parent within 72 hours (e.g. a parent is hospitalized overnight and CPS was called to care for the children until the parent is discharged); 3.) it has been determined that a child would not be eligible for title XIX services; or 4.) the child is determined to be a court ward of another state. Of the children referred in CY 2009, 90% received the Urgent Response assessment. Data on the reasons why the remaining 10% of children did not receive a 24 hour urgent response assessment is not routinely gathered, but commonly reported reasons include that the provider responded after the 24 hour

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deadline, the child was not available within the 24 hour deadline due to runaway from placement, the allegation included sexual abuse and a forensic interview has been scheduled but not completed, the child had already been returned to a parent before the assessment could be completed, and the child was already enrolled with a provider.

Of children entering foster care who are title XIX eligible, the percentage enrolled in behavioral health services through the RBHA continues to increase. This percentage was 62.1% in SFY 2008, 63.6% in SFY 2009, and 64.3% so far in SFY 2010. The goal is to enroll 100% of the children. Although current rates are well below the goal, enrollment rates are well above those for the general children's population. The average percentage of eligible children from the general population that are enrolled in title XIX services was 5.6% in SFY 2008, 5.8% in SFY 2009, and 5.7% so far in SFY 2010.

CFTs are frequently cited as a promising methodology for coordination of behavioral health service planning and involvement of parents and youth in planning related to the child's needs. Arizona continues to demonstrate steady improvement ensuring children served by the behavioral health system have a functioning CFT. The percentage of youth enrolled in the behavioral health system for at least 90 days (including children in out-of-home care and all other enrolled children) who had a functioning CFT averaged 94% in the second half of CY 2009, up from 84% in the first quarter of CY 2009. Two geographic service areas achieved 100% compliance, and the Maricopa County RBHA increased from 38% in April 2008 to 88% in September 2009.

Appropriate use of title XIX funding is another factor affecting achievement of child mental health goals, particularly the issue of timely access to services raised by stakeholders during the 2007 CFSR On-site Review. When title XIX funding is appropriately used to pay for therapeutic services and placements, family members are better able to access services and the Division is better able to fund other services that prevent the need for out-of-home care and promote placement stability. In addition to increased enrollment of title XIX eligible children, the Division and its behavioral health partners achieved an increase in the percentage of foster children in behavioral health placements whose placement is paid with title XIX funding. In December 2009, 82% of the behavioral health placements were funded by Medicaid funds. At the same time, the number of youth placed in behavioral health facilities has decreased, with more youth maintained in community-based or family-type settings. The number of children placed in residential treatment centers decreased from 126 (95 paid by title XIX) in December 2008 to 59 (41 paid by title XIX) in December 2009. Therapeutic and behavioral health group home placements decreased from 140 (119 paid by title XIX) in December 2008 to 96 (86 paid by title XIX) in December 2009. The reduced utilization of behavioral health placements is the result of better efforts to support youth and caregivers with wraparound services. To help ensure that CPS involved youth are placed in behavioral health settings when medically necessary to meet their complex needs, the Division continues to monitor appeals for denials in behavioral health placements.

C. Accomplishments and Factors Affecting Performance

The Division's achievement of child and family well-being outcomes is affected by some of the same factors that affect safety and permanency outcomes. Factors include staff competency with assessment and case planning practices; the frequency and quality of CPS Specialist contacts with children, parents and out-of-home caregivers; the availability of family-centered TDM and CFT meetings; availability of parent locator services; staff retention and caseload size. In SFYs 2009 and 2010 the Division was deeply affected by staffing reductions that were not offset by the much smaller reductions in report volume and ongoing caseloads. Services such as Arizona Families F.I.R.S.T., the Housing Assistance program, and contracted in-home services also suffered deep cuts and served far fewer families in SFY 2010. With fewer filled CPS Specialist positions, the Division was less able to hold high quality contacts with all

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children and applicable parents each month to conduct ongoing reassessment and involve them in case planning. Reduced access to services made it more difficult for CPS Specialists to arrange services to address the mothers', fathers' and children's identified needs. Performance in the well-being goals is also affected by documentation quality, which diminishes when case load size is very high. Although case reviewers do try to gather evidence through interviews, when this is not possible a case may be rated as needing improvement because activity such as time spent alone with a child during the monthly contact was not clearly documented. Given the recent approval to hire CPS Specialists and recovery of some services, the Division expects that the SFY 2010 improvement activities will have a greater impact on well-being outcomes in FFY 2010 and FFY 2011.

The Division's primary practice improvement activities during this period developed staff competency in foundational practices, including comprehensive safety and risk assessment, timely development of written behavioral case plans, and CPS Specialist contacts with children and caregivers. Much of this work was accomplished through the Division's quality improvement system (including the Practice Improvement Case Review and ongoing data monitoring) and the Child Welfare Training Institute. The Division also continued to expand and strengthen the use of TDM meetings at the point of removal and implemented strategies to increase father attendance at TDM meetings and engage fathers throughout the life of the case. Father involvement is a significant factor affecting many well-being goals, and the Division has a continuing need to improve practice in this area. In all applicable areas, practice with fathers was less likely to meet the standards than practice with mothers. Collaborations in SFY 2010 with the behavioral health system, educational system, and medical providers were another important factor affecting the Division's high performance meeting children's educational, behavioral health and physical health needs. The courts were also a key stakeholder supporting improvement in educational outcomes for children in out-of-home care.

Information about each of the primary factors affecting child and family well-being outcomes and the Division's most significant improvement activities and accomplishments in SFY 2010 is provided in the remainder of this section.

CSA-SRA-Case planning Process

Use of the CSA-SRA-Case planning and clinical supervision processes have a direct impact on achievement of many CFSR well-being goals, particularly needs and services of child, parents and foster parents, and child and family involvement in case planning. The Division continues to use the integrated CSA-SRA-Case planning process to engage parents and youth in initial and ongoing identification of their needs, strengths, goals, services and progress. The *Family-Centered Strengths and Risk Assessment Interview Guide* provides staff with questions they can use to gather information in a family-centered, engaging and motivating style; and the behavior-based written case plan produces plans that are designed to meet the unique risks, strengths and circumstances in each family. In SFY 2010, the Division provided refresher trainings, case examples, practice guides and other materials to develop staff competency with the CSA-SRA-Case planning process. Practice Improvement Specialists in each district have focused their feedback to staff on areas such as requirements and methods to involve younger children in case planning, and timeframes for conducting CSA-SRA reassessments in ongoing cases. These activities will continue in SFY 2011. More information on the Division's work to achieve consistent application of the CSA-SRA-Case planning process is located in Section III, Part 1.

Team Decision Making

Division staff and stakeholders often identify TDM meetings as an effective method to improve comprehensive assessment, service planning and involvement of parents and youth in case planning.

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TDM meetings also increase the number of cases in which the father is located and contacted. The following examples describe some of the ways TDM meetings assist the Division to achieve these outcomes:

- TDM meetings are an especially effective method for ensuring fathers and other non-custodial parents are identified, located, and engaged early and throughout the case. Districts have been working toward a goal of increasing the percentage of TDMs attended by a father. District TDM procedures require invitation of fathers, and their rate of attendance is tracked in the TDM database. For example, the District 1 TDM procedure states that “attempts must be made to have birth parents or putative fathers attend this meeting unless there is some extraordinary reason not to invite them.” District 1 procedures also require that the CPS Specialist identify with the family any relative or other significant person who could serve as a permanent placement or “forever connection” for the child. These kin can assist the CPS Specialist to locate and engage missing or unstable parents. The District 1 TDM referral form requires information be provided about the father, to ensure the CPS Specialist has sought information about the father and invited him to attend the TDM meeting. All Districts monitor the rate of father attendance at TDMs using data from their TDM databases.
- TDM meetings provide parents and youth an opportunity to express their needs and identify the services they believe will be most helpful. These meetings are led by trained facilitators who are skilled in participant engagement. The case plan is not developed at the TDM, but the information provided by the family helps the CPS Specialist to identify initial goals and services.
- Icebreaker meetings are often held directly after the TDM meeting, if the child is in out-of-home care and the caregiver attends the TDM. These meetings provide another opportunity for parental input about the child’s needs, including the child’s educational, physical health and behavioral health needs.
- Community partners frequently attend TDM meetings. Attendance by partners from the behavioral health system and Arizona Families F.I.R.S.T. allows the providers to hear about the family’s needs first hand rather than through a referral form; address the parents’ denial, fears and other potential barriers to engagement; and immediately schedule initial appointments.

More information about the Division’s progress implementing TDM meetings statewide is located in Section III, Part 3, A.

Activities to Improve Frequency and Quality of CPS Specialist Contacts with Children and Parents

CPS Specialist contacts with parents and children are an important opportunity to conduct ongoing needs assessments, keep parents and children fully informed, and seek their input into decisions affecting them. As a result, there is a correlation between cases rated as strength on caseworker contacts with children and parent and cases rated strength on child and family involvement in case planning and needs and services of child, parents and foster parents. When there are monthly discussions about the child’s needs, the CFSR/PICR items on education, physical health and behavioral health of the child are also more likely to be rated strength.

Division policy requires that the assigned CPS Specialist have monthly face-to face contact with the child and the caregiver in the child’s out-of-home placement. If the child is verbal, these contacts provide CPS staff the opportunity to discuss the current case plan with the child and obtain his or her thoughts and feelings about the plan. Older children often have input into the case plan at CFT and TDM meetings,

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court hearings, Foster Care Review Boards, and case plan staffings; but staff are less skilled at engaging young children in case planning. Particularly with very young children, this is done most effectively through high quality in-person in-placement contacts. The CPS Specialist is also required to have face-to-face contact with all parents at least once a month while the permanency goal is reunification or remain with family, including any alleged parents, parents residing outside of the child's home and incarcerated parents whose whereabouts are known and rights are not terminated. These contacts are opportunities for the parents to discuss progress towards the behavior changes outlined in the case plan, and for the CPS Specialist to gather information to inform the ongoing safety and risk assessment.

Provision of training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases is a strategy included in the State's CFSR PIP and CFSP. In SFY 2010 the Division continued its work to improve CPS Specialist contacts. Activities and accomplishments included the following:

- The Division is defining changes to be made to the Business Intelligence Dashboard so that CPS Unit Supervisors, district managers and other staff can view data on the percentage of children who received an in-person contact during the month by the *assigned* CPS Specialist, which is the CFSR and PICR standard and required by Division policy. Currently, the dashboard provides data on the percentage of children who have CHILDS documentation of an in-person contact by the assigned CPS Specialist, another CPS Specialist, a case aide or another person responsible for contact with the child. This data is more similar to the broader federal child contact reporting requirement definition. The capability to view both data sets will improve the Division's ability to monitor performance related to the CFSR and PICR practice standards.
- The Division's executive leadership has identified CPS Specialist contacts with children as a priority practice improvement area that requires a Professional Skill Building Plan be developed with the involved field staff if it is found to be an area needing improvement during a Practice Improvement Case Review. The Division's Child Welfare Program Administrator reviews a random set of Professional Skill Building Plans each quarter, to ensure they are being developed and addressing the required areas in a meaningful way.
- The Division's executive leadership identified CPS Specialist contacts with children as a practice focus area for CY 2010. This area was the focus of communication and discussion in the second quarter of 2010. The Division's practice improvement-policy-training team published a policy reminder and documentation example. These were distributed throughout the districts and used as a basis for discussion in district leadership and CPS unit meetings.
- Districts have developed plans for monitoring data on CPS specialist contacts with children. Improvement strategies have also been identified. Both have been provided to the Child Welfare Program Administrator, and updates are provided in monthly reports.
- A policy exhibit titled *Quality Supervision and Contacts with Children in Out-of-Home Care* was updated and distributed to district staff in June 2010. This exhibit provides guidance for determining the right frequency of contacts to meet the child's and caregiver's needs, and to direct the content of discussion. Information was also added about the requirement and purpose of spending time alone with the child during monthly contacts.
- A child contact case note documentation outline was created and distributed in May 2010. Use of this outline for documentation of the CPS Specialists' monthly in-person child contacts is mandatory. The outline includes headers to remind the CPS Specialist to document time spent

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alone with the child, efforts to involve the child in case planning, and discussion about areas such as the child's educational, physical health and behavioral health status, and visitation and contact with parents and siblings. The outline was provided with instructions and a more detailed guide that can be used in the field to prompt discussion about key areas and take notes.

- Information about the areas that the CPS Specialist should discuss during monthly contacts is being provided to resource parents in the new kinship caregiver handbook and through other means. This will assist resource parents to be prepared with information and documentation the CPS Specialist requires.
- The PICR instrument includes an item to evaluate the frequency and quality of CPS Specialist contacts with children. The Practice Improvement Specialists give information about this practice area and case-specific practice feedback to the involved CPS Specialists and Unit Supervisors, based on the case review findings. This provides ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of the visit.

Contacts with parents, particularly with fathers and non-custodial parents, will be a practice focus area in CY 2011. The Division is developing practice tips for distribution and discussion. In the meantime, the Division is monitoring frequency and quality of contact with parents using the Business Intelligence Dashboard and the PICR. Supervisors can track summary statistics by unit and CPS Specialist on the Business Intelligence Dashboard, and can view case specific lists of child, parent and caregiver contacts that still need to occur before the end of the month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated and sufficient efforts are made to locate missing parents.

The Division is also actively seeking to change attitudes and beliefs about the importance of father involvement, and increase the percentage of cases in which fathers are identified, located, contacted and involved. The Division's CPS Specialist Core training includes content about father involvement, and the PICR process is helping to increase staff awareness about the benefits of contact with *all* parents – including those who are not an option for reunification and incarcerated parents. In addition, the initial assessment PICRs allow district Practice Improvement Specialists and managers to clarify policy requirements for contact with non-custodial parents during initial assessments. It is probable that higher rates of contact during the initial assessment phase will carry into the ongoing case phase.

Districts 1 and 2 have been especially active in the effort to improve father involvement. For example, District 2 began a series of fatherhood engagement activities in June 2009, which included recruiting and interviewing fathers who successfully navigated the child welfare system, preparing fathers to present to staff about their child welfare experiences, holding a series of staff trainings on how to engage fathers throughout the life of a CPS case, and convening forums and focus groups on fatherhood engagement to inform further improvement activities.

Parent Locator Services

The Division continues to remind staff about the necessity of searching for missing parents and resources to assist with this search. State policy requires extensive and documented search for absent parents, guardians, custodians, extended family members and other significant persons as placement resources for children in out-of-home care prior to key decision points in the life of a case and no less than every six months. The Division uses the services of the Arizona Parent Locator Service (APLS) through the Division of Child Support Enforcement for the location of parents. The APLS searches ATLAS, Arizona Technical Eligibility Computer System (AZTECS), BG01, Motor Vehicle Division, and credit bureaus. If the APLS search is unsuccessful, or if the search is for other than a parent, such as a relative, the

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Division refers searches to a contracted agency for a search of automated databases such as national credit bureaus, driver's license bureaus, birth and death records, criminal records and other appropriate resources. Some Districts also have staff that are dedicated to this function and/or coordinate with the contracted agency, although the number of staff available to conduct parent searches was reduced as a result of the budget reductions in SFY 2009 and SFY 2010.

Activities to Improve Child Educational Outcomes

Arizona's strong performance in meeting the educational needs of the child has been achieved through continued efforts to communicate the necessity of positive educational outcomes for youth in the child welfare system, and resolution of systemic issues that hindered timely and continual access to educational services. Continuing interagency collaborations have produced local and statewide resources that inform Division staff, educators and others about the educational needs of dependent youth and break down barriers to educational stability and timely provision of educational services. Much of the activity was generated and pursued by the Arizona Education Summit Team (AEST), sponsored by Casey Family Programs. The AEST includes members from the Governor's Office, the Department of Economic Security, the Arizona Department of Education, the Office of the Attorney General, Casey Family Programs, Judges from Pima and Maricopa Counties, foster parent and CASA representation, alumni representation, the Children's Action Alliance, and the Arizona Early Intervention Program. The AEST last convened in 2009 and will reconvene now that a new Director of Casey Family Programs in Arizona has been appointed.

Activities to support educational outcomes for foster youth continued across Arizona in SFY 2010, for example:

- To ensure that the Division attends to the educational needs of every child served through in-home services or out-of-home care, a detailed and comprehensive Child's Educational Case Plan is clearly delineated as part of the CSA-SRA-Case plan. These child-specific educational plans document goals, action steps and responsible parties related to the child's educational needs and services.
- In January 2010, Pima County held a Career Day at Pima Community College to explore education options. Youth from probation and foster care learned about financial assistance and educational opportunities available to them.
- The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L.110-351, Fostering Connections Act) was signed into law on October 7, 2008. Some of the Act's provisions seek to promote educational stability for foster children. Major areas of focus are foster placements in the proximity of the school in which the child is enrolled at placement, transfer of educational records and transportation costs. In SFY 2010 significant updates to state policy and procedures were made to conform to this legislation.
- Pima County held training in April 2010 to help CPS Specialists and group home staff understand McKinney Vento and how it can assist foster youth to remain in their current school. Foster youth no longer need to change schools and fall behind in credits due to placement changes.
- The Southern Arizona Foster Care Mentoring Program was created to assist foster youth to transition from high school to college. In SFY 2010, Pima Community College continued to house a program to counsel youth in care on career and college admission. A Future Shoes class was offered again for foster youth to obtain one college credit while learning about the

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educational opportunities available in Southern Arizona. Over 20 students attended the class and a list of college counselors was identified at each campus to assist foster youth.

- The Pima County Model Court Educational Working Committee created a document called the Passport to Adulthood to assist judges and agencies in their efforts to prepare youth to transition out of foster care. Areas critical to this transition to adulthood include education, employment, housing, physical health, mental health, life skills and relationships with supportive individuals. The Passport is to be reviewed in court for youth whose cases enter and exit the Young Adult Program. The Passport to Adulthood is currently being used by four judges on a portion of their young adult cases. Once the document and process is finalized, judges in Pima County will hold a Passport to Adulthood hearing in all young adult cases.

In SFY 2010 stakeholders increased their attention on the goal of supporting youth in foster care to access and succeed in post-secondary education. Examples of related activities included the following:

- Arizona's Children's Action Alliance, in coordination with the Arizona Commission for Post-Secondary Education (ACPE) reconvened in July 2009. The Division participated along with higher education professionals, child welfare professionals, foster care alumni, various community stakeholders and advocates. The ACPE seeks to advance the continuum of supports available to youth in and out of foster care for success in postsecondary education. This meeting generated dialogue about the progress toward this goal, identification of additional resources, expansion and improvement of current collaborations and strategies, and creation of new collaborations and action steps to continue to support the successful transition of youth into and through post-secondary educational opportunities.
- Childhelp, Inc. and several partners established the AZ Foster Youth 411 website that provides information for current and former foster youth. The website includes a continuing education section, with information on post-secondary educational opportunities and resources. This website can be viewed at: www.fosteryouth411.org
- The two day "College Goal Sunday" was held in Arizona by the Arizona Commission for Postsecondary Education. Over 300 financial aid professionals and volunteers assisted high school seniors, families and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2010 – 2011 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted 30 sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Division's Education Case Management Unit also provided assistance at this event.
- The Department's Northern Arizona Education Specialist was asked to become a member of the Northern Arizona Youth in Transition Group in July 2009. The Youth in Transition Group is co-facilitated by the Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Division. A goal of the Youth in Transition Group is to improve the educational outcomes for transition age youth that are in foster care or have behavioral and mental health disabilities, through information and resource sharing, problem solving, and youth input. Educational challenges faced by youth involved in the foster care system are similar to the challenges faced by youth within the behavioral health system.
- The State of Arizona held the Arizona Dropout Prevention Leadership Summit in January 2010, sponsored by America's Promise Alliance. During 2009, the Department was a member of the

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steering committee that set the agenda for the Summit, along with the Governor's Office, City of Phoenix, Department of Education, Corporate representatives, and non-profit partners. The event was designed to develop strong, effective partnership alliances and strategies that the state's education policy boards can use to address Arizona's dropout crisis. The Department also participated in a breakout session during the Summit, addressing the unique educational needs and barriers of transitioning foster care youth.

- The Arizona's Children Executive Committee's Training Subcommittee continues to develop a training curriculum to educate the school system about the CFT process. The curriculum focuses on the role of educators in the CFT, engaging schools and educating behavioral health providers about the school system, legal requirements, special education, educational interventions and collaboration with school systems. Sections include: Navigating the School System, Facilitating School Involvement in CFT Practice, and Joint Planning between Schools and Behavioral Health. Subsections and their related materials have been developed with separate workgroups of the subcommittee helping to frame and develop the final materials. Completion of the final draft is expected in early SFY 2011.
- The Department continues to have an Education Case Management Unit consisting of two Education Specialists that assist CPS Specialists to develop and coordinate the educational case management plans for youth in the Arizona Young Adult Program. The purpose of the educational case management unit is to help youth: 1) graduate from high school; 2) pass the Arizona Instrument to Measure Standards (AIMS) test; 3) apply for postsecondary financial assistance; and 4) apply for post secondary education. The Education Specialists provide general technical assistance to assigned case managers. To identify and meet the educational needs of youth in the Young Adult Program, the Education Specialists complete education assessments during in-person interviews with the identified youth. The information from the assessments assists the Education Specialists and assigned case managers in preparing effective education case plans for graduation from high school and transition to post-secondary education and training programs. In 2009, of the 1,378 youth who participated in the Arizona Young Adult Program, 203 graduated from high school; 86 completed their general equivalency diploma, and 266 were enrolled and participating in post-secondary education and training.

The Division and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. Education was one of the issues included in the Board's five year plan and discussed at the Statewide Youth Advisory Board meeting in October, 2009. Topics of discussion and recommendations regarding education included: help youth access informal supports available at school, resolve problems with credits that do not transfer when a youth changes schools, work to reduce mid-term school transfers that can cause a loss of credits, improve attendance by ensuring placement changes accommodate school attendance, ensure youth have proper tools (backpacks, calculators, supplies) and support at home.

See Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2010* for additional information about the Division's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

Physical Health Services Coordination and Outreach

During the 2007 CFSR stakeholders praised the services of CMDP, noting that most services are readily available and easily accessed. Case reviewers continue to receive similar feedback during interviews with

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caregivers for the PICR. One of the most important factors supporting this area of strength is the inclusion of the health care program, CMDP, within the child welfare agency. This arrangement allows close coordination between the health care program and other child welfare programs and provides flexibility to respond to the unique health care needs of foster children. Furthermore, for the first time in many years, CMDP is staffed with a full complement of clinical positions, including four full-time nurses, a board certified Pediatric Nurse Practitioner serving as the Director of Medical Services, and a board certified Pediatrician as the Medical Director. This has allowed CMDP to provide more care coordination and work more closely with CPS Specialists on complex cases. CMDP has received positive feedback from CPS Specialists about these improvements.

In SFY 2010 CMDP maintained its system of outreach and reminder notifications. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the CPS Specialist, out-of-home caregiver and PCP. CMDP outcome data suggests that these intensive outreach efforts are effective. In SFY 2010 these outreach activities included the following:

- Monthly immunization reminders were sent to CPS Specialists and Primary Care Physicians (PCP) of infants and toddlers ages 12 and 18 months who were in out-of-home care, notifying them of immunizations that were due or past due according to Arizona State Immunization Information System (ASIIS) reporting. In addition, the number of EPSDT visits recorded in claims data was compared with the number the infant should have had by his or her age, and this information was reported to the PCP and CPS Specialist.
- Each month, all new CMDP members' CPS Specialists and PCPs were notified of those children and youth that had immunizations due or past due according to ASIIS reporting.
- EPSDT reminder cards were sent twice a year to each member's placement or the member's CPS Specialist (if no placement address is available) for all members age two through 20 years of age. All members 18 and older are mailed the reminder cards directly.
- Special quarterly immunization and EPSDT visit reminder cards were sent to the placement or CPS Specialist for all members who were 24 months or younger. These cards identify the number of EPSDT visits and immunizations necessary by the time the member reaches age two.
- Dental visit reminder cards were sent to the member's placement or CPS Specialist twice a year for members ages 1 through 20. All members 18 and older are mailed reminder cards directly.
- The "All about Me and EPSDT" poster (English and Spanish) was sent to the caregivers of all members under 24 months. The poster is designed to go with the child in the event of a placement change, and outlines all of the required EPSDT visits and immunizations prior to age two. It also includes places for photographs and other milestones.
- The CMDP Handbook for CPS Specialists and Probation/Parole Officers, the Member Handbook and the Provider Manual all include sections on EPSDT requirements. Articles and information about EPSDT exams are also included in CMDP's quarterly provider and member newsletters, custodial agency newsletter, the *Arizona Statewide* newsletter for foster and adoptive families and on the CMDP website.
- Regularly scheduled training programs for CPS staff and foster caregivers on EPSDT requirements are conducted by the Program Development and Medical Services staff.

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The Division will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities described above, to increase CPS Specialist, out-of-home caregiver and PCP awareness about the general and child-specific physical, dental and mental healthcare needs of children in out-of-home care.

Behavioral Health Services and Child and Family Teams

Collaboration between the Division and the DBHS is one of the most important factors supporting achievement of child mental health outcomes, which in turn affect achievement of safety, permanency and other well-being outcomes. In addition to meetings between Division district staff and local mental health agencies, Division and DBHS staff meet regularly at the state level. An important avenue for strategic collaboration has been the Division's continued participation as an active member of the Arizona Children's Executive Committee (ACEC), to create and support an integrated system of care among all of Arizona's child-serving systems. Division leaders participate in ACEC meetings every other month to improve coordination and collaborative efforts, discuss and resolve any system barriers to care, and address any related efforts in the delivery of behavioral health services to children and families. The ACEC includes representation from the Department of Health Services, the Department of Economic Security, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, the Administrative Office of the Courts, and includes participation of local RBHAs and other organizations. The ACEC and its subcommittees have produced or initiated several improvements to Arizona's behavioral health system of care, including a system of case reviews, improved educational system participation in Child and Family Teams, promotion of an adolescent substance abuse screening tool (CRAFFT), and development of the ACEC strategic plan. The Division participates in the following ACEC subcommittees:

- *The Clinical Subcommittee* – In June 2009, the ACEC changed the Clinical Subcommittees' structure and focus areas. The Substance Abuse Subcommittee was joined with the Clinical Subcommittee, and the new Clinical Subcommittee was charged with addressing direct supports in Residential Treatment Center (RTC) settings; review of out-of-state placements; Home Care Training to Home Care Client (HCTC, formerly known as therapeutic foster care) transition challenges; an inventory of substance abuse providers to learn how many are using evidence based practice; and use of the CRAFFT, which is a six question screening tool developed to screen adolescents for high risk alcohol and other drug use disorders. The following are highlights of activities in SFY 2010:
 - This committee developed a white paper to educate stakeholders about the ability to provide direct support services to youth placed in RTCs and therapeutic group homes. These services can help shorten the length of stay in a residential facility and support the transition of the youth back into community-based and family-type placements. As a result, stakeholders are now able to request these services and DBHS and AHCCCS authorize the use of direct supports.
 - In 2008, Arizona was selected to participate in the 2008 Policy Academy for "Developing Systems of Care for Youth and Young Adults with Mental Health Needs who are Transitioning to Adulthood, and Their Families." The Clinical Subcommittee is charged with furthering the efforts of the Policy Academy to "develop a system that supports the continuation of the care, services and supports into adulthood that youth and families have developed." In SFY 2010, each RBHA has developed a plan that will allow an Adult Clinical Team representative to attend a youth's CFT meeting to prepare for the transition to the adult behavioral health system. Additionally, DBHS secured a

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special capitation rate for the 18-21 year old population that will allow some children's services to continue past 18 and prevent disruption in services upon a youth's 18th birthday.

- This subcommittee published a DBHS Practice Protocol for providers and stakeholders that gives information about evidence based practices (EBP) in substance abuse treatment, screenings and assessments. This protocol includes several attachments that highlight various EBP. The Division was one of several stakeholders that reviewed and commented on this protocol prior to publication. Additionally, the Division has been a key participant in the SATISFACTION pilot program, which has attempted to increase family involvement in substance abuse treatment. Within the program, community members and stakeholders, including the Division, have worked to bring all levels of substance abuse services (prevention, intervention and treatment) to a local high school so families and students have direct access to information, resources and services. Information about this pilot program will be presented at the Summer Institute sponsored by the Center for Applied Behavioral Health Policy and the Pacific Southwest Addiction Technology Transfer Center.
- *The Training Subcommittee* – This subcommittee has been designing a curriculum to educate the school system about the CFT process and the role of educators in CFTs, educate families of children with behavioral health needs about the educational system and its role in their child's life, and educate the behavioral health system about the school system, legal requirements, special education, educational interventions and collaboration with school systems. The curriculum will contain sections such as: Navigating the School System, Facilitating School Involvement in CFT Practice, and Joint Planning between Schools and Behavioral Health. The training curriculum is nearing completion and the subcommittee is identifying the best methods for delivering the training to stakeholders. Due to the current economic situation, most stakeholders are limited in their ability to provide trainings. Alternative means to offer the training are being examined. It is the subcommittee's goal to present its initial draft of the training to the ACEC in August 2010.
- *The Family Involvement Subcommittee* – In CY 2010, this subcommittee developed two educational pamphlets on the CFT process. One is specifically for families of children and youth involved in the behavioral health system. The other is directed to foster families, relative caregivers and group home staff of youth in the child welfare system who are involved in the behavioral health system. The subcommittee is currently working with the developer of a bullying training curriculum to distribute the training at no cost to stakeholders throughout the state. One such avenue is to make this available on regional child abuse council websites.

The Division also has a member on the DBHS Support and Rehabilitation Services Steering Committee (formerly known as the Meet Me Where I Am campaign). This committee's goals are:

- Increase awareness and utilization of the Support and Rehabilitation Services listed in the ADHS/DBHS Covered Services Guide.
- Create a flexible, community-based workforce that is able to be molded by Child and Family Teams to help accomplish the work designed by CFTs without programmatic limitations.
- Support youth and families with the most complex needs in order to help them live together in the community successfully and avoid out-of-home placements. This assumes the ability of providers

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to work with youth with extremely complex behavioral needs, including handling dangerous behavior when it occurs.

- Help integrate youth and families with the communities in which they live. This requires providers to conduct activities in the community and to provide transportation to, during and from support activities as well as to support youth with any assistance with the self-administration of medication that may be needed in order to participate in community activities.

The Division's Office of Prevention and Family Support Program Manager, Statewide Behavioral Health Coordinator, and Statewide Behavioral Health Appeals Coordinator also meet regularly with DHS/DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing and data reports. DBHS produces the *Children's Semi-annual Performance Improvement Report*, which provides information about the rates at which children are receiving timely and appropriate services. The reports provide data on the following quality improvement measures: access to care (first behavioral health service in 23 days), coordination of care (referral to PCP and coordination with PCP), appropriateness of services, and sufficiency of assessments. Access to care within 23 days of referral was found in 84% of children's cases, and 83% of cases were found to be compliant with requirements for coordinating care with the PCP. In the first two quarters of SFY 2010, 73% of cases reviewed were found to be in compliance with the behavioral health service plan measure, which evaluates whether youth had a current and complete assessment and whether the youth's treatment plan reflected the recommendations and needs on the assessment. Although two RBHAs in two geographic service areas met the minimum standard of 85%, the Division placed all four RBHAs on a corrective action plan to improve performance on this measure.

In SFY 2009, the DBHS began using the National Outcome Measures (NOMs) domains of education, employment, stable housing, criminal activity and abstinence from drugs to assess positive outcomes for recipients of behavioral health services age five and older. Employment outcomes are measured for youth age 18 to 20, criminal activity is measured for youth age 12 to 20, and the other areas are measured for all the youth. NOMs were measured at intake and upon disenrollment from services. There were slight improvements in all categories for the five to 18 year old age group, with the most significant improvements noted in abstinence from alcohol. However, for youth age 18 to 21, there were slight drops in education and stable housing. The DBHS will compare SFY 2010 data to this baseline data and report progress in its *Children's Semi-annual Performance Improvement Report*.

Additionally, the *Children's Semi-annual Performance Improvement Report* now captures complaint data. In SFY 2009, 34% of all complaints received were about access to care. The chief complaint was timeliness in accessing services. Magellan, the RBHA in Maricopa County, failed to meet its minimum performance for access to care and was placed by DBHS on a Corrective Action Plan.

Additional data is being gathered through joint case reviews with DBHS, to identify or explore trends in systemic barriers to services. A review process and form was developed in 2008 that uses a root-cause analysis approach. This review process resulted in recommendations to address systemic and service delivery problems that resulted in extended waits for youth in hospital emergency departments awaiting admission to a Level 1 psychiatric acute care inpatient facility. The Division and DBHS have also jointly reviewed cases involving issues in out-of-state placements, HCTC placements, and behavioral health services for children with developmental disabilities.

In SFY 2009 and 2010, the Division also continued its collaboration with other state and community agencies to develop and monitor written protocols for service provision. The Division continues to participate in the review and comment phase during DBHS policy, procedure, provider manual and protocol development. Since March 2009, the Division has provided comment during development of the

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DBHS Practice Protocols and Provider Manual revisions for Child and Family Team Process, Non-Title XIX Service Prioritization, Out-of-Home Care, Prior Authorization Criteria for Residential Treatment, Unique Needs of Children Involved in with CPS, Transition to Adulthood, and Adolescent Substance Abuse Assessment and Treatment. The ADHS/DBHS has researched and published these best practices documents to assist behavioral health providers in Arizona's public behavioral health system. In SFY 2010, the Division participated in the initial development of three new DBHS documents regarding family-driven care and involvement in the behavioral health system. These included the DBHS Policy and Procedure on Family and Youth Involvement in the Children's Behavioral Health System, the DBHS Provider Manual on Partnerships with Families and Family-Run Organizations in the Children's Behavioral Health System, the DBHS Clinical Practice Protocol on Family and Youth Involvement in the Children's Behavioral Health System, and additions to the DBHS/RBHA contract regarding family involvement and family-run organizations. By requesting and considering public comment from the Division, the behavioral health system is better prepared to address the unique needs of children in the child welfare system.

In SFY 2010 the Division and DBHS completed activities to: 1.) provide CPS staff with access to updated ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care, and 2.) to develop and distribute to CPS field staff and out-of-home caregivers materials that provide questions to ask and other guidance for participation in CFT meetings when a child is prescribed a psychotropic medication. Both projects were action steps within the Arizona's CFSR PIP. Exhibit 54, *Psychotropic Medication: What CPS Specialists Should Know*, explains informed consent and ADHS policies on the use of psychotropic medications. This exhibit was added to the Division's on-line policy manual in late CY 2009, and an e-mail was sent to all staff to inform them that the exhibit had become available. In addition to outlining the parameters of informed consent requirements, the exhibit provides guidelines to be used by CPS Specialists when a child in CPS custody may require psychotropic medications. Exhibit 54 assists CPS Specialists to be actively involved in the process, encouraging discussion with the CFT about the need for medications, along with other available behavioral health services, to assist the youth in stabilizing behaviors. The exhibit also helps CPS Specialists to decide when and if they need to be present for psychiatric evaluations, and provides a list of topics for discussion when they are present (for example, expected results of medication usage and possible side effects). In addition, with input from a workgroup of behavioral health experts, the Division developed and published a comprehensive guide on participation in CFT meetings when a child is prescribed a psychotropic medication, for use by field staff and licensed caregivers (foster parents and group home staff). A link to the guide was provided to all field staff and is also provided on the CWTI/ASU online training website. The guide provides more detailed information on behavioral health issues, psychiatric evaluations, medication needs and informed consent. Furthermore, a brochure for all types of caregivers (licensed, non-licensed, relative and kinship) and field staff was produced. This brochure has less detailed but similar information to the comprehensive guide, and has been distributed on the DES intranet, foster parent association websites and to field staff to provide to placements when appropriate.

In SFY2010, DBHS determined that it could not feasibly monitor the RBHAs compliance with the numerous required elements of all its Practice Protocols. Therefore, DBHS classified several protocols as being "without required elements," thus carrying no compliance monitoring requirement. These protocols are still applicable as guidance documents. There are now five Practice Protocols with required elements. DBHS monitors the RBHAs compliance with the required elements in the Practice Protocols on:

1. The Child and Family Team Practice
2. Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents (with attachments)
3. Children's Out of Home Services (with HCTC attachment)

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4. Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age (with attachment).

The “Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS” Practice Protocol is without required elements, but remains a clinical guidance document. Additionally, the “Unique Needs” training remains a required training for all behavioral health providers who provide direct service to children and/or families in the child welfare system. Division staff continue to co-facilitate these trainings with each RBHA. Training evaluations indicate that these have been beneficial as behavioral health providers become more aware of the legal and administrative constraints within which CPS Specialists must work. Additionally, behavioral health providers report improvements in their understanding of the impact of removal and foster care on a child’s emotional and behavioral development.

In SFY 2009 the Division also continued to team with the Administrative Office of the Courts (AOC) to support Court Teams for Infants and Toddlers. Court Teams is an innovative approach to work with the Juvenile Court and infant and toddler serving agencies to provide coordinated developmental assessments and services to small children when they are placed in foster care. The Court Teams were originally developed in Yavapai County and expanded to include seven Arizona counties (Cochise, Santa Cruz, Maricopa, Mohave, Pima, Yavapai and Yuma). In September 2008, two additional counties (Coconino and Gila), joined the Court Team Process. Technical Assistance by Prevent Child Abuse Arizona (PCA Arizona), the agency that implemented the original “Best for Babies” Court Teams model in the Prescott area, was provided to counties in SFY 2009. In SFY 2010, both Mohave County and PCA Arizona received funding from First Things First to continue supporting the development of Court Teams throughout the state. Court Team activities in SFY 2010 included the provision of technical assistance by PCAAz Inc to eight counties; the 2009 Sally Campbell Best for Babies Seminar held on October 23, 2009 with 200 people in attendance; exploratory activity to develop an evaluation component for the Best for Babies/Court Team project; and training to attorneys in Yavapai County.

The Division also provides services to treat behavioral health issues that contribute to safety threats or risks to children. The Division’s in-home services program provides therapeutic support for families, and the Comprehensive Medical and Dental Program provides psychiatric services to address the mental health needs of children who are not Title XIX eligible. The Arizona Families F.I.R.S.T. (AzFF) program provides substance abuse assessment and treatment services. The Division also provides specialized psychological evaluations or other services on a case by case basis. Severe budget cuts in SFY 2009 and SY 2010 have affected the availability of services, particularly in-home and AzFF services. Efforts continue to improve efficiency and ensure families receive necessary services. For example, the ACEC Clinical Subcommittee is continuing its work to encourage the use of Support and Rehabilitation services to reduce the number of children placed in RTC or other behavioral health placements. In addition, a cross-walk of behavioral health and CPS services was developed to help staff better utilize clinically necessary title XIX funded services to help offset the reduction in the Division’s contracts for in-home and parent aide services. A training regarding this crosswalk was developed and added to CPS Supervisor Core curriculum. The training shows CPS staff how to maximize the use of title XIX monies by using the child’s Individualized Service Plan and medically necessary title XIX services to achieve the CPS case plan goals.

From SFY 2006 to SFY 2008, the number of CMDP children receiving rehabilitation services increased 99% and the number of CMDP children receiving support services increased 162%. All sub-categories of rehabilitation services and support services have seen an increase in the number of CMDP children served: health promotion – 45% increase; living skills training – 96% increase; family support – 113% increase; flex fund services – 41% increase; peer support – 71% increase; and respite care – 89% increase.

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Some RBHAs added new providers to expand support and rehabilitation services, particularly in Arizona's northern region. As a result of these increased services, more children are served in their home communities. Arizona has also decreased the number of out-of-home behavioral placements for all Arizona children (including children who are not in the Department's custody) from 564 in April 2009 to 492 in September 2009.

Workforce Planning Initiative

Case load volume and CPS Specialist recruitment and retention are the most frequently cited factors affecting the rate of CPS Specialist contact with children and parents. Case volume and the level of demand on CPS Specialists' time also affect the quality of contacts, including their length, which in turn affects the quality of ongoing needs assessment and efforts to actively involve children and parents in case planning. The Division's substantial staffing reductions in late SFY 2009 and throughout SFY 2010 likely account for some of the reduced performance in parent and child involvement in case planning and contact with parents. Division performance in the areas of CPS Specialist contacts with children and ongoing needs assessment of children and their out-of-home caregivers has not been affected to the same degree, perhaps because of the Division's continual focus on child contacts as a quality improvement focus area. Information about the Division's caseload levels, staffing resources and efforts to address these issues through the Workforce Planning Initiative is located in Section III, *Introduction*.

Quality Improvement System

The Division's quality improvement system, particularly the Practice Improvement Case Review and Professional Skill Building Plans, provide staff with individualized and practice-specific feedback and supports, to increase staff knowledge of policies and practice standards, and competency in the consistent application of these standards. The Division's PICR instrument evaluates practice and systems to support ongoing assessment and service provision, child and parent involvement in case planning, quality of CPS Specialist contacts with parents and children, and assessment and services to address the child's educational, physical health and behavioral health needs. PICR feedback sessions with the involved staff deliver policy and practice clarification directly to field staff. In addition, the Division's executive leadership identified the child and family well-being areas of CPS Specialist contact with children, timely case plan development, and behavioral case planning as practice focus areas for CY 2010. More information on the Division's quality improvement system is located in Section III, Part 4, A.3. *Quality Assurance System*.

D. Strategies and Action Steps for SFY 2011

This section lists the state's primary strategies for improving child and family well-being outcomes. The first of these strategies (Primary Strategy 5) is a new strategy that continues the Division's focus on improving case planning processes and behavioral case planning. The other well-being strategies (Primary Strategies 6 and 7) were included in the CFSR PIP and the Division's June 2009 CFSP. A fourth well-being strategy that was included in the June 2009 CFSP and addressed behavioral health services has been completed and therefore deleted from this SFY 2011 update. Activities in SFY 2011 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFY 2010. These strategies and action steps do not describe all the activities that may improve well-being outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to well-being, but will also support safety and permanency outcomes. Likewise, the Division's safety, permanency and systemic strategies will support achievement of well-being outcomes. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve the Division's needs assessments and

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service planning for children, parents and out-of-home caregivers.

Primary Strategy 5: Develop staff competency arranging and facilitating case plan staffings to create, manage and revise timely written behavioral case plans that meet federal and state child welfare case planning requirements and involve parents and youth in case planning

Goal: Provide all members of the family's CPS team an opportunity to participate in the development of a behavioral case plan that meets all federal and state requirements, including parent and youth involvement in case planning and timely designation of permanency goals that are appropriate to the child's needs for permanency and the circumstances of the case

Action Step 5.1: Develop and provide training, practice tips, case examples, and other tools for staff and supervisors to increase staff competency creating behavioral case plans and involving parents and youth in case planning

Action Step 5.2: With technical assistance from the National Resource Center on Permanency and Family Connections, develop CPS Specialists' case plan staffing facilitation and coordination skills

Action Step 5.3: Develop and provide training for staff and supervisors on the creation of a behavioral case plan, including the involvement of the parents and youth in its development

This strategy replaces the Division's prior strategy on behavioral case planning. The prior strategy was replaced in response to feedback from members of the Division's Ongoing Case Management workgroup that other improvements in the case planning process will have greater benefit than integration of existing case plan related meetings, which was the focus of the prior strategy. The workgroup produced several recommendations to improve the efficiency and effectiveness of ongoing case management activity, and these are in the beginning stages of implementation. In addition to implementing these recommendations, in SFY 2011 the Division plans to use training, technical assistance, and the quality improvement system to develop staff competency with behavioral case planning, facilitation and coordination of case plan staffings, and parent and child involvement in case planning. The Division plans to request technical assistance from the National Resource Center on Permanency and Family Connections to assist the Division to develop CPS Specialists' case plan staffing facilitation and coordination skills.

Primary Strategy 6: Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases

Goal: Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being

Action Step 6.1: Within each district, use dashboard data, clinical supervision and managerial

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oversight to monitor the rate of monthly in-person contact with children, alone for part of each contact if verbal

Action Step 6.2: Develop training materials, practice tips, documentation examples, or other tools and opportunities to increase staff knowledge of the practice standards for quality contacts between CPS Specialists and children in in-home and out-of-home service cases

This strategy is continued from the June 2009 CFSP, although revised to remove references to the completed training of case aides on high quality contacts with children and caregivers. The strategy and its action steps were identified by district Program Managers, Central Office Administrators, Central Office Police Managers, and the Central Office CFSR Manager to address needs identified through data management reports, the Practice Improvement Case Review, and the 2007 CFSR. In SFY 2011 the Division will monitor contact frequency, contact quality, and staff use of the child contact documentation outline and other tools. Content areas from the monthly child contact case note documentation outline will be shared with out-of-home caregivers so they are prepared to discuss the necessary information during contacts with the CPS Specialist. The Division will also continue to use its quality improvement system to monitor and improve implementation of CPS Specialist contacts with children. Quality improvement activities will include Practice Improvement Case Reviews, individualized case review feedback sessions and Professional Skill Building Plans; as described in Section III, Part 4, A.3. and Section III, Part 4, B., primary strategy 9.

Primary Strategy 7: With ADHS and other partners, gather and analyze data to identify systemic barriers and service gaps and improve the children’s system of care

Goal: Form a shared factual understanding of the state’s success meeting the complex mental health needs of children in the child welfare system, to guide collaborative program improvement

Action Step 7.1: In collaboration with ADHS, conduct case reviews and follow up to address systemic needs identified through these case reviews

Action Step 7.2: Coordinate with the CFSR Manager and Practice Improvement Specialists to analyze Practice Improvement Case Review results, clarify behavioral health practice standards, and update and distribute practice guides, tips and tools; so that clear, consistent, targeted feedback is provided to CPS Specialists and Supervisors during Practice Improvement Case Review feedback meetings

This strategy was included in Arizona’s current CFSR PIP and the June 2009 CFSP. Case reviews with ADHS and Practice Improvement Case Reviews will continue as methods to identify needs and inform system improvement plans. The Division and ADHS have developed many tools and guides to explain and support practice, and will continue to do so as needs are identified. PICR feedback meetings continue to be held monthly to increase staff awareness and use of these tools, and provide a forum for staff to ask questions and identify systemic needs.

The other behavioral health strategy that was included in the CFSR PIP and the June 2009 CFSP has been completed and deleted. The strategy was: Collaborate with the Arizona Department of Health Services to implement new tools, training and practices to address the complex mental health needs of children in

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the child welfare system. The action steps for this strategy have been completed or describe ongoing institutionalized activity. Materials on informed consent and use of psychotropic medication with children have been finalized and distributed, Unique Needs Training continues to be provided, and the Division continues to participate in the Support and Rehabilitation Services committee and the Arizona Children's Executive Committee.

PART 4: SYSTEMIC FACTORS

1. Statewide Information System Capacity

Since February 1998, Division staff have been required to use the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location and goal for every child who is in foster care. CHILDS supports Hotline intake, initial assessment/investigation, case management, adoption, eligibility determination, staff management, provider management and payment processing; and includes on-line help, policy, a court document and forms directory, an alert system for key case events, and other mechanisms to monitor and maintain data accuracy.

The CHILDS system is available statewide to Division staff in all local offices and has more than 2,000 registered users. Service providers and other agencies are given access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate districts, units and placement codes to differentiate between families served by the Division and those served by other state agency or tribal entities. As a SACWIS compliant system, CHILDS' security conforms to SACWIS security standards.

CHILDS training for staff, tribes and contracted providers is critical to the success of the system. CHILDS trainers provide initial training, including a one day new employee CHILDS orientation to familiarize staff with CHILDS navigation and e-mail systems; and six days in Core training on the ongoing case management and investigation windows. Specialized training is presented to staff who maintain the provider database or process payments, and to tribes and contracted providers who enter case notes or data in CHILDS. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. These trainings, the CHILDS system's Missing Mandatory Data function, program edits that prevent entry of illogical data, and ongoing review of data error reports form an effective system to ensure data accuracy. The Division's District Automation Liaisons (DALs) also have an important role in training new staff and providers learning to access the system, and all staff following system updates and change migrations.

The CHILDS Project also measures its success according to its ability to update the system to respond to the evolving needs of its users while maintaining SACWIS compliance, and is highly successful in this regard. In SFY 2009 the CHILDS Project continued to hold monthly DAL meetings. These meetings allow DALs to preview CHILDS enhancements and modifications so they can alert and train field staff; and allow CHILDS staff to solicit suggestions and input on the CHILDS application, network and staff services. CHILDS also continues to conduct quarterly system modification migrations. Migrations typically include fifteen to twenty system changes requested by field staff, administrators, state policy and program development staff or CHILDS staff.

A priority of the CHILDS project over the last several years has been development and continuous improvement of the automated CSA-SRA-Case plan, which guides decision making and improves documentation of holistic safety and risk assessments. The automated CSA-SRA-Case plan provides several features to assist CPS staff, including built-in instructional text and hyperlinks to related web sites, alerts to improve data accuracy and thoroughness, tabs that allow staff to move sequentially through the instrument and areas for supervisory documentation. In SFY 2010 the CHILDS project continued to revise the automated CSA-SRA-Case plan in response to needs identified by staff and Division

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management. These changes have been viewed as a priority, so they can happen quickly. Recent changes integrated the Protective Services Review Team appeals process into the automated CSA-SRA-Case plan and further automated the process to save on data entry (such as implementing a case copy process and reducing restrictions on entry of protective actions).

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

- The storage and format of all narrative text was standardized in CHILDS, allowing faster access and retrieval in multiple formats (online and batch reports).
- An automated email process was added that allows CPS staff to send criminal history background requests to the Arizona Department of Public Safety. This change eliminated the need to fax these requests to the Department of Public Safety and will substantially reduce delays to receipt of the criminal history information.
- Previously, CHILDS only allowed one current Child Safety Assessment for each child, regardless of the number of cases involving the child. This was especially problematic when a child had a safety assessment documented in his or her biological family's case and then required a safety assessment due to an allegation of abuse or neglect in another family's home (such as a foster or group home). CHILDS now allows a separate Child Safety Assessment to be documented in each case in which the child is a participant.
- Search and filtering capabilities on services provided to children and adults were added in the Case Plan. These changes to the case plan "Child[ren] Needs" and "Risk Areas" tabs simplifies documentation of services provided or planned for children and adults.

The Division participated in an AFCARS review in September 2009. An AFCARS Assessment Review Improvement Plan was submitted to the U.S. DHHS. Arizona immediately made several of the identified changes to the AFCARS data extraction program. Other changes are being discussed and planned with guidance from the U.S. DHHS.

2. Case Review System

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

Written Case Plan

The Division's policies and procedures require written case plans addressing all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that this case plan be developed with family and child input. Team Decision Making, Child and Family Team, and other meetings provide facilitated opportunities to engage family members in decisions and various aspects of case planning.

The Division's case plan includes sections that address the child's physical health needs and the child's educational needs. These and other specialized sections (such as the out-of-home care plan to describe needs and services for the out-of-home caregiver and the child, and the independent living plan to

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describe services to youth age 16 or older) prompt CPS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Timely development and reassessment of case plans, and inclusion of all necessary components, is supported by quality assurance and supervisory tools. The CHILDS Alert system provides case managers an early reminder of case plan reassessment due dates. Supervisory case review forms, which include prompts to review the timeliness and content of case plans, are required quarterly on ongoing case management cases.

Staff are fully trained and well informed about the need to provide case plans to the Court and Foster Care Review Board (FCRB). Case plans are attached to reports to the Court, and discussed at Court and FCRB hearings. The Division's Court report outlines require the CPS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, placement of the child, services to the child, and visitation with parents and siblings.

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. More information about these policies and practices is located in Section III, Part 3.

Periodic Reviews and Permanency Hearings

Periodic review requirements are met through Juvenile Court hearings and Foster Care Review Board (FCRB) meetings. In most cases a Court or FCRB hearing is held more frequently than once every six months. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB Reports and Recommendations are sent to the Juvenile Court Judge, who reviews the report and considers the recommendations at the time of the next review hearing on the case.

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

Stakeholders reported during the 2007 CFSR On-Site Review that cases are reviewed at least every six months by both the FCRB and the courts. Many stakeholders also reported that permanency hearings are held every 12 months and are conducted in a timely manner, although some stakeholders reported that continuances and other factors sometimes delay the permanency hearings. During the 2007 CFSR On-Site Review, Item 26 on court or administrative review no less frequently than once every 6 months, and Item 27 on court or administrative permanency hearings no later than 12 months from foster care entry and every 12 months thereafter were identified as strengths.

Termination of Parental Rights

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Division policy requires that the Division file a motion for TPR when the child's permanency goal is adoption. The Division assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Division policy provides a description of ASFA termination of parental rights requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Division file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. The District Program Manager or designee must approve any Division recommendation that termination of parental rights is not in the child's best interests if ASFA TPR requirements apply. For children who are initially placed in out-of-home care under a voluntary foster care agreement, the first 60 days of placement is not considered in calculating the cumulative time in out-of-home care for termination of parental rights purposes.

Reducing delays from dependency related appeals continues to be an area of priority. Court rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule was enacted to reduce delays to finalized adoption. The state's two appellate divisions have also changed the way they process dependency related appeals. The state's two appellate divisions have been tracking data on timeliness of TPR rulings. Their goal is to decrease to 140 days the time from the filing of the notice of appeal to the filing of the appellate court decision. The statewide average time from filing to decision has decreased from 267 days in SFY 2007, to 178 days in SFY 2008, and 152 days in SFY 2008 (data provided by the Administrative Office of the Courts, Court Improvement Program).

In FFY 2009 Arizona continued to exceed the national 75th percentile on CFSR measures C2-3 and C2-4, which measure timely termination of parental rights and timely achievement of permanency for legally free children. More information about the Division's performance related to these measures is located in Section I, Part 3, CFSR Item 9.

During the 2007 CFSR On-site Review, Item 28 on TPR proceedings in accordance with ASFA was identified as an area needing improvement to be addressed in the state's CFSR Program Improvement Plan. The CFSR findings confirmed that the state has processes in place that meet federal case plan and TPR requirements, but identified a need to improve the consistent implementation of these procedures. Reviewers also noted inconsistency in the documentation of compelling reasons when a motion for TPR was not filed. The Division is addressing these areas by developing staff competency and supports through the workforce planning initiative, increasing staff knowledge and accountability to clearly defined practice standards using the Quality Improvement System, and improving consistency and documentation of case decisions by increasing staff skill in the application of the integrated CSA-SRA-Case planning process. More information about these strategies and recent activities and accomplishments is located in Section III, *Introduction* and Section III, Parts 1 and 4.

Notice of Hearings and Reviews to Caregivers

Foster parents, pre-adoptive parents and relative caregivers of dependent children receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. The CPS Specialist includes the caregiver's name, address and phone number on a cover sheet to the FCRB and court, which serves as a notification mailing list. Also, records provided to the caregiver within five days of placement are to include a copy of any minute entry setting a future dependency or delinquency hearing involving the child and a copy of the most recent FCRB minutes, if the initial review has been held. The FCRB minutes contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship or termination of parental rights proceeding has the right to be informed of, attend and be heard in any

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proceeding involving dependency or termination of parental rights. The child's attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

The state's Court Appointed Special Advocate Program (CASA) also plays a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the Judge and other team members. CASA reports are disseminated to the Juvenile Court and the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend CPS staffings and Child and Family Team Meetings on their children's cases, offering input and opinions on needed services and case planning.

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

3. Quality Assurance System

The Division's safety, permanency, and child and family well-being outcomes, goals and performance measures are listed throughout this report. These are the same as those evaluated through the Child and Family Services Review, with the addition of a few goals added by the Division. The Division's policies and procedures set practice standards and operationalize the outcomes and performance measures in the strategic plan. For example, the outcome that children achieve adoption in 24 months or less is translated into practice through policies setting standards for timely case plan development and review, termination of parental rights, and adoptive home identification and placement. The policies are frequently based on best practice standards. The Division's policy manual is available to all staff through the CHILDS System and the intranet, and to the public on the internet. The Division's policy unit annually reviews and revises policy based on new laws and best practices. After revisions, statewide training is conducted for Division staff. The Division also proposes or supports new laws that set standards to support safety, permanency and well-being outcomes.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect;
- Removal Review Team reviews within 72 hours of removing a child and before filing a dependency petition to ensure all alternatives to continued out-of-home placement have been explored;
- case plan staffings held within sixty days of the case opening and at least every six months thereafter to review services and permanency goals;

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

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

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

The Division's Quality Improvement Manual provides an overview of the QI system's purpose and underlying principles, and a description of each of the system's elements. Each element of the Division's QI system is described below.

- *Aggregate Data Analysis* – District and Central Office staff continuously identify, monitor and analyze aggregate data relevant to the Division's safety, permanency and well-being goals, service utilization, and other Division operations. The Administrator of the Division's Financial and Business Operations Administration consults with the District Program Managers and others to identify priority data reports for the Division. The Central Office Reports and Statistics Unit

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ensures timely distribution of data reports, and provides training and technical assistance to staff on data development and analysis. The Division's District Automation Liaisons ensure timely distribution of data within the districts and lead the districts' data analysis and data integrity activities. Data is provided through the Business Intelligence Data Dashboard, ACCESS databases and hard copy reports. The Division has been providing an increasing number of reports and related data tables electronically rather than hard copy, which improves accessibility and flexibility for Districts to summarize and organize the data in the way that best meets their needs.

The Business Intelligence Dashboard is an online analytical reporting tool that helps districts and units monitor and manage their caseloads by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The Dashboard currently provides data on: timeliness of initial response to reports of child maltreatment; timeliness of investigation completion and recording of investigation findings; frequency of in-person contact with children, parents, and out-of-home care providers; and child entries and exits from out-of-home care. Staff may also view data by variables such as ethnicity and child removal zip code. "Top – Bottom" performance reports are available on some KPIs, so management and supervisory staff can identify the highest and lowest performing units in their respective districts, areas and units.

- *Practice Improvement Case Review* – The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement and contributing issues in Arizona's child welfare system. District and Central Office staff review a random sample of initial assessment, in-home services and out-of-home cases from each district to measure the rate of outcome achievement and gauge current practice related to the Division's safety, permanency and well-being goals. Review of initial assessment cases focuses on implementation of the integrated CSA-SRA-Case planning process. Review of in-home and out-of-home cases is limited to Division goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Item ratings are based on a review of the CHILDS record and hard file, and interviews with case participants on some cases. Using the PICR process, the Division:
 - identifies practices and systemic factors that enable or hinder positive safety, permanency and well-being outcomes for children and families;
 - provides Division management and Quality Improvement Teams with information to identify and initiate improvement activities;
 - provides an opportunity for direct service and management staff to learn from peers; and
 - identifies training needs for direct service and management staff.

The PICR Instruments include substantial item rating guidance to improve inter-rater reliability. This includes instructions from the CFSR On-Site Review Instrument and guidance based on state policy and best practices. Cases review instruments are completed by management and other district staff, and read by the District Practice Improvement Specialist to ensure review accuracy. The state's CFSR Manager reviews a random sample of the completed instruments to ensure accuracy and statewide consistency.

Distribution and discussion of case review results occurs monthly in all districts. Clinical discussions among district staff focus on practice strengths and training needs, to facilitate professional growth and skill development among CPS Specialists, Supervisors, Program Specialists and Assistant Program Managers. Review results are distributed and discussed at district leadership meetings, group supervision meetings or Supervision Circles, and within unit meetings. Often a particular case is discussed as a group to provide examples of strengths and

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practices needing improvement. Case specific review results are provided to the assigned CPS specialist and Unit Supervisor, in a meeting attended by the Assistant Program Manager. Professional Skill Building Plans may be developed in these meetings.

- *Clinical Supervision and Professional Skill Building Plans* - Clinical supervision is a cornerstone of the Division's Quality Improvement System. Clinical supervision provides a means to ensure consistent application of practice standards and achievement of positive outcomes for each and every family served. Clinical supervision conferences between each CPS Specialist and his or her CPS Unit Supervisor are required at defined intervals, dependent on the case and employee needs. The integrated CSA-SRA-Case plan provides guidance and a location for supervisors to document clinical supervision at each key decision point in the initial assessment process.

Professional Skill Building Plans apply the case review learnings and other outcome data to increase the practice skills of individual CPS Specialists, CPS Unit Supervisors, district managers or any other Division employee. The plans describe, in behavioral terms, the professional skill(s) to be acquired by the CPS Specialist, Supervisor, Manager or other Division employee; and the training, clinical supervision and other employee-centered supports that will be provided to enable acquisition of the skill. The plans are developed with the employee's input about his or her strengths, needs, goals and desired supports; and should be easy to implement, concrete and time-limited. A Professional Skill Building Plan must be created with the CPS Specialist and/or CPS Unit Supervisor whenever a core practice area is rated as needing improvement, unless the contributing issues are clearly and solely systemic (such as unnecessary restrictions on parent-child visitation due to court order, despite advocacy by the agency). Professional Skill Building Plans are also developed with any Division employee whenever an outcome related evaluation, CHILDS data or other information identifies a need for the employee to strengthen a practice skill that is key to the employee's job function.

- *Self Evaluation and Quality Improvement Activity Reports* – Each district and Central Office produces and distributes a quarterly Quality Improvement Report that includes:
 - the prior quarter's aggregated case review results;
 - other outcome data required by Central Office or selected by the district;
 - identification of the district's or state's outcome areas of strength;
 - a description of best practices, system strengths and improvement strategies that have produced positive outcomes in the district or state;
 - identification of the district's or State's outcome areas needing improvement;
 - a summary of current and planned district or state activities to apply the case review learnings and improve practice; and
 - a description of systemic needs that interfere with outcome achievement, if applicable.

The Division's CFSR PIP and June 2009 CFSP include a strategy of aligning Division management, policy, practice and training to strengthen the statewide Quality Improvement System. There has been a great deal of activity and progress toward this objective in the last several years. The PICR and Professional Skill Building Plans are now institutionalized within the Division and have proven to be effective processes to monitor outcome achievement and improve the consistent application of practice standards. Other activities and accomplishments in SY 2010 included the following:

- The Division's executive leadership identified practice improvement priorities, based on the 2007 CFSR On-Site Review results, PICR findings, and an understanding that strong practice in foundational areas can simultaneously improve performance in multiple safety, permanency and

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well-being outcomes. The practice priorities include comprehensive safety assessment, safety planning, case planning, and CPS Specialist contacts with children.

- The Division identified one initial assessment and one ongoing case management focus area for each quarter of CY 2010, to be the focus of administrative messages, practice tips, district level discussion and other activities to develop staff knowledge and competency. These focus areas are consistent with the practice improvement priorities. Focus areas in the first and second quarter of CY 2010 included initial assessment interview and document review requirements, concurrent planning, and CPS Specialist contacts with children and parents.
- The Child Welfare Program Administrator set the practice improvement priorities as areas that must be addressed through a Professional Skill Building Plan if identified as needing improvement during a Practice Improvement Case Review.
- The Child Welfare Program Administrator has begun to review a random selection of Professional Skill Building Plans from each district, to ensure they are being developed as required and to provide feedback to the district on the quality of the plans.
- The CFSR Manager provides periodic updates about the Division's progress towards achieving safety, permanency and well-being outcomes to the Division's executive leadership, Central Office managers and district managers, verbally and through written Quality Improvement Reports.
- Each district Practice Improvement Specialist routinely discusses district progress towards achieving safety, permanency and well-being outcomes with the district's leadership team and distributes quarterly Quality Improvement Reports to summarize the PICR findings and provide recent county-level CFSR permanency composite data.
- The Practice Improvement Specialists continue to work with policy and training staff to clarify practice expectations when questions are raised by field staff or identified through the PICR process. Information is distributed to field staff through policy tips, question and answer documents, and other means. In SFY 2010 practice tips were developed on concurrent planning; who to interview during initial assessments; obtaining and reviewing criminal history information; and obtaining and reviewing court orders that restrict or deny custody, visitation or contact with a child. The practice improvement-policy-training team also published several child safety assessment documentation examples.
- The CFSR Manager, Practice Improvement Specialists, and representatives from the Child Welfare Training Institute and the Division's Central Office Policy Unit continue to hold monthly meetings to discuss PICR results and other practice and outcome data, and identify opportunities to direct or support practice and outcome improvement.

4. Staff and Provider Training

The Division's Child Welfare Training Institute (CWTI) offers a comprehensive child welfare training program in support of the state's commitment to providing quality services to Arizona's children and families. Initial and ongoing training for child welfare staff are provided through a variety of methods and opportunities, including:

- Pre-core/New Employee Orientation training

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- Case Manager Core training
- On-the-job/field training and support
- Supervisor Core training and advanced courses for supervisors and managers
- Parent Aide and Case Aide Core training
- Specialized one-on-one training refreshers on CHILDS and the CSA-SRA-Case planning process
- Specialized and advanced training, including workshops and conferences on topics such as gangs, mental health issues and methamphetamine abuse
- Special trainings on Engaging Families and Team Decision Making, provided in partnership with the Casey Foundation in support of the Family to Family initiative
- CHILDS training
- Policy training
- District offered training
- Out-service training (conferences and seminars in the community)
- Tuition reimbursement (temporarily suspended due to budget reductions)
- The Arizona State University School of Social Work stipend program
- The Arizona State University Advanced MSW program (temporarily suspended due to budget reductions)
- Training to other child welfare community partners, including Foster Care Review Board, Juvenile Court, contracted service providers and local Native American tribes

Foster and adoptive parent pre-service training is provided statewide by PS-MAPP Certified Leaders at contracted provider agencies using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting*). PS-MAPP Certified Leaders must complete an eight day, 54 hour training session lead by one the state's four Arizona PS-MAPP Trainers. Completion of PS-MAPP or PS-DT (*Partnering for Safety and Permanency – Deciding Together*) training is required prior to licensure and prior to placement of a child (aside from court ordered placement with unlicensed kin or significant others). A brief version of this training is part of the CPS Specialist Core training, to ensure all staff are exposed to the program philosophy.

The PS-MAPP curriculum stresses shared parenting and family-centered practice, which has resulted in significant role and practice changes within the Department's foster care and adoption programs. The curriculums are structured around five core abilities and twelve critical skills for success.

The five core abilities are:

1. Meet the developmental and well-being needs of children and youth
2. Meet the safety needs of children and youth
3. Share parenting with a child's family
4. Support concurrent planning
5. Meet their own family's needs

The twelve critical skills are:

1. Know your own family: assess your individual and family strengths and needs; build on strengths and meet needs.
2. Communicate effectively: use and develop communication skills needed to foster or adopt.
3. Know the children: identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated.

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4. Build strengths; meet needs: build on strengths and meet needs of children and youth who are placed with you.
5. Work in partnership: develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency.
6. Be loss and attachment experts: help children and youth develop skills to manage loss and attachment.
7. Manage behaviors: help children and youth manage behaviors.
8. Build connections: help children and youth maintain and develop relationships that keep them connected to their pasts.
9. Build self-esteem: help children and youth build a positive self-concept and positive family, cultural and racial identity.
10. Assure health and safety: provide a healthy and safe environment for children and youth and keep them free from harm.
11. Assess impact: assess the ways fostering and/or adopting will affect your family.
12. Make an informed decision: make an informed decision to foster or adopt.

All licensed foster parents complete a minimum of six hours of in-service training annually. Foster parents with a professional foster home license must complete an additional six hours of in-service training annually, related to the special needs of the children for whom they are providing care. An annual “Professional Development Plan” is created with each foster parent to identify needs and in-service training for the next year. The number of licensed foster and kinship parents trained is between 6,000 and 6,500, with approximately 65% of the foster homes headed by married couples. In-service training is conducted by the provider agencies or through alternative means such as the internet, conferences, video presentations or community workshops. All alternative training requests must be approved and relevant to the needs of the foster parents or the children in their care now or to be placed in the future.

During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of training, achieving the highest overall rating possible and a rating of strength in relation to all three of the training items: operation of a staff development and training program that provides initial training for direct service staff, provision of ongoing staff training, and provision of training for current or prospective out-of-home caregivers. To maintain the Division’s high quality training system, the CWTI continually identifies opportunities to improve the content, delivery and extent of initial and ongoing training. These activities are part of an agency-wide effort to continuously improve practice and safety, permanency, and well-being outcomes for children and families.

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

Accomplishments Implementing the 2010 – 2014 Training Plan Objectives

The CWTI continually reviews the training system to identify opportunities to improve the content, delivery and extent of initial and ongoing training. The Division’s training plan is fully aligned with the Division’s practice improvement priorities and includes training goals and action steps to directly support the Division’s safety, permanency, well-being and systemic factor strategies. Progress implementing the training action steps to support staff competency with the CSA-SRA-Case Planning process, concurrent planning, behavioral case planning, Team Decision Making, CPS Specialist contacts with children, workforce planning, and the quality improvement system have been described throughout Section III, Parts 2 through 4 of this report. The Division’s training plan also includes strategies, goals and action

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steps for continuous improvement of the training system's accessibility and quality. These strategies and actions steps remain unchanged for SFY 2011. The CWTI will continue to work on these activities throughout FY2011, and will identify other strategies if the need arises. The remainder of this section describes the Division's progress achieving these action steps in SFY 2010.

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

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

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

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

Throughout FY2010, the CWTI has provided staff and supervisors with updated user guides and hands-on CHILDS training, as needed. Each significant migration in the CHILDS system has been accompanied by a clearly written user guide, so that staff and supervisors can understand and use the new functions in CHILDS. The CWTI CHILDS training supervisor is very involved in the development of changes to CHILDS, to ensure his understanding of the changes and his ability to write user guides in clear and understandable language for field staff.

The day-long training "Documentation for CPS Casework" was requested and delivered twice to District IV in SFY 2010. This training is available to any district upon request, and will become a regularly offered class in both Phoenix and Tucson beginning September 2010.

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

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

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

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

During SFY 2010, in collaboration with its University partnership at ASU, the Division's CWTI has finalized 15 computer-based training modules that are available for staff online. These modules address priority practice areas such as the CSA-SRA-Case planning process and concurrent planning. Feedback from staff surveys indicates 96% of staff feel positive about this mode of delivery for selected courses, and believe they learned skills they can apply to their job. At least seven additional courses are in development and intended to be released in an on-line format in SFY 2011. Also during SFY 2010, a course on a newly enacted state law was delivered to all staff via the I-Linc online meeting format.

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Another I-Linc course, on the newly revised PASE performance evaluation process for CPS Supervisors and CPS Specialists, is scheduled for delivery in August and September 2010.

As evidenced by the growing number of available CBT modules, the Division continues to consider alternative delivery methods when training needs are identified. Identification of training needs that can be met through alternative delivery means continues to be a topic of discussion for the Training Advisory Committee, which met in June 2010 to discuss plans for SFY 2011. The committee also discussed the challenges of using I-Linc and methods to maximize its benefit.

Primary Strategy:	Collaborate within the Division's University Partnership to provide, expand and improve staff training
Goal:	Increase the number of Division staff with a social work degree and increase staff competency and advanced skills
Action Step 1:	Continue, as resources permit, to recruit and train MSW and BSW students for child welfare work through the title IV-E child welfare specialization program
Action Step 2:	Continue, as resources permit, to assist current staff in obtaining advanced education degrees in the field of social work
Action Step 3:	Continue to evaluate training and explore other advanced means of training evaluation
Action Step 4:	Continue, as resources permit, to develop curricula for pre-service, core and advanced staff training with input from experts available through the University Partnership

In SFY 2010, 13 BSW students and 27 MSW students are being interviewed for selection for the IV-E child welfare specialization programs. It is expected that most of the students will meet the criteria for selection. Many more applications have been received this year, perhaps due to the economic situation. In addition, 27 MSW graduates from the program are expected to be hired in June 2010.

Although the Department and the Division have been forced by budget reductions to end the tuition reimbursement program, a small committee has been creating an opportunity for staff to pursue an MSW degree as part-time students, using eligible IV-E funds. Implementation is expected in SFY 2011.

All CWTI training is currently accompanied by a Level 1 evaluation. Evaluations are completed on-line following CPS Specialist Core training and all computer-based trainings. In SFY 2011, in collaboration with its University Partnership, the Division will begin implementation of Level 2 evaluations, to further its ability to evaluate the quality and efficacy of its training.

Throughout SFY 2010, the Division has developed curricula for CPS Specialist Core training and CBT modules in consultation with the University partnership. A new Supervisor Core class in Clinical Supervision was also created through the partnership, and will continue to be offered. The CWTI and University Partnership are considering development of some advanced training courses in SFY 2011. The first of these would be advanced training for district Assistant Program Managers.

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

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

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

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

In late 2009, specific information related to the Arizona child welfare system was incorporated into the PS-MAPP curriculum and delivered to current PS-MAPP Certified Leaders at two day workshops. Additions included:

- Content on systems of care for Arizona's foster children, including the roles and responsibilities of CPS Specialists and Division of Developmental Disabilities Case Managers, the court, attorneys and guardians ad litem, Foster Care Review Boards, Court Appointed Special Advocates, licensing agency staff, the Comprehensive Medical and Dental Program, educational advocates and special education services, the behavioral health system and community resources.
- A week-long "Impact on Your Family" homework activity that requires applicants to respond to specific situations that occur with a "simulated" child placed with them. The responses provide information on the procedures for CPS, CMDP, the educational system, child care, and shared parenting and other contact with biological parents.
- Distribution of a *Go to Guide* with detailed policy and procedure information as required reading, to help the trainees do the Impact on Your Family activity.
- Content related to resource parent involvement in visitation with biological parents, including content to help resource parents differentiate between safety concerns and discomfort.
- Revised case examples to include more ethnic diversity, a Spanish speaking parent, and a sibling group placement.
- A revised case plan conference simulation that is a concurrent permanency planning staffing.

Although inclusion of this new content is not required under the existing contract with the training providers, most contracted agencies desired and requested the content and have therefore added it to their training. All agencies will be required to use the current approved training curriculum after the next HRSS contract renegotiation.

The Division's "Support is Everyone's Business" campaign has been a major initiative in the past several years, including SFY 2010. This campaign is geared toward Division staff and includes posters, fliers and e-mails to promote the philosophy that everyone is able to be supportive of our families who are caring for children. District 1 staff posed for the photos in the posters, which describe ways staff can

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support families. The posters were introduced during training sessions on how to better support foster parents, which were delivered ending in late 2009. The trainings were facilitated by Denise Goodman, a nationally known consultant, and included a panel of resource parents who discussed their motivations to become resource parents and shared stories of their greatest successes and most challenging placements. The panel concluded with resource parents commenting on ways that they can support the work of their social worker and sharing some specific things workers have done in the past to help them meet the needs of the children for whom they were caring.

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

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

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

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

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

During SFY 2010, to increase cultural competency, in collaboration with Casey Family Foundation, Division staff became certified facilitators and provided staff training in the “Knowing Who You Are” initiative. This training also includes an e-learning component. The training engages staff to understand the challenges faced by youth of color who are in care, how the youth experience disparate outcomes, and what child welfare staff can do to support them. Delivery of this training to Division staff statewide will continue in SFY 2011.

Due to budget and staff reductions in SFY 2010, the Division has not yet been able to deliver advanced and targeted skills training relevant to specialized job functions. The Division hopes to begin this effort in SFY 2011 and will seek assistance through the child welfare National Resource Centers network if needed.

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

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

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

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To date, the Division has implemented the provision of the Fostering Connections Act that allows access to IV-E funding for eligible short-term training by entering into an Interagency Service Agreement with the CASA program at the Administrative Office of the Courts, and developing a form that those eligible for the reimbursement can complete and submit to the Division's Contracts Unit for reimbursement. Reimbursement is limited to training specific to IV-E related activities. The Division plans to work with the Pima and Pinal County juvenile probation programs in SFY 2011 to receive reimbursement for allowable short-term training.

An initial CBT for all staff on the Fostering Connections Act and related Arizona legislation will be released in the summer of 2010. The CWTI will consult with the policy unit regarding additional trainings for stakeholders, such as qualified court personnel, attorneys, child welfare staff, CASA staff and relative guardians.

5. Service Array and Resource Development

The Division provides a rich array of accessible and individualized services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act, as described in Section III, Part 4 of this report. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship or another planned permanent living arrangement. Available services, including the following, have been described in Section III, Parts 1 through 4 of this report:

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

Services are provided directly by Division and other Department staff or through provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice agencies and Arizona's Title XIX behavioral health managed care system. Contracts are awarded for family support and preservation services through a competitive solicitation process that includes input from community stakeholders. Responses to the solicitation must

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address the required tasks that are to be provided as part of the service. Family support and preservation services are required to be community based and have collaborative partnerships in the service provision area. Letters of agreement outlining the collaboration must be submitted as part of the proposal and are included in the evaluation process. The proposals submitted are evaluated for experience and expertise of the responder, service methodology proposed and rate of conformance to the submittal requirements.

The Division continues to provide a rich array of accessible services statewide, although the continued availability of services was impacted by Arizona's revised SFY 2009 and SFY 2010 budget packages. Beginning in February 2009, the Department of Economic Security (the Division's umbrella agency) was required to make reductions in excess of \$100 million, in addition to addressing an existing shortfall of over \$50 million, largely related to caseload growth. The Department anticipates that the budget reductions will continue into SFY 2011 and potentially further if revenues in Arizona are not increased. The Division implemented a number of cost-saving measures to meet its budget mandate by June 30, 2009. Since this time, the Division has been able to increase referrals to services, but not to the same level prior to the initial budget reductions.

The Division continues to closely monitor expenditures so that remaining funds are used to maximum benefit. The Division is also engaged in active meaningful collaborations with the behavioral health system, community agencies, faith-based organizations and other stakeholders to maintain and strengthen existing services, fill service gaps when possible and continuously improve service quality. The Division's partnerships and cost-saving activities have allowed the Division to maintain or improve service provision and outcomes in many areas despite the budget reductions. Examples of the Division's success maintaining or expanding services in SFY 2010 include the following:

- Beginning in April 2009, the voter-approved tobacco tax funded First Things First (FTF) initiative provided \$6.3 million to Healthy Families Arizona programs around the state. In SFY 2009 and 2010, this funding allowed the Division to maintain the HFAz program at 65% of its prior capacity. Funding from FTF will again be used in SY 2011 to continue existing programs at their current level of service and avoid further reductions to the number of families served by the program.
- As a result of work by the Arizona Substance Abuse Partnership, the Access to Recovery (ATR) grant was expanded to include services to additional Drug Courts, and is now serving meth-addicted adults in Maricopa, Yavapai, Pima, Cochise and Coconino counties. In addition, ATR was expanded in Maricopa and Pima Counties to serve members of the general population with methamphetamine addiction.
- Although levels remain below prior periods, the number of in-home service cases during the month (newly opened or continuing from the prior month) increased nearly 30% from July to November and December 2009. The Division continues to encourage staff to develop safety plans and refer families to the in-home service program or community agencies for in-home services to prevent removal and re-entry or facilitate reunification.
- With stakeholder input, the Division is redesigning the in-home services program contract to include a range of service levels designed to prevent removal, facilitate reunification and stabilize placements. Other enhancements to the program will improve service effectiveness achieving safety, permanency and well-being outcomes.
- The Maricopa County AFF provider is entering its third year of the Parent to Parent Program, which employs five successfully-recovering, previous AFF and child welfare clients as Recovery

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Support Specialists to assist current AFF and child welfare clients in their treatment. The Program has reduced by half the time required to initially engage and assess clients, as compared with those who are not assigned to a Recovery Support Specialist. Parents who work with a Recovery Coach engaged into the substance abuse treatment process 84% of the time and attended an average of 50 days of treatment, while parents without a Recovery Coach only engaged 59% of the time and attended an average of 19 days in treatment. Due to the significant outcomes realized by the Program, AFF is expanding use of these services to AFF providers statewide in the new AFF contracts beginning in July 2011.

- In March 2010 the maximum Housing Assistance program benefit per family was restored to its prior level of \$1,800.
- Community and faith-based organizations have been providing facilities for parent-child visitation, clothing and other basic necessities.
- Increasing percentages of children are referred in a timely manner for an urgent response assessment upon entry into out-of-home, assessed through the urgent response system and enrolled in behavioral health services through the RBHA.
- DBHS received an increase in the Substance Abuse Prevention and Treatment Block Grant and applied the new funding to increase community based substance abuse treatment services for non-title XIX eligible adolescents. Evidence-based practices, including the Adolescent Community Reinforcement Approach, Community Reinforcement Approach Training, and the Matrix Model were added to the service array. CPS Specialists can refer families to these community-based resources to address risk factors and prevent removal for youth whose substance abuse is contributing to risks or safety threats in the home.
- The percentage of children in out-of-home care that had a functioning Child and Family Team increased during CY 2009.
- Some children services can now continue to age 21 when appropriate to case circumstances. This service expansion is possible because of the recent approval of a special capitation rate for youth ages 18 to 21 years old, which helps the RBHAs cover the cost of these services.
- The number of children served through the Guardianship Subsidy and Adoption Subsidy programs grew in FFY 2009.
- The hiring freeze for CPS Specialist and CPS Unit Supervisor positions was lifted in the last quarter of SFY 2010. Some units are reporting they will be fully staffed when the newly hired staff complete training. Other staff will be hired in July or August 2010, just prior to the next scheduled CWTI CPS Specialist Core training. The increase in staff resources will help to restore the Division's ability to deliver timely initial response, monthly in-person contacts and case planning services.

6. Agency Responsiveness to the Community

Inter-agency Organizations, Committees and Consultation Activities

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the Central Office and local district levels through advisory

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

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Division’s consultation activities with the state’s Native American Tribes, see Section III, Part 4, A.7. *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance.*
- *The Community Network Teams* – These teams, located across the state, are self-reliant, self-sustaining community organizations that mobilize local, state and federal resources to improve the quality of life for children and their families. There are currently 20 Community Network Teams (CNTs) in Arizona, covering most Arizona Counties. The Network Teams are each unique in their representation, which may include representatives from the Department and other state agencies, local government officials, community providers, families, educators, tribes, courts, domestic violence victim advocates, faith-based and philanthropic organizations, and businesses. The teams use an Asset Based Community Development approach that identifies existing services, assets, resources and children/family supports within the local communities, and develops plans to address gaps in services. Community Network Teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Communities themselves are changed intentionally; their strengths are recognized and developed so that conditions that affect children and families improve, while extending the availability and efficiency of resources. Ending hunger, poverty and violence; or improving transportation, health care, child safety and career training; are just a few of the issues CNTs work collaboratively to resolve.
- *Community Strategy Committees* – Assistant Program Managers (APMs) in District 1 support eight Community Partnership Teams that engage partners and strengthen relationships within targeted areas, to affect change in the nine Family to Family outcomes. Contracted providers, schools, faith-based organizations, parents, resource families and others attend community meetings facilitated by the field APMs. The Committees publish a newsletter for internal and external distribution. Examples of the Teams’ objectives in SFY 2010 included identification of community resources and distribution of this information to Community Partnership Teams, newsletter production, and consolidation of meetings to increase efficiency while allowing for the continuation of Community Partnership Committee meetings (some meetings were held quarterly instead of monthly).

Development of community partnerships within Districts 2 through 6 is also progressing well, and each district has strong community partner representation in their Family to Family planning and implementation efforts. For example, in District 3 the Family to Family practice model was initiated using direction from District 1 and publications from the Annie E. Casey Foundation. Implementation was planned with an understanding of the diversity of communities and geographical barriers in the District. District 3’s APMs and the Family to Family District Coordinator identified existing community councils, partnerships and collaborative efforts, and used these child welfare stakeholder groups for educational and advocacy opportunities. Group members were provided information on the Family to Family principles and desired outcomes,

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and encouraged to participate in Family to Family practice. As a result, there has been good provider and stakeholder attendance at Team Decision Making meetings and improved collaboration between CPS and other child welfare agencies. District 3 community partners continue to show an interest in Family to Family principles and district 3's progress toward the desired outcomes.

- *Recruitment, Development and Support of Resource Families* – This Family to Family strategy provides the framework for finding relatives and families for placement of children coming into care. All six districts have Recruitment Liaison positions to develop Community Recruitment Councils and actively engage their communities in efforts to recruit new foster and adoptive families. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in Section III, Part 4, A.8. *Foster and Adoptive Home Licensing, Approval, Recruitment and Retention*.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Division staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium meets monthly and is comprised of all agencies with a contract to provide foster care in Maricopa County. The purpose of the Consortium is to be uniform in the provision of orientations to community members and to share recruitment strategies.
- *The Healthy Families Arizona Program Steering Committee* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination and advocacy/public awareness. The primary responsibility of the Steering Committee is to seek expansion, diversification and stability in the program's funding. Participants include community partners, service providers and government agency representatives.
- *The Arizona Substance Abuse Partnership (ASAP)* – ASAP was established by Executive Order 2007-12 in June 2007. Staffed by the Governor's Office for Children, Youth and Families – Division for Substance Abuse Policy and chaired by the Governor's Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies (including the Division), federal entities and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment and recovery efforts. It is ASAP's mission to ensure community-driven, agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment, recovery and enforcement professionals. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending.

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

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- Arizona Underage Drinking Committee
 - Community Advisory Board
 - Methamphetamine Task Force
 - Substance Abuse Epidemiology Work Group
- *PASSAGE Transition Coalition of Maricopa County* – The Department has continuously participated in the PASSAGE community collaborative sponsored by Casey Family Programs. The PASSAGE Transition Coalition is dedicated to bringing foster care youth, alumni and the community together to support Arizona’s foster youth as they transition out of care. During the last three years, the Coalition has grown to include 65 organizations. PASSAGE has created an atmosphere where youth, alumni and community partners can work together on difficult issues, such as housing, mental health, independent living subsidy and education. In SFY 2009 PASSAGE hired its first Executive Director, an alumnus of the Arizona foster care system, to lead the organization into becoming its own non-profit. PASSAGE continues to improve the provision of effective services to youth in care, by collaborating with partners and educating decision makers about transition issues.
 - *Request for Information Meetings* – These meetings are held with providers for new services, prior to the Request for Proposals being issued.
 - *Surveys, Focus Groups and Community Forums* – The Division conducts focus groups, surveys and community forums with families and stakeholders when input is needed on an identified issue. For example, in SFY 2010 the Division held town hall meetings with foster and adoptive parents around the state.

Collaboration with the Courts

The Division is fortunate to have a history of substantial, ongoing and meaningful collaboration with Arizona’s Juvenile Court. Outcome focused collaboration with the Courts has been continual and productive, occurring at the state and county levels. At the state level, the Court Improvement (CI) Advisory Workgroup and Strategic Plan provide much of the structure for collaborative improvement activities. The Division’s Acting Assistant Director, the Child Welfare Program Administrator, the Division’s CFSR Manager and a CPS Unit Supervisor continue to participate in the CI Advisory Workgroup, through which Court Improvement activities are identified, facilitated and monitored. The Advisory Workgroup also includes Juvenile Court Judges, court administrators, an attorney general, a child and family policy advocate and others. The Division’s CFSR Manager provides ongoing input into the CI strategic plan and activities, and Arizona’s CI Program Manager provided content for the state’s CFSR Program Improvement Plan. The CI Program Manager and others from the Administrative Office of the Courts’ Dependent Children’s Services Division are involved in projects such as the Division’s concurrent planning initiative. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Division and the Courts through the CFSR, the Title IV-E and Child and Family Services State Planning processes, and CI reassessments. The Division will continue to collaborate with Court Improvement to achieve CI’s objectives for improving outcomes for children and families involved in dependency cases. The Arizona Court Improvement – Overall Strategic Plan for FFY 2009 through 2011 lists the following issues to be addressed:

- Collaborate and build relationships with Arizona Tribes
- Work with family drug courts currently in operation in Arizona to assess potential for sustainability

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- Encourage continued collaboration between the Court, child welfare, juvenile probation and behavioral health providers to ensure the appropriate placement and services are provided to dually adjudicated youth
- Assist County Courts in efforts to improve educational outcomes for dependent children
- Continue to work to address the lengthy appellate process associated with cases in which a parent's rights have been terminated
- Assess the court's role, responsibility and effectiveness in the interstate placement of children
- Continue to enhance the reporting capability of JOLTS (Juvenile Online Tracking System) and JOLTSaz (new data training system currently under construction)
- Work to ensure that there is an information exchange between AOC and the Division to better facilitate understanding and tracking of the state's overall performance on safety, permanency, procedural fairness, timeliness and well being issues
- Work with JOLTS personnel to implement a common identifier for juveniles involved in multiple tracking systems
- Coordinate and deliver yearly caseflow management follow-up activities
- Continue to work with JOLTSaz development team to ensure that the requirements to track dependency related information are addressed in the new system
- Work to identify and assist in the implementation of automated procedures designed to improve the efficient and effective use of dependency court resources
- Work to improve the dependency related training received by Judges
- Continue to develop and implement training for attorneys practicing law in child welfare matters
- Hold collaborative summits to educate and evoke critical discussion on various topics key to Arizona dependency process. Participants for these summits will include representatives from the following stakeholder groups: Judges, court staff, CASA and FCRB volunteer, ADES staff, behavioral health providers, Arizona Tribes, juvenile probation, education
- Work to increase the awareness of the needs of very young children in foster care in Arizona

Collaboration with the courts and court improvement activities are important avenues to identify and resolve points of delay along the path to permanency and barriers to child well-being. The Division continues to work with county juvenile courts and the state's Court Improvement Program to improve permanency and well-being outcomes. Much of the focus in SFY 2010 has been on timely reunification, timely adoption, visitation of children in care with their parents and siblings, the age zero to three population, and involvement of stakeholders from the educational system. Examples from SFY 2010 include the following:

- County level Dependency Caseflow Management teams are active in most counties and lead the court-agency collaboration and improvement efforts. Each team includes the county's Presiding Juvenile Judge, child welfare representatives and dependency attorneys; and may also include representatives from behavioral health, education and juvenile probation. County teams were initiated in 2006 and have been brought together by the Court Improvement Program in 2007 and 2009 for continuing education and to report out on the significant progress made. CI will bring the county teams together for additional training in 2010.
- Court Teams for Infants and Toddlers that include members of the court, the agency and local behavioral health providers have been meeting in several Arizona counties, including Cochise, Coconino, Gila, Greenlee, Graham, Maricopa, Mohave, Pima, Santa Cruz and Yavapai. The teams are known as Best for Babies in some areas. Using a *Checklist of Essential Services for Birth-3* and regular meetings, these teams advocate for all of the services necessary to help ensure a child's short and long term success. Baby CASAs are also part of this initiative. Baby CASAs are specially trained to advocate on behalf of infants and toddlers in out-of-home care.

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- Maricopa County CPS Court Liaisons are located at the Maricopa County juvenile courts. In addition to their ongoing duties, the Liaisons are piloting an initiative to reduce the number of private petitions involving children in juvenile detention who are ready for release but have no parent present to pick them up. If the juvenile probation staff have not been successful contacting a parent to come get the child, the CPS court Liaison is alerted and given time to attempt to locate the parent before a petition is filed. If successful, this avoids a removal and/or dependency.
- CASA partnered with Maricopa County CPS and Casey Family Programs on the training of Knowing Who You Are facilitators. The CASA facilitator is part of the training cadre for District I. Additionally, CASA volunteers and staff attended trainings at three CPS Offices.
- Pima County's Courts Catalyzing Change Model Court workgroup includes three subcommittees with Division representation that are working to improve permanency outcomes. One subcommittee's goal is to reduce the number of African-American youth aging out of foster care, which has been identified as a disparate outcome for this population. A second subcommittee is addressing disparate outcomes for Native American children, such as foster care entry rates and placement stability. The family support subcommittee is implementing strategies to learn about kin from the family and engage kin to provide a placement, visit with the child, or support the child and case goals by facilitating and monitoring visitation with parents or siblings, providing transportation, or meeting other needs. This subcommittee's plans include the following:
 - The subcommittee developed materials that prompt judges to ask family members about kin during hearings.
 - A form is being provided to all attorneys that they can use to collect information about kin from the parents and children they represent, and then provide to the CPS Specialist.
 - Training for CPS Specialists, Supervisors and Assistant Program Managers has been developed on the need to ask about kin more frequently and new district procedures that require more detailed information about kin search and involvement be included in reports to the court, including a running log of contact with kin and their involvement.
 - It is anticipated that CPS staff will be trained in August 2010, and court personnel and attorneys will be trained in September 2010.
 - The subcommittee is planning activities in SFY 2011 to change staff and stakeholder attitudes and reluctance to have kin monitor visitation with parents and siblings when the relative is not the child's placement/caregiver.
- The monthly Pima County Model Court meeting is attended by Division management and other staff. For example, District 2's Practice Improvement Specialist has begun to attend these meetings every few months to share county-level CFSR Permanency Composite outcome data.
- District 2's self-evaluation team includes Pima County Court staff. Data discussed in these meetings has included data on timeliness of adoption, foster care re-entry, timeliness of reunification and children who exit care in seven days or less. The self-evaluation team is currently conducting a targeted review of children who reunified just after the twelve month mark, to identify practices that could have achieved earlier reunification. In SFY 2010 the self-

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evaluation team will continue to focus on preventing removal for children who stay less than seven days and reducing length of stay for children exiting to reunification.

- In Yuma and Mohave Counties, discussion of issues relevant to the Division and the courts occurs in monthly brown bag meetings with the judges. These meetings are open to all staff. In Mohave County, monthly CASA Roundtables are also held.
- Reduction in appellate delay of dependency related appeals continues to be an area of priority for the courts and the Division. Court rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule was enacted to reduce delays to finalized adoption. The state's two appellate divisions have also changed the way they process dependency related appeals, and are tracking data on timeliness of TPR rulings. Their goal is to decrease to 140 days the time from the filing of the notice of appeal to the filing of the appellate court decision. The statewide average time from filing to decision has decreased from 267 days in SFY 2007, to 178 days in SFY 2008, and 152 days in SFY 2008 (data provided by the Administrative Office of the Courts, Court Improvement Program).
- Yavapai County had the second or third highest rate of adoptions occurring within 24 months of removal in SFY, FFY and CY 2009. Two practices in Yavapai County may account for this performance:
 - To reduce the need for TPR hearings, the Yavapai County court continues to review case progress prior to the 12-month review hearing at a Permanency Planning Mediation. The Permanency Planning Mediation program ensures that all parties to the case are meeting their obligations and provides the Division with sufficient notice of any service gaps. Parents are reminded of case plan requirements, the court's expectations regarding compliance with services, and statutory permanency planning time frames.
 - The Yavapai County presiding Judge sets the hearing for adoption finalization to occur at the same time as the first Report and Review Hearing following termination of parental rights. This reduces court scheduling delays, communicates an expectation that the parties should be prepared to finalize the adoption by that date, and provides a forum to discuss and resolve barriers to adoption if the parties are not prepared by that date.
- In May 2010, the Pima County Juvenile Court added a second day to the time set aside for adoption finalization hearings. This change was prompted by a private attorney who observed that the Division was experiencing a backlog of adoption cases that were ready for finalization but waiting for time in the court's schedule. The private attorney approached the judge who hears these cases, who readily set aside extra time for adoptions and offered to do so whenever a backlog develops. As a result of this simple example of teamwork, Pima County was able to finalize many more adoptions in May 2010, eliminate the backlog, and achieve more timely adoption for many children.
- The Division and the CI Program continually collaborate on judicial training events. Whether reviewing new policy or engaging in discussion about the continuum of services offered to children and parents, these continue to be very constructive opportunities. For example, the CI Program has taken a lead role in ensuring education for judges and attorneys regarding the Division's new concurrent case planning policy and is currently working with Division staff in planning the July 2010 Supervisors Conference, which will include an opportunity for Division staff to discuss behavioral and concurrent case planning with a panel of judges.

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- The dependency attorney training process relies on successful collaboration between CI staff and the Office of the Attorney General. These day long trainings in each county engage local attorneys on issues critical to the role and responsibility of counsel for children and parents in juvenile dependency matters. The trainings are frequently also attended by Division, juvenile probation and behavioral health staff and volunteers. These trainings offer a dependency overview and case law update, education and discussion on attorney role and ethical duties, and information about topics important to child welfare, such as bonding and attachment, substance abuse, talking to children and immigration law.
- A subcommittee of the CI Advisory Workgroup is developing Attorney Standards for Child Representation. The subcommittee includes representatives from the Juvenile Court Bench, the Attorney General's Office, public defenders offices, guardians ad litem, community advocates, the State Bar of Arizona, and the Dependent Children's Services Division. The draft standards address attorneys' obligations to meet with their clients before each substantive hearing (including the first hearing); explain to their clients, in an age-appropriate manner, the nature of their role as either attorney or guardian ad litem; maintain contact with caregivers and other associated with the dependency action; and obtain education and training appropriate for their work with dependent children and their families. These standards will be presented during the June 2010 meeting of the Committee on Juvenile Courts (COJC). The COJC will address the issue of statewide enforcement of the standards. It is hoped that the standards will emerge from the COJC with a recommendation for passage by the Chief Justice and the Arizona Judicial Council (AJC) at a subsequent AJC meeting, perhaps as early as December 2010.
- In June 2009 the Maricopa County Juvenile Court hosted a second Educational Forum, attended by over 80 educators, court staff and child welfare professionals. This second convening once again provided a critical venue for discussing issues central to improving educational opportunities for foster children. The convening included a foster alumni youth panel and workshop sessions on the *Endless Dreams* curriculum, truancy, and the juvenile court and community services.
- The CI collaborated with the Governor's Office for Children, Youth and Families and Casey Family Programs to host a multi-county convening in November 2009. The convening's purposes were to inspire county leaders to take action to improve the educational outcomes of system involved youth, and to bring together county teams that have hosted education convenings to celebrate accomplishments, share lessons learned, become re-energized in the efforts to improve educational outcomes for system involved youth, and identify and share next steps. Maricopa, Pima and Yavapai Counties set subsequent educational goals as a result of this convening.

Consultation with Youth

Consultation with youth primarily occurs through the State Youth Advisory Board (SYAB), comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2010 to discuss challenges facing youth as they prepare for adulthood; and provide input on the program goals and objectives in the State Plan on Independent Living. In SFY 2010, a major activity of the SYAB was to plan a statewide youth conference for approximately 75 foster youth age 16 and older in July 2010. Youth will also facilitate this conference. The "Fit for Life" agenda includes workshops on financial planning, education/career, healthy meal planning, self advocacy, and survival (coping) skills for youth in care.

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Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. In many areas, youth board members have attended leadership training to better prepare them for participate on the local or state YAB. Maricopa County has had consistent local Board involvement and Pima County is pursuing a partnership with the local Foster Care Alumni of America Chapter, in building their local YAB. State and local alumni groups such as In My Shoes, Inc., and the Foster Care Alumni of America-Arizona Chapters also provide forums for teens and young adults to connect, and express their needs and recommendations for development and refinement of services and programs.

Youth in care and alumni are involved in collaborations, workgroups, training and recruitment activities to improve services and resources. Examples of activities with youth involvement in SFY 2010 include the following:

- Maricopa County staff participate in the Community Advisory Group comprised of community and faith groups, stakeholders and youth. The purpose is to work collaboratively on the more pressing issues on youth transitioning out of care, including education, housing and gaps in services. In SFY 2010 this group:
 - developed a resource guide for staff and youth that has been posted on the new website for Arizona youth in foster care,
 - developed an agreement with YMCA for reduced rates and deposits for young adults experiencing temporary homelessness, and
 - worked with stakeholder agencies to reevaluate children's budgets and find resources for youth who received subsidy reductions as a result of the Division's budget reductions.
- PASSAGE is a coalition of social service and community partners who address issues facing youth aging out of foster care to improve outcomes. The Executive Director of PASSAGE is an alumnus of the Arizona foster care system, and the coalition includes youth and alumni. Youth and alumni input is the driving force for the PASSAGE strategic plan. In SFY 2010, PASSAGE was directly involved in the Suitcase Initiative, where youth are provided a suitcase full of household supplies and with contact information for a community mentor whom they meet at the time the suitcase is provided. Efforts in SFY 2011 will focus on building more permanent housing opportunities for youth transitioning from foster care to adulthood.
- Alumni facilitated orientation training to youth in care, on the *Getting from Here to There: a Guide to the Dependency Court for Children and Youth in Foster Care*, which was created with the support of the Children's Action Alliance and is widely used in trainings of CASAs, court staff, mentors and others.
- Alumni, with support from the Division and community partners, are providing training to prospective foster and adoptive parents, dependency court Judges and CPS Specialists, on the challenges faced by older youth in care.
- Youth and alumni have provided continuous input into program services, policies and the pending Administrative Rules for Independent Living.
- Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. In SFY 2010 two brochures were created with input from youth participating in a local youth engagement task force, staff serving older youth and a resource parent support group.

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These brochures encourage teens to consider placement with a foster family, and foster families to consider fostering teens. Although the Children Need Homes was not held in 2009 due to budget shortfalls, the Division has involved youth in the past, and will involve youth and alumni in the planning and facilitation of workshops in future conferences.

- Lutheran Social Services (LSS) of the Southwest opened a 3,500-square-foot transition center for foster teens and young adults as a place for mentoring, career and financial counseling, and even just a positive place to “hang out.” The center, located in Mesa, Arizona is the first Center of its kind in Arizona. The Center targets youth between 14 and 25 years old, both in and out of the foster care system. Youth and alumni participating in the PASSAGE coalition provided input into the design of this project. The Transition Center garners input from youth who receive support through the Center on a continual basis.

Surveys, questionnaires and in-person meetings provide valuable feedback from former and current foster youth and contract providers, which informs service provision and program improvement. Youth and alumni surveys completed through the state website are sent to the state Independent living Specialist. Post-discharge questionnaires completed by youth exiting the Young Adult Program gather input and recommendations from youth who have participated in services. Comments and recommendations are reviewed and incorporated into ongoing program improvement efforts. For example, in SFY 2011 the Division plans to restructure the Savings Match Agreement based on a suggestion received from a youth who completed a post-discharge questionnaire. His idea was to increase the Savings Match in such way that it rewards youth who maintain employment for six months or longer.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2010*.

Stakeholder Input into Annual Report Development

Stakeholder input is gathered throughout the year during program specific committee meetings, inter-agency executive committee meetings and other advisory workgroups at the state and local levels. These include, but are not limited to, Family to Family Strategy Committees, the Youth Advisory Board, the Arizona Foster Care and Adoption Coalition, the Court Improvement Advisory workgroup and meetings facilitated by ITCA with tribal social service representatives. These and many other forums for ongoing stakeholder consultation have been described previously within this report. The Division’s outcome and goal related data is routinely shared with staff and stakeholders so they are knowledgeable about the Division’s strengths, areas needing improvement and progress when providing input for strategic planning. The Division publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year, data from which has been included throughout this Child and Family Services Annual Report. These reports and the Division’s CFSP, APSRs and CFSR PIP are available to staff and stakeholders on the Division’s internet site. In addition, CFSR composite data and PICR results are included in state and district level quarterly quality improvement reports that are distributed and discussed with Central Office managers, district Program Managers, and district staff. The Division also presents outcome and goal related data to staff and external stakeholders during committee, workgroup and other meetings. For example, CFSR data is routinely discussed in District 2 self-evaluation team and model court committee meetings, which helps the Division and the Pima County Juvenile Court select improvement priorities and strategies that are aligned with the Division’s goals. As another example, meetings with ITCA and Navajo Nation in spring 2010 included a discussion of the FFY 2209 ICWA data report, which describes characteristics and trends concerning American Indian children in out-of-home care on September 30, 2009.

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The input gathered from stakeholders assists the Division to identify system strengths and needs, service gaps, promising practices, barriers to outcome achievement, and strategies for outcome and system improvement. Furthermore, stakeholders frequently serve on the workgroups and committees that are formed to implement or oversee the Division's program improvement strategies, thereby having further input into the design of Division policies and programs. Arizona's Child and Family Services Plan and this Child and Family Services Annual Progress Report describe the goals, strategies and activities that are selected and implemented through this system of committees, workgroups and information sharing meetings.

The following are a few of the many examples of stakeholder consultation that provided input into this year's Child and Family Services Annual Progress Report:

- The Child and Family Services Review Manager attended several meetings with the Division's District Program Managers, Child Welfare Program Administrator, and Acting Assistant Deputy Director in SFY 2010 to discuss performance data, select priority improvement areas, review progress implementing the strategies in the Child and Family Services Plan (CFSP), and identify future activities to pursue those strategies. As a result of these discussions, the Division continues to focus its improvement efforts on core practices, including comprehensive assessment, safety planning, CPS Specialist contacts with children and parents, case planning and concurrent planning.
- The Child and Family Services Review Manager held a series of meeting with Division Central Office Program and Policy Specialists to obtain information for this Child and Family Services Annual Progress Report, including accomplishments, factors affecting performance and recent stakeholder input related to each of their program areas. A meeting was held for each of the outcome areas: safety, permanency and well-being. The Program and Policy Specialists described the ways in which they have recently obtained input from stakeholders, and shared some of the insights and recommendations received from stakeholders. This information is incorporated throughout this report. The Program and Policy Specialists also helped to write or review the content in this report, to ensure accuracy of the information provided.
- The selection of strategies and action steps identified in the CFSP and this Child and Family Services Annual Progress Report was heavily influenced by the Division's Practice Improvement Case Review results. CPS Specialists, CPS Unit Supervisors, Assistant Program Managers, and district Program Managers are involved in team case review meetings and feedback sessions, during which they identify needs and provide recommendations. These meetings are facilitated by the district Practice Improvement Specialists, who share the input with the Division's CFSR Manager. The CFSR Manager consults with the Division's executive leadership to finalize the CFSP and annual updates, and ensures that PICR results and staff recommendations are considered. For example, the Division's SFY 2011 strategic plan activities include the development and distribution of tips and documentation examples on practice focus areas such as the CSA "six fundamental questions" and the "safety threshold" factors. PICR results indicate these areas require clarification, and district staff have requested documentation examples.
- Division field staff participate in committees and workgroups that have identified activities to implement the Division's Child and Family Services Plan (CFSP) strategies and action steps. For example:
 - CPS Supervisors, Assistant Program Managers and a district Practice Improvement

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Specialist participate in the workgroup that designed the new Child Abuse Hotline report acceptance and prioritization strategies (an Arizona CFSP safety strategy).

- Field representatives from each district, CHILDS, CWTI, the Central Office policy unit, and the Attorney General's Office participated in an ongoing case management workgroup that identified several recommendations for increasing the efficiency and effectiveness of ongoing case management functions. The group's work was also informed by a staff survey in SFY 2010.
 - CPS supervisors from each district are included in the July 2010 Supervisor's Conference planning committee. These supervisors gathered additional input from other district supervisors, which was used to determine the theme and workshops for the conference.
 - District Program Managers are leading many of the Workforce Planning Initiative subcommittees. The initiative's steering committee and subcommittees also include district Assistant Program Managers and CPS Unit Supervisors.
- The Department's Indian Child Welfare Specialist collaborates with the Inter-Tribal Council of Arizona, Inc. to confer with Arizona Indian Tribes on an ongoing basis through tribal work group consultations, conferences, training seminars and Tribal Social Services Directors meetings. In addition, the Specialist routinely confers with individual Indian Tribes regarding federal and state child welfare issues, directives and policies. In March 2010 the Division and ITCA held the annual planning meeting with Tribal Social Services child welfare managers. All 21 Indian tribes in Arizona were sent a letter of invitation and meeting agenda. The meeting was attended by social service representatives from the Tohono O'odham Nation, Gila River Indian Community, Salt River/Pima Indian Community, Cocopah Indian Tribe, Quechen Indian Tribe, Hualapai Indian Tribe, Camp Verde Yavapai Tribe, Tonto Apache Tribe, White Mountain Apache Tribe and Navajo Nation. Similar meetings were held with the Navajo Nation Division of Social Services in February and April 2010. The Nation is a non-ITCA member tribe that requires separate consultation. The primary purpose of the ITCA meeting and the meeting with the Navajo Nation was to discuss and receive comments concerning last year's ICWA strategies, action steps, progress, and barriers to accomplishing ICWA goals and objectives. The meetings also included a discussion of the FFY ICWA data report, which describes characteristics and trends concerning American Indian children in out-of-home care on September 30, 2009.
 - Youth, foster care alumni and program staff (including providers) gave input into the state's Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program State Plan and Progress Report, and other parts of the Child and Family Services State Plan and Annual Progress Report, at the quarterly statewide Youth Advisory Board meetings and the Independent Living (IL) Coordinator meetings throughout the year. The strategies and action steps in the CFPIP and ETV Program State Plan were discussed during the statewide YAB and IL Coordinator meetings throughout the year.
 - The Training Advisory Council met in June 2010 to review progress implementing last year's recommendations, review the Division's current performance achieving safety, permanency and well-being outcomes, identify training needs and obtain recommendations for the State's Training Plan and activities in SFY 2011. Most recommendations in 2009 had centered on increased use of web-based training and/or refreshers, training in support of Supervisors and Assistant Program Managers, and continued training around the use of the CSA-SRA-Case planning process. There

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has been substantial progress in these areas. The council recommended that this work continue in SFY 2011, particularly the focus on training for supervisors and Assistant Program Managers. Other recommendations included training for stakeholders on permanency planning practices (such as concurrent planning and behavioral case planning), and training on safety planning to prevent short-stay removals. These areas are all included in the Division's updated strategies and action steps for SFY 2011.

- Ongoing quarterly meetings with contracted providers, such as in-home service program and HRSS contract providers, are held to review contract related outcome data, share ideas to improve service delivery, encourage networking among providers and discuss the impact of recent budget shortfalls. These meetings aid the Division to assess service quality and the sufficiency of the service continuum, and enable collective identification of continuous improvement opportunities.
- In January 2009, the Division hosted the Arizona Adoption Roundtable on Selecting Families for Children and Youth. This important discussion was co-facilitated by the National Child Welfare Resource Center for Adoption, and defined much of the improvement activity within the foster and adoption programs during SFYs 2009 and 2010. Stakeholders provided two primary recommendations: 1.) increase communication, transparency and communication in the adoption family selection process; and 2.) provide adoption competency training to CPS Specialists and stakeholders in adoption. The Division commissioned three workgroups aimed at improving parts of the adoption selection process and one workgroup to address training needs. Each workgroup was co-led by a community stakeholder. In April 2010 the Adoption Roundtable reconvened so that stakeholders could review the newly proposed adoption selection process and provide input into a piloting plan. Stakeholders involved in this project include child advocacy center representatives, private adoption attorneys, representatives from the Administrative Office of the Courts (including FCRB and CASA), private agencies, foster and adoptive families, Division district managers, CPS Specialists and tribal social services representatives.
- In March and April 2009 the Division partnered with the AZAFAP and Casey Family Programs to hold four Resource Parent Town Hall forums in Phoenix, Gilbert, Prescott Valley and Tucson. During these Town Halls, the Division sought input from foster and adoptive parents into the development of policy and practices related to children in foster and adoptive placement. Five primary recommendations were generated, which continue to guide foster and adoption program strategic planning and improvement activity:
 - Improve the placement matching process for out-of-home placements
 - Explore ways to streamline the foster home licensing processes
 - Encourage agencies to inform resource parents about the AZAFAP
 - Engage communities in supporting children and families involved in child welfare
 - Direct deposits for foster and adoptive home reimbursements

The Division obtains ongoing input about its success implementing these recommendations from foster and adoptive parents and other stakeholders during AFCAC meetings. In addition, stakeholders are included in workgroups developed to implement the recommendations, such as the four placement matching process workgroups.

Coordination of CFSP Services with Other Federal Programs

The Division continues to collaborate with other human service agencies at both the administrative and case level. The Department is involved in extensive programmatic and administrative collaborations to

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ensure that children and families are served in the most integrated manner possible. Some examples include:

- The Arizona Children’s Executive Committee; including the Family Involvement, Clinical, and Training Subcommittees
- The Council of Governments’ (COGS) county-based Councils
- The Childhelp Children’s Center of Arizona
- Arizona Families F.I.R.S.T.
- The Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- The Child Welfare Case Management Advisory Committee
- The Family to Family initiative
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Forces
- The Maricopa County Vision for Youth Community Collaborative
- The Court Improvement Program
- The Pima County Model Court Working Committee

The Division coordinates Title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and Title XIX behavioral health service provision with the Division of Behavioral Health Services within the Department of Health Services. The Division coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security. Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the Department’s TANF program. The Department’s Child Support Enforcement Administration assists the Division to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department’s Child Care Administration.

In some cases it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Division are no longer necessary. The U.S. DHHS requires states to report in the annual report “the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.” CHILDS data indicates that during FFY 2009 7,484 children discharged from the care of the Department. Thirty-one of these children are confirmed to have transferred to the custody of a juvenile justice agency or the Adult Department of Corrections at the time of exit from the foster care system. These children were identified by creating from the state’s FFY 2009 AFCARS data a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of “transfer to another agency.” Narrative case information was read to identify the agency to which each child transferred. All thirty-one of these children were in the care and custody of the Department for at least one day during FFY 2009 before transferring to the sole custody of the juvenile justice or correctional agency. This population includes youth who, at the time of exit from the child protection system, were in a juvenile detention facility, juvenile correctional facility, or placed in a mental health treatment facility while in the custody of the juvenile justice system.

Extensive and continual collaboration occurs between the Division and Arizona’s Department of Health Services, Division of Behavioral Health Services. The Division has also partnered with Arizona’s Department of Education to develop educational services for youth in out-of-home care. More information about collaboration to support child mental health assessment and treatment services and child educational services is located in Section III, Part 3.

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

- Investigative CPS Specialists are co-located with law enforcement and other agencies in child advocacy centers in communities throughout the state. In Maricopa County, CPS Specialists are co-located at the Center Against Domestic Violence (Mesa), the Childhelp® Children's Center of Arizona (Phoenix), and the Southwest Family Advocacy Center (Goodyear). CPS Specialists are also assigned to partner with law enforcement and other agency staff at the Pinal County Attorney Family Advocacy Center (Eloy), the Scottsdale Family Advocacy Center (Scottsdale) and the West Valley Advocacy Center (Glendale).
- Many CPS offices are in multi-service Department offices that house other Divisions or programs such as the Division of Developmental Disabilities, TANF, JOBS and Vocational Rehabilitation.
- Many communities have co-located CPS and behavioral health staff, such as RBHA and AFF staff. For example, in Pima County behavioral health network liaisons are housed with the Division's District 2 Mental Health Specialist. In Maricopa County, AFF staff are currently housed in nine CPS offices across the District. Co-location has increased communication among the providers and CPS, and has improved service delivery.
- Contracted psychologists are also available on-site part-time in many offices, to provide easy access to psychological consultation.
- Maricopa and Pima Counties have Division staff co-located at their County Court buildings. Four Case Aides and one Court Liaison are placed at the Pima County Court. CPS Liaisons are placed in each of the Juvenile Courts in Maricopa County, and are part of a Team comprised of Liaisons from Juvenile Probation, Juvenile Court Administration and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County.

See Section III, Part 4, A.5. *Service Array and Resource Development* for more information on services that are provided in coordination with other state and community agencies.

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

Indian Child Welfare Services include the development of policy for provision of services to Indian children and families, coordination of state and tribal child welfare services to American Indian children and their families, and the development of inter-governmental agreements and memorandum of understanding with Indian tribes. Coordination of services includes conferring with federal, state and tribal social services regarding the Indian Child Welfare Act of 1978 (ICWA) and Title IV-B and IV-E of the Social Security Act. In addition, the Division's Indian Child Welfare Specialist provides technical assistance, case consultations, ICWA training and expert testimony in state court.

Since Native American Indians are citizens of the states in which they reside, local government agencies and entities have the responsibility to serve the Native American Indian population that resides in their city, county or state. The Division receives and responds to reports of maltreatment involving Native American children residing off their tribal lands and provides assessment and intervention services in the same manner as provided to non-Indian families. Tribal children and families living off their tribal lands are able to access the same prevention, reunification and permanency services as any family residing in Arizona. When removal or court intervention occurs, the family's tribe is notified and may request transfer of jurisdiction to the tribal court or provide services to the family in conjunction with the Division. Native American families residing on tribal lands are served by the tribal social service agency.

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The Division is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state.

The Department and the Division have comprehensive policy and procedures that support the provision of services to Native American families, consistent implementation of the Indian Child Welfare Act (ICWA) provisions throughout Arizona and development of intergovernmental agreements with Arizona Indian tribes. The Division's policy was developed jointly with tribal, Division and Office of the Attorney General staff. To identify children subject to the policy, CHILDS includes the American Indian Detail Window, which is used to record and display American Indian children's maternal and paternal family information and tribal affiliations.

Consultation and Collaboration Activities

The Division consults and collaborates with American Indian Tribes for program and policy development, and on cases involving children who are or may be subject to the ICWA. The Division's Indian Child Welfare Specialist meets regularly with tribal affiliates and designated tribal ICWA liaisons to consult and review the progress toward ICWA compliance and Indian Child Welfare related issues. In addition, the Division continues to contract with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance and liaison services to the twenty-one (21) tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policy initiatives. ITCA also sponsors the annual Indian Child and Family Conference and Child Protective Services training on ICWA. The Division provides staff to deliver training to tribes on child safety, strength and risk assessment, case planning and Indian child welfare services. For example, a workshop on expedited permanency and concurrent case planning was presented by Division policy staff at the December 2009 conference. The annual conference has proven to be an effective way to keep tribal programs informed of new child welfare practice and policy.

Division compliance with ICWA is continually evaluated through a tribal consultation process that began in 1996. Each year, the Division and Arizona Indian tribes hold face-to-face meetings, jointly develop action steps to improve compliance with the ICWA, and collaborate to complete the activities. In March 2010 the Division and ITCA held the annual planning meeting with Tribal Social Services child welfare managers. All 21 Indian tribes in Arizona were sent a letter of invitation and meeting agenda. The meeting was attended by social service representatives from the Tohono O'odham Nation, Gila River Indian Community, Salt River/Pima Indian Community, Cocopah Indian Tribe, Quechen Indian Tribe, Hualapai Indian Tribe, Camp Verde Yavapai Tribe, Tonto Apache Tribe, White Mountain Apache Tribe and Navajo Nation. Similar meetings were held with the Navajo Nation Division of Social Services in February and April 2010. The Navajo Nation is a non-ITCA member tribe that requires separate consultation.

The primary purpose of the ITCA meeting and the meeting with the Navajo Nation was to discuss and receive comments concerning last year's strategies, action steps, progress and barriers to accomplishing ICWA goals and objectives. The meetings also included a discussion of the FFY ICWA data report, which describes characteristics and trends concerning American Indian children in out-of-home care on September 30, 2009. Tribal input concerning the Department's Indian child welfare services and activities is described in the remainder of this section. The tribal representatives recommended that the action steps for SFY 2011 include improving the American Indian Detail Window in CHILDS and delivering training to CPS Specialists on working cross-culturally with American Indian families.

Compliance with the Five Major ICWA Requirements

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The Department's Indian Child Welfare Act compliance standards remain unchanged. Compliance continues to be achieved through several tools and steps. The Division's ICWA policy and procedures provide guidance and instructions specific to: 1.) identification of any child as an American Indian child; 2.) tribal involvement prior to filing a dependency petition; 3.) removal and temporary custody of a American Indian child; 4.) voluntary consent to foster care placement of an American Indian child; 5.) providing services to facilitate family reunification; 6.) American Indian child placements and placement preferences; 7.) permanent guardianship; 8.) termination of parental rights and adoption; 9.) consent to adoption; 10.) foster care as a planned living arrangement and; 11.) providing independent living services and supports. This chapter was developed in consultation with tribal representatives to improve ICWA compliance. Tribal feedback and other information concerning the Division's current compliance with the ICWA requirements is described below:

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

Identification of an Indian child can be achieved at different stages of the investigation and dependency proceeding. During the initial CPS investigation, state CPS Specialists are required to ask every parent whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the CPS Specialist gathers from the parent and other sources identifying information of maternal and paternal extended family such as names, dates of birth, addresses and tribal affiliations, including the name and location of the Indian Reservation with which the person is affiliated. In addition, state law and court rules require that the court make an inquiry at the beginning of any court proceeding to learn if any party has reason to believe that any child who is the subject of the proceeding is subject to the ICWA. If the child is subject to the ICWA, the court and parties must meet all requirements of the Act. The dependency proceeding will not proceed until all ICWA requirements have been met.

Tribal affiliates believe that Division staff make commendable efforts to identify any child as an American Indian at the early stage of the dependency process, but do not always enter tribal affiliation information into CHILDS. The American Indian Detail Window is available to record child-specific data such as tribal affiliation, clan relation, and the names and addresses of maternal and paternal grandparents. The ICWA report shared with the tribes showed that over 50% of children identified as an American Indian child did not have their tribal affiliation listed. Tribal representatives felt identification of tribal affiliation is critical in view of the ICWA requirement. Identification of tribal affiliation is a key element for providing legal notification and to assist in identifying extended family members who may be considered as potential placement. In addition, information about tribal affiliation is important for children who have significant social and cultural connections with their tribal communities, especially Arizona Indian tribes. The tribal affiliates recommended that the Division identify methods to improve data collection and entry, such as clarifying policy and making the data fields mandatory.

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

The Office of the Attorney General provides legal notification to the parent(s) and to the child's Indian tribe when an Indian child is the subject of an involuntary child custody proceeding. Notice also includes the right of the parent and tribe to intervene. Notice is given to the Bureau of Indian Affairs when the Indian child's tribal affiliation is not known but there is reason to believe that the child is of American Indian descent.

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Tribal affiliates expressed varying opinions about receiving legal notification from the Office of the Attorney General. Tohono O'Odham Nation, Gila River and Salt River Indian Communities felt notifications were timely, the Quechan Indian Tribe felt legal notifications were not timely, and other tribes had no opinion. Tribes are generally served on time. However, internal tribal processes for delivering the notice to tribal social services can be a factor when the official tribal designated contact is not a social services contact and does not forward the notice in a timely manner. Tribal response time to legal notices can also vary for systemic reasons. For example, some tribes reported that their policy prohibits involvement at an early stage of the dependency process when a child's enrollment status is not yet known. Enrollment or eligibility for enrollment must be either established or verified by the tribe's enrollment official before the tribe is allowed to take a position concerning a dependency petition. Verification of enrollment and/or membership determination processes take two to six weeks, or longer. Tribal affiliates agreed that an antiquated process utilized by tribal enrollment offices is another contributing factor to untimely participation in decision-making. When the enrollment status of the child is not an issue, most tribes attend court hearings concerning their children. Navajo Nation continues to provide the leadership in creating and maintaining a positive inter-governmental relationship.

- *Special placement preferences for placement of Indian children*

When an identified Indian child is removed from a parent, every effort is made to follow the placement preference per state policy. Placement with a maternal and/or paternal extended family member who is willing and able to provide care for the child is always a priority. Nearly one third of American Indian children are placed with extended family members, and this percentage increased from FFY 2008 to FFY 2009. Of 592 Indian children in out-of-home placement on September 30, 2009, 32.6% (193) were placed with an unlicensed relative, 5.4% (32) were placed with an unlicensed non-relative (generally a significant person to the child) and 43.9% (260) were in foster family homes (some of which may be licensed relatives). The remaining 107 children were in a shelter, correctional facility, group home, or residential treatment facility or were on runaway status. State and tribal case managers often collaborate in identifying and locating potential extended family member caregivers who reside on Indian Reservations. In addition, Indian tribes and the Arizona Department of Economic Security share licensed resource families for children who cannot be placed with extended family members.

Tribal representatives from the Gila River Indian Community have expressed the most concern about the number of Indian children that come into care because of state CPS intervention, especially the number of Indian children placed with unrelated caregivers. Gila River tribal representatives recommended that the Division improve its efforts to locate maternal and paternal relatives before the initial dependency hearing, to prevent children from being placed with and becoming attached to unrelated caregivers. Tribal affiliates also recommended that the Division provide more sufficient cross-cultural training, to improve staff competency working with American Indian families toward family reunification. Specialized training may increase staff knowledge about cultural factors that are crucial to establishing meaningful engagement. Tribes believe these factors may contribute to overrepresentation of American Indian children in the state system.

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

Policy and procedures for the delivery of services to Indian children strongly encourage utilization of culturally appropriate reunification services such as Family Group Decision Making, talking circles, Native American ceremonial and religious practices, and tribally

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

Data on Indian children in out-of-home placement on September 30, 2009 (Indian Child Welfare Act Report 45, extraction date March 1, 2010) demonstrates that the majority have a goal of family reunification:

- Of 592 Indian children in out-of-home placement as of September 30, 2009, 56.8% (336 children) had a permanency goal of family reunification or remain with family. Sixteen percent (94 children) had a permanency goal of adoption. Of the 94 children with a goal of adoption, 37% (35 children) were adopted by a relative and 63% (59 children) were adopted by a non-relative, which includes non-Indian foster parents.
- Fifteen children had a permanency goal of guardianship by a relative or non-relative. Seventy children had a permanency goal of long-term placement with a relative or non-relative. The remaining 77 children had a permanency goal of independent living or did not have a permanency goal assigned.
- Of 592 Indian children in out-of-home placement as of September 30, 2009, 47.5% (281 children) remained in out-of-home care for less than 12 months and 30.6% (181) remained in out-of-home care for 13 to 24 months.

Indian children in out-of-home care on the last day of FFY 2009 showed slight variances from Indian children in care on the last day of FFY 2008. For example:

- In FFY 2009, more Indian children had a permanency goal of return to family and fewer had a goal of guardianship by a relative. Most significant is the number of Indian children with a permanency goal of adoption by a non-relative or foster parent. Non-relatives and foster parents are usually non-Indian. However, of Indian children that exited during the year, the percentage that exited to adoption decreased from 16.9% in FFY 2008 to 10.9% in FFY 2009. Furthermore, the percentage that exited for reason of transfer to another agency (usually to tribal jurisdiction) increased from 8.2% in FFY 2008 to 11.6% in FFY 2009.
- In FFY 2009, more Indian children remained in out-of-home care less than twelve months, whereas slightly fewer remained in out-of-home care less than twenty-four months.
- The number of Indian children under age five in out-of-home care was higher on the last day of FFY 2009 than FFY 2008.

New child welfare practices and policy in SFY 2008 and 2009 are significant to Indian children and families. For example, concurrent case planning and expedited permanency hearings were implemented during SFY 2008 and SFY 2009. These policies affected all children in out-of-home care, including Indian children. Expedited hearings are especially relevant to Indian children because they require earlier identification of tribal affiliation and earlier intervention by tribes. Another factor affecting placement of Indian children may be untimely intervention by Indian tribes to official notification from the Office of the Attorney General and/or unsuccessful

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entry of information about the tribal affiliation of Indian children in out-of-home care.

An ICWA case review process was planned in SFY 2010, but had to be delayed because of budget constraints. There has been preliminary work on the ICWA case review tool. This activity will be reinitiated when the Division's budget and staffing resources allow.

Native American foster and adoptive home recruitment remains challenging. The Division contracts with the private sector to perform general recruitment, which includes recruitment of Indian families. Adoption inquires are coordinated with AdoptUSKids and the Indian tribes of Indian children needing homes. Cultural factors present barriers to recruitment. Barriers include the time it takes for families to make decisions, mistrust of private agencies, household composition and living environment. The Native American Recruiter position could not be maintained due to the state budget crisis. In SFY 2011 the Division will continue to work with the contracted home recruitment agencies to recruit Native American families.

Creating a pool of qualified and trained expert witnesses remains difficult because of the high expectations and qualification standards. However, the Division and ITCA continue to train staff to serve this function. In January 2010 the Office of the Attorney General trained twenty selected Division staff, including CPS Specialists, unit supervisors and assistant program managers. The ICWA Qualified Expert Witness (QEW) training content included: history and purpose; congressional reports and hearings; key provisions of the ICWA; definitions; expert testimony; role, functions, and expectations of expert witnesses; preparation and the art of testifying. Training was limited to Division staff because of the nature of the training format, its intent and purpose, and respect for professional ethics related to attorney-client privilege. ITCA, in collaboration with the Division, plans to sponsor a workshop on "How to Prepare and Provide Testimony in Court" at the December 2010 Indian Child and Family Conference. Training will be provided by local tribal and state professionals who have expertise in this area. Some tribes prefer to use their own staff to provide QEW in state court, although other tribal affiliates express concern that this practice creates a conflict of interest since the tribe's staff is serving as a witness for the state.

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

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

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

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

Formal child welfare service agreements with the Colorado River Indian Tribe and the Fort Mojave Indian Tribe are complete. Final review and endorsement by the respective Tribal councils are forthcoming. The proposed agreements between the Department and the Fort Mojave Indian Tribe and the Colorado River Indian Tribes will provide clarification and guidance when cross-jurisdictional

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situations arise. The intent of the agreements is to enable the tribes and the Division to collaborate and coordinate needed services to safeguard the safety and well-being of children. When there is need for child protective services for non-tribal individuals and families residing on tribal land because of employment or marriage, the tribal CPS agency is usually reluctant to respond because of funding restrictions or lack of jurisdiction. The Fort Mojave Indian Reservation borders California, Nevada and Arizona, and the town of Parker in Arizona is completely surrounded by the Colorado River Indian Tribes Reservation. Therefore, both tribes frequently need to coordinate services with the state CPS agency.

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

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

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

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

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

Nine tribes, including Navajo Nation, Hopi Tribe, White Mountain Apache Tribe, San Carlos Apache Tribe, Colorado River Indian Tribes, Salt River/Pima Indian Community, Gila River Indian Community, Pascua Yaqui Indian Tribe and Tohono O'Odham Nation receive Region IX direct funding of title IV-B, Part I and 2 to administer child welfare activities. Program Instructions concerning title IV-B and IV-E issued by the U.S. DHHS and received by the Division are forwarded to ITCA, who then disseminates the information to all the twenty-one tribes. Some tribes also receive the same information through the national child welfare list serve network. Copies of Tribal title IV-B Plans submitted by the nine tribes are requested and maintained for reference by the Division's Indian Child Welfare Specialist. Likewise, the Division has provided a copy of the State of Arizona's June 2009 CFSP to these tribes via e-mail.

In collaboration with the ITCA, the Division continues to assist and provide Arizona Indian Tribes, Tribal Organizations and consortia appropriate resources and information to enable tribes to understand the benefits of operating a title IV-E program as authorized by Public Law 110-351. In addition, the Division will continue to negotiate in good faith title IV-E agreements with Indian tribes who opt to access title IV-E through the State of Arizona. Navajo Nation and the Hopi Tribe each have a title IV-E Intergovernmental Agreement (IGA) in place with the Division. Because of frequent leadership changes in their child welfare program, the Hope Tribe continues to remain inactive with title IV-E development. Movement is not anticipated for another year. On the other hand, the Navajo Nation is using their planning grant from the Department of Health and Human Services to update its children's code and upgrade its automated data management system. The Navajo Nation is preparing to implement the IGA as soon as its key social service program staff is trained. In 2009, the Pascua Yaqui Indian Tribe and Tohono O'Odham Nation had direct communication with the Children's Bureau in Washington D.C. about their interests in title IV-E. Other tribes have not communicated an interest in title IV-E at this time.

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

Standards for Foster Homes and Institutions and Requirements for Criminal Background Checks

Arizona maintains standards for foster family homes, adoptive homes and child care institutions in statute, rules and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification and court approval processes, including personal interviews, an extensive home study, application for and receipt of a fingerprint clearance card, and an Arizona CPS record check. Checks for CPS history in other states and U. S. territories, pursuant to the Adam Walsh Child Protection and Safety Act of 2006 are required prior to licensure. Community based agencies under contract with the Division monitor the compliance of licensed homes through annual license renewal home studies and home visits from a community agency Licensing Specialist.

All licensing and regulatory functions within the Department are consolidated within the Office of Licensing, Certification and Regulation (OLCR). This single point of regulatory authority that is separate from the programmatic and child placement functions assures standardized application of all licensure and regulatory standards, has eliminated duplication, and expedites licensure. The OLCR ensures that the licensing standards are applied equally to licensed foster homes, licensed relative homes and licensed child care institutions. Quick Connect is OLCR's web-based system for submission of all foster home new license and renewal applications. Quick Connect requires minimal hard copy document submission and reduces application processing time.

Relatives or kin who care for children under the Division's supervision can become licensed as family foster parents by meeting the same requirements as non-related foster parents, or can provide care as a court approved kinship home. Pursuant to the Fostering Connections Act, non-safety requirements may be waived to allow full licensure of relatives. Court approved kinship caregivers and all other adult household members must complete a criminal background check, CPS records check, and the interview and home study process. Court approved kinship caregivers do not receive foster care maintenance payments, but are eligible for state funded personal and clothing allowances and reimbursement for specified expenses, and are assisted to apply for child-only TANF benefits if they choose.

Families wishing to adopt a child must be certified by the court to adopt. The certification process includes a comprehensive application, including receipt of an Arizona Department of Public Safety fingerprint clearance card. Adoption certification is not required for relatives with a first degree of relationship to the foster child they are petitioning to adopt. These relatives must complete a criminal history background check, CPS record check and home study; and must be approved to adopt by the Court. Licensed foster parents have an expedited process that updates and supplements information from the foster home licensing study for certification purposes.

Criminal background check results for adoptive parent applicants are provided to the Department and to the Court. The Court makes a determination of acceptability as part of the certification process. Foster parents and child care staff providing direct supervision to children in care are required to have a Fingerprint Clearance Card, which is run daily for clearance. Kinship provider criminal background check results are provided to the Department for clearance or non-clearance. Clearances are included in the home study that is submitted to the Court for approval.

The Department of Public Safety, Fingerprinting Division applies standards established in state statute to determine whether to issue a fingerprint clearance card or deny clearance, and to determine the clearance level of an issued card. Foster and kinship parents who are denied a fingerprint clearance card may appeal the denial if, as defined by state statute, the denial is based upon a crime that can be appealed to

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the Fingerprint Clearance Board. The good cause exception process is administered by the Fingerprint Board, which is established in state statute. The Fingerprint Board is composed of representatives from the Department of Economic Security, the Supreme Court, the Department of Health Services, the Department of Juvenile Corrections, and the Department of Education. Federal criminal background clearance is effective for six years for childcare institution staff and foster parents. Re-printing to obtain a new fingerprint clearance card is required in the seventh year.

Diligent Recruitment of Foster and Adoptive Homes and MEPA

Arizona's diligent home recruitment efforts target potential foster and adoptive parents who reflect the ethnic and racial diversity of the foster care community and are equipped with the skills, tools and supports to adequately meet the needs of children in their care. The Division's recruitment efforts focus on establishing strong relationships with communities of color, increasing the numbers of foster and adoptive families of color, and building upon the cultural alliances of these communities. The Division's foster and adoptive home recruitment strategy continues to address the need for adoptive homes for children with special needs.

Geographical Information System (GIS) mapping is used to locate areas where removals are occurring, so that recruitment activities can identify caregivers in the same neighborhoods. The Division has developed GIS map projects using CHILDS data and the list of open foster homes from the OLCR's database. 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 findings are then shared with all private contracted agency partners, community and faith-based councils, foster care associations and other stakeholders to increase awareness of targeted needs. GIS Maps are updated and distributed semiannually. Private contracted agency partners, community councils and other stakeholders are provided copies of the maps and 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 Division also uses data reports to track the movement of children with a case plan goal of adoption through to adoption finalization. These reports identify cases in which child specific recruitment is needed to identify a suitable adoptive home for a waiting child. The Division works with the adoption units in all Districts to ensure data fields in CHILDS are completed accurately, to assist in the assessment of timeliness to adoption and the child specific recruitment needs. State policy requires child specific recruitment be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs. All appropriate recruitment resources must be explored and/or utilized within three months of a referral for child-specific specialized recruitment.

The Division conducts general recruitment by maintaining and responding to inquiries to the KidsNeedU and ADOPTUSKIDS phone lines and the Department's www.azkidsneedu.gov recruitment website, marketing with the Department's KidsNeedU logo, receipt and promotion of national ADOPTUSKIDS media packets, and statewide proclamation of Adoption and Foster Care month. The Home Recruitment Response Line (877-KidsNeedU) receives calls from prospective foster and adoptive parents. A staff person contacts the families after their initial call to the 877-KidsNeedU phone line to see how they are progressing through the licensing process and offer any needed assistance. Staff at the Home Recruitment Response Line also contact kin providers caring for a child placed by the Department, to assist them to begin the foster home licensing process. In SFY 2010, the Division's general recruitment activities also included the following:

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- Development of a comprehensive marketing campaign has been a major initiative in the past several years, including SFY 2010. The Division's "Support is Everyone's Business" campaign is geared toward Division staff and includes posters, fliers and e-mails to promote the philosophy that everyone is able to be supportive of our families who are caring for children. District 1 staff posed for the photos in the posters, which describe ways staff can support families. The posters were introduced during training sessions on how to better support foster parents, which were delivered ending in late 2009. The trainings were facilitated by Denise Goodman, a nationally known consultant, and included a panel of resource parents who discussed their motivations to become resource parents and shared stories of their greatest successes and most challenging placements. The panel concluded with resource parents commenting on ways that they can support the work of their social worker and sharing some specific things workers have done in the past to help them meet the needs of the children for whom they were caring.
- The Division disseminates important information to Arizona resource families through its foster and adoptive parent newsletter, *Arizona Statewide*. The Division collaborates with the Arizona Association for Foster and Adoptive Parents; the Office of Licensing, Certification and Regulation; and the Comprehensive Medical and Dental Program to identify content for the newsletter. Each issue features "Shining Stars," who are children free for adoption without an identified placement. Each issue includes a column titled "Ask Dr. Sue," in which Dr. Sue Stephens answers medical questions of interest to foster and adoptive families. Another column is directed to kinship care providers. Each issue updates readers about the Arizona Association for Foster and Adoptive Parents, and each year an article describes new legislation of interest to foster, kinship and adoptive caregivers. The newsletter is mailed to foster parents, adoptive parents and other interested parties bi-monthly. Additional distribution occurs in agency lobbies.
- The Division and its contracted recruitment agencies continue to participate in community outreach events. These events provide an opportunity for the Division to raise awareness among key demographics. One such activity was Kidsfaire, held in September 2009 at the University of Phoenix Stadium in Glendale. Kidsfaire is an indoor, air conditioned family trade show and entertainment event with fifteen acres of interactive exhibits, vendors, games, stage shows, rides, special appearances by children's favorite fictional characters and more. Kidsfaire brings together more than 500 local, regional and national companies that focus on children and products and services for families.
- The Division actively participates in foster care month activities to thank and honor foster families for their tireless care of Arizona children and youth in foster care, and to raise public awareness about the need for foster parents. In April 2010 the Arizona Adoption and Foster Care agency held its annual Resource Parent Appreciation Diner, honoring foster and adoptive parents who have made a tremendous difference in the lives of children, and recognizing seven CPS workers for their excellent customer service. In May 2010 at least 20 events were held, from bowling parties to barbeques, to special events like a day at a wave pool or a Diamondbacks baseball game. One agency arranged a private showing of the Oscar winning movie "The Blind Side," in a targeted zip code, for foster families and those interested in becoming foster parents. In Tucson, more than 1,000 people gathered at Thoroughbred Nissan for their Third Annual Blue Ribbon/Gallery event. The event raised awareness for the need for additional foster and adoptive parents when 2,700 balloons were released at the grand finale – each one representing a child in foster care in Pima County. Each of these events was supported by the Division through staff time and other resources, and many were hosted by the agencies that hold HRSS contracts with the Division.

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- In November 2009 the Division issued press releases to announce adoption month activities and raise awareness about the need for adoptive parents. The Division also developed and posted a video on YouTube to promote Maricopa County's Adoption Day. Nearly 500 Arizona children were adopted during the November 2009 National Adoption Month festivities.
- On a case-by-case basis, the Division works with the OLCR and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. From August through December 2009, 46 kinship foster families were able to become licensed due to a waiver for non-safety related standards. Many sibling groups are placed in these homes. These waivers are possible because of the federal Fostering Connections to Success and Increasing Adoptions Act.
- The Division supports and encourages use of the Arizona Heart Gallery as a means for Child Specific Recruitment, and works to ensure case managers are actively referring children to the Gallery. The Division assists Heart Gallery staff by reviewing the profiles of children referred to the Gallery, and by providing technical assistance and statistical data. Additionally, the Division acts as a liaison between Heart Gallery staff and community stakeholders. The Heart Gallery has had several showings throughout the state and the Department has supported these events through staff participation and preparation of comments for the media.
- A Youth Engagement Task Force in District 1 (Maricopa County) developed two brochures to assist with keeping teens in foster care in a family home setting. The first brochure is directed to families, to encourage them to consider teen placements. This brochure features quotes from teens and talks about the importance of ongoing connections for teens as they become adults. The second brochure was developed for teens in foster care who are currently living in a group home setting. This brochure describes some of the reasons youth may want to explore the possibility of transitioning to a family setting and encourages the youth to have additional conversations with their CPS Specialists. After a successful pilot in District 1, both brochures were rolled out statewide in spring 2010. In addition, all CPS Specialists in District 1 received "Unpacking the No" training, developed by nationally recognized trainer Michael Sanders. This training helps CPS Specialists to understand what youth are really thinking when they are asked about living with a family and adoption. District 1 has also developed a training curriculum based on the Unpacking the No training, to be provided to newly hired staff into the future.
- In District 2, the Division is collaborating with foster care alumnae, particularly through the In My Shoes organization, to develop a youth advisory board and prepare community presentations to recruit foster homes for teens and sibling groups. Particular attention will be given to four zip codes that have the biggest disparity between number of foster homes and number of removals.

The Division also contracts with community agencies for child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced and ongoing training; and licensed foster family placement, tracking and monitoring services. The Home Recruitment, Study and Supervision (HRSS) contract dictates goals, objectives, payment points and reporting requirements that align with the Division's safety, permanency and well-being goals. The contract includes eleven outcomes and sixteen performance measures on which the agencies must gather and report data. Performance incentive payments are awarded to contractors who achieve at least twelve of the sixteen, based on the full year of performance. The performance measures promote shared parenting, sibling contact, placement stability, sibling group placements, placement within children's own neighborhoods, timely application processing and training, resource family retention, and other goals. For example, two goals are: (1) When the case

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plan goal is reunification, resource families shall participate in a minimum of monthly contact with birth parents or primary caretakers, which could include participation in the monthly visitation; and (2) Resource Families shall facilitate a minimum monthly contact between siblings who do not reside with them. The HRSS contract encourages shared parenting, in the belief that ongoing contact between resource families and birth families is an effective means to dispel myths and stereotypes about ethnicities, cultures, and people who are poor, mentally ill or addicted to drugs or alcohol. When these myths and stereotypes are challenged, resource families and other team members are more likely to support and facilitate activities to maintain connections with family, friends, community, faith and culture. Highlights of this contract and related activities in SFY 2010 include the following:

- Child specific specialized recruitment activities may include registering the child with the *Arizona Adoption Exchange Book*, the National Adoption Exchange, Wednesday's Child, the Arizona Heart Gallery, AASK's *E-mail Blast*, and other cross-jurisdictional resources, such as regional exchanges. Special recruitment may also include listing on Adoption.com, and notices in quarterly newsletters to Arizona's foster parents and adoptive parents. For children who are not legally free, child specific recruitment is initiated on a selective basis, determined by the child's particular circumstances.
- Child specific recruitment activities must be tailored to the child's or sibling group's unique background, culture, race, ethnicity, strengths, needs and challenges. Contractors develop an individualized recruitment plan for each child referred, which must include direct contact with relatives, friends and former caregivers; collaterals such as coaches, mentors or teachers; and/or other significant adults identified in the child's record or during interviews. When available, a Family Group Decision Making meeting could be used to facilitate contact.
- District Recruitment Liaisons are charged with identifying targeted recruitment goals for the districts they serve, recruiting foster and adoptive families of color, providing technical assistance for contract providers, monitoring contracts, and cultivating community participation and partnerships.
- Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas and any other priority areas identified by a District. The Division contracts with agencies such as Agape, Casa De Los Niños, Black Family Children Services, and Aid to the Adoption of Special Kids (AASK), whose focus is recruitment of families for African American, Native American and Hispanic children.
- Semi-annual recruitment plans are submitted to the Division, including strategies tailored to the populations identified by the District. Target populations include, but are not limited to, sibling groups, specific age ranges, neighborhoods and/or ethnic/racial groups. In some districts, these plans are developed in collaboration with community recruitment councils.
- A specialized program in District 1 has been developed to recruit and license kin providers. This was developed to help license kinship families, which may have unique training and preparation needs. AASK has also developed a web site and regular email updates to highlight District 1 licensed kinship families or youth who are legally free with no adoptive resource. Recipients are referred to a website with more information. The e-mails are sent to 300 families weekly, and the number of recipients continues to increase.
- All contractors must fully implement PS-MAPP training as the required initial preparation and training program. For more information on PS-MAPP training, see Section I, Part 5, 4. *Staff and Provider Training*.

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- The contract agency's Foster Care Specialist must arrange a one-to-one meeting with any foster family wishing to have a child removed, prior to placement or adoption disruption. When removal is being considered, the Foster Care Specialist and the CPS Specialist are required to request a Child and Family Team or TDM meeting prior to the child's removal, whenever possible.
- The Foster Care Specialist is required to make one visit within 72 hours of a child being placed in a resource home, make monthly visits to the resource family for the first six months after a new child is placed in the home, and make a minimum of quarterly home visits thereafter. For homes licensed in the past 6 months or with their first placement, weekly visits must occur during the first month of a child's placement. Monthly in-home visits are required throughout placement for foster homes providing care to medically fragile children.
- The Foster Care Specialist develops an individualized support, training and monitoring plan with each resource parent; which describes training and services requested or identified to be provided, crisis intervention services to be made available, any other supports needed to meet the special and unique needs of the family or the child, and time frames for training and service provision.
- In SFY 2010, Division contract administrators and District Recruitment Liaisons continued to monitor the HRSS contract agencies to ensure children and resource families are visited a minimum of once a quarter and to ensure each licensed foster family has a Professional Development Plan in place. The Division developed an electronic quarterly reporting format that documents visits to licensed foster families and Professional Development Plans. Additionally, the mandatory PS-MAPP "train the trainer" emphasizes the importance of a Professional Development Plan and assists agencies on methods for developing plans with families.

The Division and the contracted HRSS agencies continue to seek appropriate ways to engage the faith community and participate in faith-based outreach activities. Recent faith based recruitment activities included the following:

- In February 2010 the Arizona Christian Foundation held Foster Care/Adoptive Children Summit to discuss the extent of the issues involved and begin a collaborative dialogue to propose solutions. Speakers included a State Senator, Pastors, community-based agencies, and adoption and foster care agencies.
- Kingdom in the Valley Community Church members hosted a holiday celebration in Litchfield Park that resulted in more than 250 children in foster care receiving gifts and well wishes from the families in the congregation. Children living in group homes also participated in the festivities and some group homes were recipients of Wii gaming systems.
- San Francisco de Assisi Catholic Parish in Flagstaff published information in their bulletin about the need for foster families and other ways to help children in foster care.
- Catholic Charities staff are developing a relationship with the Catholic parish in Page to promote the involvement of the parish with foster children.
- Arizona Baptist Children's Services are continuing efforts to recruit homes for children ages four through twelve, teens and sibling groups.

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- African-American churches and families are working to recruit families in specific Tucson zip codes for children ages six through seventeen and sibling groups.
- Christian Family Care is partnering with local churches to recruit homes for older youth.
- St. Nicholas of Myra is continuing its One Church One Child Collaboration with faith-based organizations to meet foster children's immediate and long-term placement needs. The Catholic faith community will provide supports for children as well as foster and adoptive placements.

Peer support and advocacy is especially important to kinship and resource parents. The Division continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Division includes feature articles related to the AZAFAP in the statewide foster and adoptive parent newsletter and participated in the Association's foster care month appreciation event at the Phoenix Zoo along with 1,500 foster parents and children. Foster parents in Arizona also now have the benefits of a Foster Parent Bill of Rights, which was signed into law on April 19, 2010. Foster parents advocated for the Bill of Rights, which mirrors existing agency requirements in the Division's Family Foster Home Agreement, foster parent training (PS-MAPP), policy, practice and HRSS contracts.

In January 2009, the Division hosted the Arizona Adoption Roundtable on Selecting Families for Children and Youth. This important discussion was co-facilitated by the National Child Welfare Resource Center for Adoption. Attending stakeholders included child advocacy center representatives, private adoption attorneys, representatives from Administrative Office of the Courts (including FCRB and CASA), private agencies, foster and adoptive families, Division district managers, CPS Specialists and tribal social services representatives. Stakeholders provided two primary recommendations: 1.) increase communication, transparency and communication in the adoption family selection process; and 2.) provide adoption competency training to CPS Specialists and stakeholders in adoption. The Division commissioned four workgroups to further the work on adoption selection, three workgroups aimed at improving parts of the adoption selection process, and one workgroup to address training needs. Each workgroup was co-led by a community stakeholder. The training workgroup identified key competencies for adoption workers and will reconvene when the adoption selection workgroups have completed their work. In April 2010 the Adoption Roundtable reconvened so that stakeholders could review the newly proposed adoption selection process and provide input into a piloting plan. Stakeholders requested a process that works across the state, allows for families across jurisdictions to be considered for placement, gathers critical information on the child's family members, demystifies the process, improves consistency, helps involved families understand the selection process, provides full disclosure, improves matches between children and adoptive families, and considers the child's connections to siblings, relatives, significant persons and communities. The draft adoption process will be piloted beginning in June 2010. Some of the most important aspects of the new process are a tool for prospective families to provide specific and detailed information to the selection team on how they can best meet the needs of the child, beyond the information in the home study; and an opportunity for youth to express their concerns and preferences in their own voice.

In March and April 2009 the Division partnered with the AZAFAP and Casey Family Programs to hold four Resource Parent Town Hall forums Phoenix, Gilbert, Prescott Valley and Tucson. During these Town Hall forums, the Division sought additional input from foster and adoptive parents into the development of policy and practices related to children in foster and adoptive placement. Five primary recommendations were generated from these forums, which the Division continues to implement in SFY 2010:

- *Improve the placement matching process for out-of-home placements* – With technical assistance from the National Resource Center for Adoption, the Arizona adoption community partnered with

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the Division to develop key values on which to base Arizona's adoption selection process. Tools and procedures to improve communication, consistency and transparency in the adoption selection process are being finalized for implementation during 2010.

- *Explore ways to streamline the foster home licensing process* – A workgroup comprised of staff from the Division, OLCR, the Division of Developmental Disabilities, the AZAFAP, and HRSS foster home licensing agencies developed recommendations for increasing the ease and relevancy of the foster home licensing renewal process. This has resulted in many upgrades and improvements to the Quick Connect automated system used for the licensing process. Perhaps most notable is the elimination of twenty screens for families completing online renewals.
- *Encourage agencies to inform resource parents about the AZAFAP* – Throughout the year, the Division encourages agencies to inform resource parents about the AZAFAP by regularly including information on AZAFAP in the *Arizona Statewide* newsletter. The Division also encourages agencies to inform resource families about AZAFAP through support of special events such as the Blue Ribbon Event held annually in May.
- *Engage communities in supporting the children and families involved in child welfare* – The Division has been actively engaging faith communities in activities to support children and families involved in child welfare. These communities are working to recruit foster homes and provide supports such suitcases full of necessities for young adults, and holiday gifts for children in care. In addition, AZAFAP has created seven clothing banks across Arizona, called “Jose’s Closets,” to provide clothes and other items to children who enter care with no clothing and stretch clothing allowances.
- *Direct deposits for foster and adoptive home reimbursements* – In February 2010 the Division began switching to a direct deposit payment system for monthly reimbursements. Direct deposit is timely, convenient, and saves postage and other costs to the Division. Direct deposits were initially made to a small group of parents, which allowed the Division to resolve systemic glitches with the least impact to families. The project is now expanding to all resource parents, including foster parents, kinship caregivers, and adoptive parents. The Division is working closely with AZAFAP to ensure expansion of direct deposit proceeds smoothly.

Data from the most recent *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the Division's resource family recruitment and retention strategies continue to meet the Division's goal of increasing the number of licensed foster homes and bed spaces available to CPS. For example:

- The number of licensed foster homes increased 9% in FFY 2009, from 3,615 on the last day of FFY 2008 to 3,954 on the last day of FFY 2009.
- The number of bed spaces available to Child Protective Services increased 21% in FFY 2009, from 7,116 on the last day of FFY 2008 to 8,625 on the last day of FFY 2009.
- The number of children in shelter care for more than 21 days, who may be waiting for a foster home placement, has decreased from 585 on the last day of FFY 2008 to 450 on the last day of FFY 2009.

However, more work is needed to recruit foster homes that reflect the ethnic diversity of children in care. The following table compares the ethnicity of available foster homes and children in out-of-home care on September 30, 2008 and September 30, 2009.

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	September 30, 2008		September 30, 2009	
	Available Foster Homes	Children in Out of Home care	Available Foster Homes	Children in Out of Home care
White	66%	39%	66%	37%
Hispanic	19%	36%	18%	38%
African American	12%	14%	11%	14%
American Indian	1%	7%	1%	7%
Other	2%	4%	4%	4%

Use of Cross-jurisdictional Resources for Permanent Placements

The Division is successfully using cross-jurisdictional resources to expeditiously locate permanent homes for children across jurisdictional lines, and continues to address barriers to cross-jurisdictional adoption whenever they are identified. Ongoing dialogue with recruitment agencies has proven vitally important to reducing systemic barriers to permanency outcomes. Arizona continues to expand its capacity to recruit foster and adoptive families across the country with the hope that this will bring about an increase in the number of cross-jurisdictional placements and successful adoptions. Recruitment efforts include the continued use of resources such as listing on the CHILDS Central Adoption Registry, quarterly newsletters to Arizona’s foster parents and parents receiving adoption subsidy benefits, publications such as the *Arizona Adoption Exchange Book*, features on nationally syndicated programs, contract agency websites, internet resources such as Adoption.com, and the national Adoption Exchange Association’s exchange/photo listing on AdoptUsKids.

Division policy supports the permanent placement of children in other jurisdictions. Policy states that “the ability of the family to meet the child's needs shall govern the selection of an adoptive family; no single factor shall be the sole determining factor in the selection of a family, and the Department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement.” Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected incidentals that do not qualify as non-recurring adoption expenses and would otherwise hinder the finalization of an adoption. These expenses may include transportation costs associated with cross-jurisdictional placements, including pre-placement visits and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Division will continue to encourage staff to use this resource.

The Division’s HRSS contract describes the expectations for child specific recruitment. Within the first thirty days of receiving a child specific referral from the Division, the contractor is to prepare an individualized plan for identifying a permanent home for the child or sibling group in need of adoption. The plan must include individualized activities, strategies and resources to be implemented within the next 60 days and must include but not be limited to the following activities:

- direct contact with relatives, friends and former caregivers; collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child’s record or during interview (who may be in-state or out-of-state);
- customized marketing tools such as brochures, posters, letters, newspaper articles, TV interviews and radio spots for the identified child; and
- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In FFY 2009 the Division featured 21 children on AdoptUsKids who were legally free for adoption with no

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identified adoptive placement. Children legally free for adoption continue to be displayed on both the national and local adoption registries. In April 2010 the Division had 924 families listed on the Adoption Registry. A statewide photo listing, Adoption.com, also continues to serve as a valuable resource. The inquiries/referrals received from Adoption.com are forwarded to the appropriate CPS Specialist or contracted Adoption Specialist.

Action Steps to Improve Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention in SFY 2011

The Division meets regularly with stakeholders to obtain input on the Division's strengths, needs and strategies to improve licensing, recruitment and retention of resource families. The Division meets with the Arizona Foster Care and Adoption Coalition (AFCAC) meet every other month to receive input on policy and program development. AFCAC's purpose is to find homes for children waiting for adoption and provide professional development and networking to Arizona's adoption and foster care recruitment community. AFCAC is comprised of professionals with expertise in adoption and foster care (including recruiters from HRSS contacted agencies, Division recruitment staff, representatives from the foster and adoptive parent association, the KIDS Consortium, and the Pima County Foster and Adoptive Council of Tucson), and is co-chaired by the Division's Recruitment Specialist and a community partner from Catholic Social Services – St. Nicholas Adoptions. The Division also hosts a quarterly partnership meeting with the HRSS contract agencies to provide policy and program updates related to foster care and adoption, and solicit feedback on how to improve the service delivery to children in foster care and the families who care for them.

The Division also seeks input directly from resource parents on its foster and adoptive home licensing, recruitment and retention policies, practices, and improvement strategies and actions steps. In SFY 2010 the Division held Town Hall meetings with foster and adoptive parents, and continued the Adoption Roundtable on Adoption Selection. Furthermore, the Division partners with the Arizona Association for Foster Care and Adoption (AZAFAP) and frequently meets with the AZAFAP membership. Through the AZAFAP, foster and adoptive parents have provided the Division with valuable recommendations for system improvements.

Input obtained from resource families and community partners has informed the following action steps for SFY 2011. With small revisions, these action steps are the same as those identified in the June 2009 *Child and Family Services Plan 2010 – 2014*. Information about the Division's SFY 2010 activities and progress implementing these action steps is located above. Activities in SFY 2011 will expand on progress made in SFY 2010.

- Action Step 1:** Continue to promote targeted recruitment by sharing Geographical Information System (GIS) maps with providers semi-annually, to identify communities with a high number of removals, the ethnic distribution of children in care, and diligent recruitment strategies and activities for their individual communities
- Action Step 2:** Strengthen child specific recruitment activities across the state and continually identify strategies to ensure resource and kinship families are informed and feel supported
- Action Step 3:** Increase community awareness about caring for and cultivating permanent connections for older youth.
- Action Step 4:** Use recruitment strategies to diligently recruit foster and adoptive families who

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reflect the ethnicity and age of children in care; while simultaneously increasing overall community awareness of the need for foster and adoptive homes

Action Step 5: Continue to provide a personal response to individuals inquiring about becoming a foster, adoptive or kinship placement

Action Step 6: Support placement stability by responding to current and prospective foster, adoptive and kinship family issues and concerns

Action Step 7: Improve policy and procedure with regard to permanent placement selection, while increasing awareness of the needs of children who have a case plan of adoption but no identified family

Technical Assistance has been requested from the National Resource Center for Adoption to continue the work related to Action Step 7. This technical assistance will be used to finalize and implement policy and practice to guide Arizona's adoptive selection and placement decisions, including practice tools to assist staff in making, documenting and communicating the decisions. The Division has requested two days of technical assistance to be used between May and September 2010.

B. Strategies and Action Steps for SFY 2011

This section lists the state's primary strategies for improving the systemic factors. Both are included in the state's current CFSR PIP and the June 2009 CFSP. Activities in SFY 2011 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFY 2010. These strategies and action steps do not describe all the activities that may improve systemic functioning. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to systemic factors, and they will also support achievement of safety, permanency and well-being outcomes. Likewise, many of the Division's strategies to improve safety, permanency and well-being outcomes will improve systemic functioning. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve concerted efforts to involve youth, mothers and fathers in case planning.

Primary Strategy 8: Implement the DCYF Workforce Planning Initiative to strengthen staff recruitment, retention, training and supports

Goal: Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

Action Step 8.1: Implement a competency model for CPS Specialists that reflects family-centered values and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development and performance management

Action Step 8.2: Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover

Action Step 8.3: Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

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Action Step 8.4: Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

Action Step 8.5: Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager's job satisfaction and competence

The Workforce Planning Initiative is a long-term project that was included in the state's current CFSR PIP and the June 2009 CFSP. Activities in SFY 2011 will include implementation of new performance evaluation documents that are aligned with the Division's safety, permanency and well-being goals; a conference for CPS Unit Supervisors and district Assistant Program Managers; implementation of a retention toolkit to assist supervisors to improve retention; and continued analysis of data on staff retention and turnover to identify strategies for reducing turnover.

Primary Strategy 9: Align Division management, policy, training and practice

Goal: Maintain Division-wide adherence to clearly defined safety, permanency and well-being goals and practice standards

Action Step 9.1: Continue to implement and strengthen self-evaluation in all districts

Action Step 9.2: Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of the Division's practice focus areas (initial assessment interview requirements, initial assessment document review requirements, collection of sufficient information to conduct a thorough CSA, safety planning, concurrent planning, timely development of written case plans, timely assignment of permanency goals, involvement of parents and youth in case plan development, development of case plans within a staffing to which all CPS team members were invited, and monthly CPS contacts with children), and design worker-centered and systemic improvement strategies

Action Step 9.3: Using the In-Home and Out-of-Home Practice Improvement Case Reviews, identify ongoing case practice standards that require clarification, and address these by revising policy, developing practice guides or tips, adding rating guidance to the PICR instrument, and/or educating staff

Action Step 9.4: Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement

Action Step 9.5: Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery and effectiveness of training

The Division continues to review a sample of initial assessment, in-home service and out-of-home care

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cases each month. Quarterly reports are written to distribute the case review results, current CFSR permanency composite and other PIP measure data, and recommendations for practice improvement. Case and worker specific feedback is given to the CPS Specialists and Supervisors whose cases were reviewed, and individualized Professional Skill Building Plans are developed with CPS Specialists, CPS Unit Supervisors or entire units when a need is indicated by the case review results. In SFY 2011 the Division will continue to develop self-evaluation capacity in all districts, particularly the capacity to analyze data on the CFSR outcomes and conduct targeted evaluations of priority practice areas. The Division will also continue to use the results of the in-home and out-of-home case reviews to identify practice areas requiring policy clarification, staff training or guidance, or other practice improvement activities. Practice focus areas are identified for the first and second quarters of SFY 2011. The Division's Practice Improvement Specialists will maintain a lead role in the development, distribution and discussion of practice tips and guides on these focus areas.

Section IV

Chafee Foster Care Independence Program and Education and Training Voucher Program

Annual Progress Report 2010

Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2010

The following information is submitted to serve as the final report for Fiscal Years 2005-2009. This report provides information on services provided, as outlined in Program Instruction ACYF-CB-PI-10-09 dated April 20, 2010.

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

The State's Chafee Foster Care Independence Program and Education and Training Voucher Program support the State's ability to achieve permanency and well-being outcomes for youth who are likely to reach age 18 while in out-of-home care, or are transitioning out of foster care between the ages of 18 through 20. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its state CFCIP as the Arizona Young Adult Program (AYAP).

A. Program Descriptions and State Fiscal Year 2010 Accomplishments

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

An individualized independent living plan supporting the transition to adulthood is developed for all youth in out-of-home care, age 16 or older. This plan includes goals and tasks related to the development of daily living skills, completion of secondary education, planning for post-secondary education, employment readiness, permanent connections and other areas such as health and wellness. This plan complements other services provided towards attainment of the assigned permanency goal and incorporates the 90 day Transition Plan for youth who will reach the age of majority in out-of-home care.

In SFY 2010, Maricopa County utilized the Team Decision-Making process ensure that the preferred permanency goals are thoroughly explored and ruled out prior to establishing a goal of Independent Living. During the TDM, the team (including the youth) reviews a series of "Family Connections" questions fashioned after the "New York Permanency Questions" which were developed by Robert G. Lewis and Maureen S. Heffernan. These questions serve as a tool for the team to more fully explore other permanency options and potential family, kin and community connections. Staff note that this process has resulted in a number of youth pursuing a preferred goal, with permanent legal guardianship often the more desired goal.

Youth identified as "likely to age out of foster care" are typically 16 and older, with an assigned permanency goal of emancipation (or "independent living", as categorized in the state automated system). These youth are part of the State's Chafee population, and are referred for participation in services and opportunities available through the AYAP. Other youth captured in the Chafee population include youth who reached the age of 18 while in care, youth in care age 16 or older with a plan of adoption or permanent guardianship, and young adults 18-21 who were previously in any state or tribal (federally recognized) foster care program at age 16 or older.

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The AYAP provides specialized case management in two areas of the state, and various training and advocacy activities designed to support a successful transition to adulthood. Local offices provide “welcome” and “discharge” packets to program youth. These packets contain an array of information on program services, opportunities and community support available to youth in care and alumni. The number of youth participating in the AYAP or transitional living support services to current and former foster youth continues to increase. Comparing FFY 2008 to FFY 2009, the total number of participants (including youth in care and those in the aftercare program) increased slightly, from 1,675 to 1,699.

In 2009, the AYAP continued to see former foster youth who left care at age 18 or older opt to re-enter the State foster care program. Training and technical assistance on the re-entry policy continues to be provided statewide, on an as needed basis. Youth who remain in care benefit from more comprehensive support and assistance as they pursue post-secondary education and employment goals. Local program offices report that approximately 65 youth re-entered care over FFY 2009 as compared to 45 youth re-entering care in FFY 2008.

The state Independent Living Subsidy Program (ILSP) continues to be a valuable resource providing monthly stipends to older youth in care who are living on their own. Program youth continued to benefit from the ILSP with the total number of participants increasing 9% from 564 in SFY 2008 to 617 in SFY 2009. The number of youth participants for the first 6 months of SFY 2010 is 445, and is expected to increase prior to closure of the state fiscal year.

With state funds becoming scarce, the AYAP staff increased efforts to obtain life skills training through the local Regional Behavioral Health Agencies (for title XIX eligible youth), caregivers and other state and federal programs for youth. In SFY 2009 the Division expended \$2,730,864 on the contract service, providing transitional living support services to approximately 1,176 current and former foster youth. Payments through May 14, 2010 note \$1,101,906 was expended on this same service for approximately 626 current and former foster youth. While current funding levels are inadequate to serve all eligible youth in the state, title XIX eligible youth are referred through the local mental health agency for life skills training, which helps to fill this gap.

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

The Behavioral Health Policy Academy intended to seek a Governor's Executive Order to implement some of its strategic goals. However, due to mid-term changes in the Governor's office and changes in priorities resulting from economic struggles, the policy academy is instead considering a Memorandum of Understanding with other agencies serving youth in transition. Additionally, the Policy Academy's efforts are being blended into the efforts of the Clinical/Adolescent Substance Abuse Treatment Subcommittee of the Arizona Children's Executive Committee (ACEC), which will assume some of the goals of the Policy Academy. The Division participates in the ACEC and its subcommittees.

In CY 2009, Arizona was able to gain approval from AHCCCS (the state's Medicaid program) for a special capitation rate for youth ages 18 through 21 years. This will allow youth in children's services to continue some of those services into adulthood without disruption. Statewide, the CFT begins planning

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for a youth's transition into adulthood beginning no later than the youth's 16th birthday. Additionally, by age 17 years and six months, a representative from the adult behavioral health system is to be invited and attend the youth's CFT to address questions about the adult system and being the transition from children to adult services. When applicable, the behavioral health system must provide youth an SMI evaluation starting at 17 years and six months of age so that determination can be made prior to turning 18.

The Division continues to use existing resources to support youth obtaining legal status through the Special Immigrant Juvenile Status (SIJS) petition process. Policy and procedures are under revision to provide clearer directions on the SIJS process, including identifying potentially eligible youth in a more timely fashion. Youth who do not obtain at least temporary legal residency by the age of 18 are no longer eligible for services through the Arizona Young Adult Program. These youth are referred to community services.

Affordable housing and reliable transportation remains a significant need for young adults who have transitioned from foster care into their communities, particularly those outside urban areas. In 2009, the Division developed and signed a Memorandum of Understanding (MOU) with six local Public Housing Authorities (PHAs) in support of their applications for Family Unification Program (FUP) vouchers. Four PHAs were awarded a total of 265 vouchers. These vouchers support housing for youth aging out of foster care, and families involved with local Child Protective Services offices.

Education, Training, and Services Necessary to Obtain Employment

Department CPS Specialists and contract providers assist youth in the development of job readiness skills such as resume writing, interviewing skills and job maintenance. In SFY 2010, youth participated in available programs around the state, through federal School-To-Work and Workforce Investment Act (WIA) programs. One of the local WIA programs (through Jewish Family and Children's Services) operates a thrift store in Central Phoenix. Youth are actively recruited from the Phoenix AYAP units for participation in this workforce program. Youth additionally are referred for Vocational Rehabilitation (VR) Services, with a VR counselor available on-site at the Phoenix AYAP case management office. VR counselors provide services directly to youth in care who are referred by their CPS Specialists.

Education and Training Vouchers

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to eligible youth up to age 23 years. In accordance with the current state Chafee Foster Care Independence Program, a youth may apply for assistance through the state ETV program if the youth:

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

The Education Training Voucher (ETV) program is administered by the State child welfare agency. The Division has maintained local area coordinators in each District who assist the state ETV Coordinator in the review and approval of all ETVs. The ETV Area Coordinators participate in an annual meeting with the State ETV and IL Coordinators to review the program and provide input on refining and strengthening the program. In SFY 2010, program youth continued to provide input and recommendations to the State ETV and IL Coordinators to refine and enhance Arizona's ETV Program. Youth are a driving force in facilitating ongoing improvements to this program. It is anticipated that the development of a website

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specifically for use by youth in care will sponsor a section that provides for online submittal of the State ETV application. This application is currently downloadable on the State website. The number of ETV recipients increased 24% from 298 in SFY 2008, to 369 in SFY 2009 with 343 recipients in SFY 2010 (payments made through May 14, 2010).

The following chart displays the number of youth participants in the ETV program:

		SFY 2008	SFY 2009	SFY 2010
SFY 2008 New Participants				
	Active for One Year	159	0	0
	Active for Two Consecutive Years	72	72	0
	Active for Two Years (1 Year Absent)	9	0	9
	Active for Three Consecutive Years	58	58	58
	Total	298	130	67
SFY 2009 New Participants				
	Active for One Year	0	156	0
	Active for Two Consecutive Years	0	83	83
	Total	0	239	83
SFY 2010 New Participants				
	Active for One Year	0	0	193
	Total	0	0	193
Total All Years		298	369	343

Although the ETV Program in Arizona is state administered, the Division developed a proposal to contract with an outside entity to administer the ETV program and anticipates having this outside entity in place in SFY 2011.

Prepare Youth to Enter Post-Secondary Training and Educational Institutions

CPS Specialists, caregivers, and contracted providers continue to work together to ensure youth receive necessary educational services, such as tutoring, special equipment, special education services, etc. These team members also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, CPS Specialists ensure a surrogate parent is assigned to address special educational needs. Staff reports positive interactions with local Special Education Departments, noting that youth's special education needs are consistently met. Local Judges have also begun utilizing an education checklist developed by the National Council of Juvenile and Family Court Judges (NCJFCJ), published in December 2008.

Local areas arranged for youth to explore a wide range of post-secondary education and training opportunities through participation in university, community college and vocational program tours (including Job Corps), college success skills classes and other community based preparatory program and activities. Youth participate in College Goal Sunday with counselors on hand to help youth complete financial aid applications. The State universities continued to work cooperatively with the AYAP to encourage participation of youth in financial aid and preparatory programs and provide support through available campus mentoring and other support programs.

Two Education Case Managers assist CPS Specialists to develop and coordinate education plans for

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youth in the Independent Living Program. These positions are also mandated to help youth graduate from high school, pass the Arizona Instrument to Measure Standard (AIMS) test, apply for postsecondary financial assistance and apply for post-secondary education. In SFY 2010, direct assistance was provided to approximately 200 youth statewide. The Education Case Managers were in constant communication with staff and provided general technical assistance on a daily basis. Education Case Managers assist CPS Specialists in meeting the educational needs of youth in a variety of ways, including:

- finalizing an education “assessment” form, used during in-person interviews with students as a tool to help CPS Specialists gather pertinent information and prepare an effective educational case plan;
- contacting schools to verify and obtain credits, and assisting to satisfy other enrollment requirements;
- advocating for students at school meetings and IEP meetings by ensuring IDEA guidelines are followed;
- assisting CPS Specialists to procure necessary tutoring services and other services specific to the youth’s needs, including coordination of services available through McKinney-Vento;
- identifying funding resources and assisting students to complete scholarship and grant applications (including the FAFSA and ETV).

Mentors and Interactions with Dedicated Adults

A long-term connection with even one adult has a significant positive impact on the outcomes for youth in care. Despite resource reductions, building mentoring opportunities for youth in care and alumni of foster care continues to be a priority for the Division. The number of youth reported to be involved with a community advisor or mentor increased 27%, from 457 in FFY 2008 to 580 in FFY 2009. The number of youth reported to be involved in extra-curricular or community based activities decreased 15%, from 337 in FFY 2008 to 287 in FFY 2009. Staff have been provided a listing of school Homeless Liaison contacts as a resource for funding for school related activities.

The data for mentoring only reflects the number of youth participating in "formal" mentoring relationships. Many youth report having a supportive adult in their life that they identify as a mentor, but the connection was made informally rather than through a formal referral process. These supportive adults often include former IL Trainers, CASAs, foster parents, probation officers, etc. Local field offices refer youth to available mentoring programs such as In My Shoes Peer Mentoring and AVIVA in Pima County, and Arizonans for Children and Aid to Adoption of Special Kids (AASK) in Maricopa County. AASK has continued to recruit and train mentors for Maricopa County youth participating in the IL Subsidy program, despite loss of funding.

Support and Services to Former Foster Care Recipients Ages 18 through 20

Through the TILP and Education and Training Vouchers, Arizona continues to make aftercare services available to any legal resident of Arizona who is age 18 through 20 and who at age 16 or older was in any State or federally recognized tribal foster care program. This includes youth who exited care at age 16 or older to permanent guardianship or adoption. Arizona works cooperatively with other State and tribal entities to verify foster care status and services eligibility, and to ensure all benefits and services available are provided in a timely manner.

Foster care services are often necessary beyond the age of majority. Arizona has continued to see an overall increase each year in the number of youth electing to remain in care voluntarily past age 18. From FFY 2008 to FFY 2009, the total number of youth who were participating in continued voluntary foster

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care on the last day of the reporting period decreased slightly (from 594 to 579), but the number of new youth who elected to remain in voluntary foster care past age 18 increased 13% (from 802 in FFY 2008 to 909 in FFY 2009) and the number of youth re-entering foster care at age 18 or older increased 44% (from 45 youth in FFY 2008 to 65 youth in FFY 2009).

Youth ages 18 through 20 who reach age 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their 18th birthday) to remain in foster care and participate in services may do so until their 21st birthday. Youth must demonstrate acceptance of personal responsibility for their transition to adulthood by participating in case plan development and maintaining satisfactory compliance with their individual goals in order to receive this continued support.
2. Youth who choose to end program involvement after attaining age 18 and later wish to reapply for support and services without returning to foster care are able to do so through the Transitional Independent Living Program (TILP) [Sections 477(a)(5) and 477(b)(3)].
3. Former Arizona Foster Youth under age 21 who left care at age 18 or older and need long-term case management and support services have the option of returning to the State agency for these services, including transitional living support and the cost of foster care. This policy became effective in May 2006.

Contracted services play a significant role in supporting transitioning youth, with services focused on youth age 16 and older. These services are available to youth currently in the Arizona foster care system age 16 through 20, and to former or “aftercare” foster youth. These aftercare youth are legal residents of the state, age 18, 19 and 20, who previously were in any state or federally recognized foster care program at age 16 or older. The aftercare program is referred to as the Transitional Independent Living Program (TILP). The TILP serves not only youth in the aftercare program, but tribal youth age 16 and 17 who are currently foster care wards of a tribal court. There has been a slight decrease in the number of youth served through the TILP contract providers, from 212 youth served in FFY 2008 to 197 in FFY 2009. Outreach efforts continue to ensure youth exiting care at age 16 and older (including youth adopted from the state foster care program at age 16 or older) are aware of the support.

Medical coverage remains an area of support for youth in Arizona. Under Subtitle C, Section 121 of P.L. 106-169, Arizona continues to provide health care coverage to eligible young adults, ages 18 through 20. In April, 2000 Arizona successfully amended Arizona Revised Statute 36-2901 to include youth in the custody of the Department and in an out of home placement at the age of 18, as an eligible group under the state Medicaid program. The coverage transitions with the young adults from foster care through the Young Adult Transitional Insurance (YATI) program. The coverage falls under the Arizona Health Care Cost Containment System (AHCCCS), which is the State Medicaid program. Arizona maintains an expedited process for enrolling eligible youth in YATI. Eligibility is limited to those youth who meet the basic Medicaid requirements. There is currently no income restriction for this category of eligibility. In 2001, the 200% of the federal poverty level income restriction was removed from statute. Medicaid coverage for eligible youth may continue to the youth’s 21st birthday (Subtitle C, Section 121 of P.L. 106-169). Chafee funds are also available to support students who remain residents of Arizona but attend school out of State to purchase short-term basic health plans through the schools they attend. On average, there are 500 youth a year who are enrolled in AHCCCS through the YATI program.

Service and Program Collaboration

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Under section 477(b)(3)(F), a number of activities continued over the last year to enhance service collaborations with other Federal and State programs for youth in Arizona. The State continues to pursue more streamlined enrollment of eligible former foster youth into local Workforce Investment Act (WIA) programs. The State originally participated in the federally sponsored Department of Labor's Shared Vision for Youth, Regional Forum in December 2004. Arizona's team consists of members from WIA, Job Corps, the Governor's office, the Department of Education, the Arizona Young Adult Program and others. The revised federal initiative, now called Helping Youth Transition (HYT) has seen a decrease of activity in Arizona, due in part to changes in the state leadership. Efforts will continue in 2010 to revitalize the state team.

State and local Youth Advisory Boards and alumni groups such as In My Shoes, Inc., and the Foster Care Alumni of America-Arizona Chapters remain available and provide forums for teens and young adults to connect, and to express their needs and recommendations in the development and refinement of services and programs. Youth in care and alumni continued to participate in the State Youth Advisory Board, where youth study issues, identify solutions and make recommendations for positive change. The Division participates in state and local level work groups to address the challenges faced by youth receiving HCTC services (formerly therapeutic foster care). Youth who turn 18 while residing in an HCTC provider's home often find this service disrupted. Funding streams and licensing rules present barriers to continuation of this service into adulthood.

Maricopa County participates in a number of collaborative efforts, including a Community Advisory Group comprised of community and faith groups, stakeholders and youth. The purpose is to work collaboratively on the more pressing issues on youth transitioning out of care, including education, housing and gaps in services. In SFY 2010 this group:

- developed a resource guide for staff and youth that has been posted on the new website for Arizona youth in foster care,
- developed an agreement with YMCA for reduced rates and deposits for young adults experiencing temporary homelessness, and
- worked with stakeholder agencies to reevaluate children's budgets and find resources for youth who received subsidy reductions as a result of the Division's budget reductions.

Staff also participate in PASSAGE, a coalition of social service and community partners who work on issues facing youth aging out of foster care to improve their outcomes. This general assembly meets quarterly and work group tasks are completed as needed by staff. The Executive Director of PASSAGE is an alumnus of the Arizona foster care system, and the coalition includes youth and alumni. Youth and alumni input is the driving force for the PASSAGE strategic plan. In SFY 2010, PASSAGE was directly involved in the "Suitcase Initiative." Efforts in SFY 2011 will focus on building more permanent housing opportunities for youth transitioning from foster care to adulthood.

Pima County also participates in a number of community groups, providing training to licensing agencies and other community groups, and to judicial hearing officers in Pima County through the Pima County Juvenile Court Center (PCJCC) bi-annual "brown bag" meetings. Collaboration with a local volunteer agency (AVIVA) provides transportation for youth, using a local transportation company (Suntrans). Tucson also published a guide for local youth called the Tucson Young Adult Guide. The purpose of the guide is to empower and inform young adults in Pima County by providing resources for young adults, their families and agencies that serve young adults, including those who have been involved with the foster care system, behavioral health or who have experienced homelessness. Tucson YAG is an online, user-friendly guide with the ultimate vision to assist young adults in obtaining and sustaining a positive quality of life, including self-sufficiency.

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Local offices continue to work collaboratively with a variety of agencies and community organizations to increase support and opportunities for youth in care. Collaborations and partnerships within the Department, with youth in care and alumni, and with external stakeholders such as Casey Family Programs, Aid to Adoption of Special Kids, Arizona's Children Association, Children's Action Alliance and the Courts, have resulted in improved services and resources, such as the following:

- Alumni facilitated orientation training to youth in care, on the *Getting from Here to There: a Guide to the Dependency Court for Children and Youth in Foster Care*, which was created with the support of the Children's Action Alliance and is widely used in trainings of CASAs, court staff, mentors and others.
- Alumni, with support from the Division and community partners, are providing training to prospective foster and adoptive parents, dependency court Judges and CPS Specialists, on the challenges faced by older youth in care.
- Youth and Alumni have provided continuous input into program services, policies and the pending Administrative Rules for Independent Living.
- The Transition Center in Mesa, Arizona provides "drop in" services such as clothing and household items, food, a safe place for youth residing in the East Valley to "hang out;" and more structured assistance such as life skills training, counseling, help with homework, and computer access.

The Arizona Interfaith Coalition for Foster Children and Families has launched an initiative for youth in Maricopa County who are aging out of foster care, called the "Suitcase Initiative." This initiative provides suitcases to identified youth filled with tangible items needed to aid in their transition into adulthood, along with names and contact information for caring adults. These adults participate in the Suitcase event, introducing themselves to the youth and welcoming the youth into their community. The coalition intends to provide a life-long, family-like resource to each youth receiving a suitcase.

Lutheran Social Services (LSS) of the Southwest opened the 3,500-square-foot Transition Center for foster teens and young adults as a place for mentoring, career and financial counseling, and even just a positive place to "hang out." The center, located in Mesa, Arizona is the first Center of its kind in Arizona. The Center targets youth between 14 and 25 years old, both in and out of the foster care system. Many staff within the Division provided feedback leading to the development of this center. Other collaborations include a Youth Convening and a variety of youth leadership training available through collaborations with Arizonan's for Children, Children's Action Alliance and Casey Family Programs and the PASSAGE coalition. The Youth Convening provided youth in Maricopa County an opportunity to learn more about educational and employment opportunities and other services available in their local areas. A second Youth Convening is scheduled for SFY 2011.

The State Youth Advisory Board (SYAB) continues to inform the state CFCIP, Governor, and Department and Division administrators of the needs of youth in care. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The SYAB also planned and will be facilitating a statewide youth conference for approximately 75 foster youth age 16 and older in July 2010. The "Fit for Life" agenda includes workshops on financial planning, education/career, healthy meal planning, self advocacy, and survival (coping) skills for youth in care. Chafee funds will be used to support this event and the participation of youth and alumni in planning and facilitating this event.

The State IL Coordinator participates in the Arizona Council on Youth Homelessness (ACYH), and participated in the development of a scope of work for a housing assistance program designed specifically

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for homeless youth, including youth who aged out of foster care who no longer have access to housing support services (i.e. due to age). This program, called the Housing Arizona Youth Demonstration Project, provides housing to youth who are currently homeless or at risk of homelessness. 76% of the youth served during the first half of 2010 fell into the following target populations:

- have struggled with addictions to substances,
- have a mental/behavioral health diagnosis,
- have had experience with the Juvenile Justice system (many have had felony convictions),
- have been victims of domestic or family violence,
- identify as lesbian, gay, bisexual or transgender (LGBT), or
- have histories with child welfare involvement.

These target populations became the focus of the service as many of these young adults do not meet the stringent criteria of other housing programs. Eighteen percent of the youth served had a history of involvement with the state child welfare agency.

CPS Specialist and Provider Training

Current and former foster youth, including members of the state Youth Advisory Board, have been instrumental in assisting with the development and coordination of training provided to CPS Specialists, caregivers (including contracted group home staff) and foster and adoptive parents. Training participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood. In Southeastern Arizona, all licensing agencies have agreed to incorporate youth into their caregiver training curriculum. While this is not a requirement of the existing contract, the agencies saw the importance of doing this and continue this practice through a voluntary agreement.

In SFY 2009, current and former foster youth participated in training related activities, including:

- provider agency training of foster and adoptive parents;
- youth panels and other training activities through the Child Welfare Training Institute's (CWTI), new CPS Specialist training and local foster parent training;
- planning activities and mentoring of peers during the 2008 Youth Conference and planning for the 2010 conference; and
- New Judges Orientation training (through a partnership with the Administrative Office of the Courts or AOC).

Financial incentives continue to be used to support youth involvement in stakeholder training. Program staff continues to provide training to members of the CASA (Court Appointed Special Advocates), FCRB (Foster Care Review Board) and other community groups upon request. This training informs participants of the Division's services and supports for youth transitioning out of foster care to adulthood.

In SFY 2010, training was provided through a partnership with Casey Family Programs to staff serving Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in care. The training is focused on building competency around general knowledge, terms used, community dynamics, etc., for this population of youth, and how to talk with youth about sexual orientation, gender identity and gender expression, including the "impact of silence" on outcomes for youth. Approximately 20 staff were trained in spring 2010, with 60 staff projected for training in the fall of 2010.

Over the next year the AYAP plans to develop a core group of trainers to assist providers, staff, caregivers and others in the use of the Ansell-Casey Life Skills Assessment and Curriculum. Standards for the provision of life skills training were developed and distributed to AYAP staff in SFY 2010.

Consultation and Coordination with Indian Tribes

The Inter Tribal Council of Arizona (ITCA) and the state ICWA Policy Specialist support coordination of program activities with tribal communities. The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific education and training programs for youth and caregivers.

Services funded by the state CFCIP (including contracted life skills training and the ETV) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth age 13-18 in tribal programs are referred through their tribal Case Manager, and young adults formerly in a tribal foster care program self-refer for services. Youth and young adults submit their ETV applications directly to the State ETV Coordinator. Tribal social service staff assist the Division's providers by verifying the former foster care status of young adults age 18 through 20 who request aftercare services and educating tribal youth about the availability of these services. Provider agencies have reported successful outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'Odham Xavier and Pascua Yaqui. The number of youth in tribal foster care who receive aftercare services or the ETV is not tracked separately from other eligible youth. Approximately six percent of youth served while in the custody of the Department are identified as Native American.

State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure that training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration and engagement of Tribal youth in services. Efforts to engage tribes have resulted in a minimal number of referred youth. In SFY 2009, efforts continued to educate tribal entities on services available to youth and young adults currently and formerly in care in tribal foster care systems. In Northern Arizona, the life skills contractor (Arizona's Children Association) has been working with the Northern Arizona Regional Behavioral Health Authority (NARBHA) to reach out to tribal social service agencies through the NARBHA tribal liaison to explain services and schedule presentations. This has been successful with the Yavapai Apache Nation, where presentations have occurred. The Pasqua Yaqui Tribe also continues to refer youth to the contract service provider in Pima County.

Although some youth successfully engage in local workforce and education programs, tribal staff continue to report great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn 18. Ongoing input from tribes has been sought through the ITCA, who is contracted by the Department to provide training to member tribes, and through the Department ICWA Liaison staff.

Involvement of Youth in State Agency Efforts

The Department and the Division value and support the involvement of youth in State agency efforts to improve programs and practices, and to educate staff and the community about the needs of older youth in care. Youth in care and alumni are viewed as the true experts, whose voices are invaluable to continuous improvement efforts in Arizona. Current and former foster youth participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Youth are also encouraged to participate in statewide work groups (as appropriate) and provide comment on policy and program changes, legislative proposals, etc.

The AYAP also supports the development of local YABs, to ensure youth have the opportunity to tackle systems and resource issues on the local level. In many areas, youth board members have attended

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leadership trainings to better prepare them for participation on the local or state YAB. Maricopa County has had consistent local Board involvement and Pima County is pursuing a partnership with the local Foster Care Alumni of America Chapter to build their local YAB.

Youth in care and alumni are involved in collaborations, workgroups, training and recruitment activities to improve services and resources. Youth are involved in many of the collaborations and training activities previously described. Examples of collaborations and activities with youth involvement in SFY 2010 include:

- planning of the statewide “Fit for Life” youth conference for foster youth age 16 and older in July 2010;
- Maricopa County’s Community Advisory Group;
- the PASSAGE coalition;
- facilitation of *Getting from Here to There: a Guide to the Dependency Court for Children and Youth in Foster Care* orientation training to youth in care;
- training to prospective foster and adoptive parents, dependency court Judges and CPS Specialists, on the challenges faced by older youth in care;
- input into program services, policies and the pending Administrative Rules for Independent Living;
- development of two brochures that encourage teens to consider placement with a foster family, and foster families to consider fostering teens;
- design of the Transition Center for foster teens and young adults.

Surveys, questionnaires and in-person meetings also provide valuable feedback from former and current foster youth and contract providers, which informs service provision and program improvement. Youth and alumni surveys completed through the state website are sent to the state Independent living Specialist. Post-discharge questionnaires completed by youth exiting the Young Adult Program gather input and recommendations from youth who have participated in services. Comments and recommendations are reviewed and incorporated into ongoing program improvement efforts. For example, in SFY 2011 the Division plans to restructure the Savings Match Agreement based on a suggestion received from a youth who completed a post-discharge questionnaire. His idea was to increase the Savings Match in such way that it rewards youth who maintain employment for six months or longer.

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Preparation to Implement the National Youth in Transition Database

Arizona has taken a number of steps towards successful implementation of the National Youth in Transition Database (NYTD). The Division is adding to the state SACWIS System (CHILDS) a new window that will be used to collect information on the served population, and an automated Youth Survey that is sent to electronic and physical addresses contained in the electronic file. The NYTD window is anticipated to be available for view in July 2010. Computer based training has been developed for staff responsible for outreach and data entry. This training is expected to take place in August and September 2010.

A core group of staff will work with providers, caregivers, relatives and others to locate youth in baseline and follow-up survey groups. Other state automated systems may also be used for securing current contact information. Arizona does plan to use incentives (gift cards) to encourage youth to complete the outcomes survey. Youth have the option of entering their name into a prize drawing at the conclusion of the outcomes survey. Currently, the program plans to hold a prize drawing at the end of each reporting period. Arizona does not anticipate needing additional technical assistance at this time.

B. Measures of Effectiveness

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

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

FFY 2008: 42%
FFY 2009: 41%

ILP/ETVP Goal 2: The percentage of participants age 18 and older in the Independent Living Program and Transitional Independent Living Program who have completed high school or obtained a GED will be 83% or more.

FFY 2008: 64% (ILP – 67%; TILP – 56%)
FFY 2009: 75% (ILP – 86%; TILP – 48%)

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will be 45% or higher

FFY 2008: ILP – 70%; TILP – 86%
FFY 2009: ILP – 80%; TILP – 54%

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will be 45% or higher

FFY 2008: ILP – 50%; TILP – 50%
FFY 2009: ILP – 52%; TILP – 38%

This data indicates that the Division has continued to meet or exceed all goals for youth in the ILP, including participation in the IL Subsidy Program, completion of high school or GED requirements,

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enrollment in post-secondary education and employment. Youth in the TILP also exceeded the benchmark for enrollment in post-secondary education or training. In the TILP population, benchmarks for completion of high school and employment were not met. Youth who exit care have a more difficult time obtaining and maintaining employment. These youth are also less likely to earn a high school or equivalency diploma by age 18. The number of placement changes experienced by youth who exit foster care for the reason of age of majority (at age 18, 19 or 20) continues at almost two placements per year. Frequent moves disrupt education, contributing to lower graduation rates. However, the ETV program continues to have a positive impact on program youth. More youth are opting to pursue post-secondary education, which may in part be attributed to dismal employment prospects.

Other data on the education, training and employment of young adults includes the following for FFY 2009:

- 87% of the youth currently in the Young Adult Program had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED. This is an increase from 85% in SFY 2009.
- 67% of discharged youth had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED. This is an increase from 64% in SFY 2009.
- 62% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training. An additional 13% participated in some training, but quit prior to completion of training.
- 77% of youth that discharged during FFY 2009 participated in Independent Living Skills Training. This is an increase from 65% in SFY 2009.
- 42% of the youth currently in the Young Adult Program (age 17 and older) are employed or participating in employment related training. This is a decrease from 55% in SFY 2009.
- 42% of the youth that discharged during FFY 2009 were employed or participating in employment related training at the time of discharge. This is an increase from 34% of the youth that discharged in FFY 2008.
- 37% of discharged youth who were not employed at the time of discharge had been employed in the past. This is an increase from 27% in FFY 2008.
- 41% of youth who discharged in FFY 2009 and had completed high school or earned their GED were participating in or had completed post-secondary education or training at the time of discharge. This is a decrease from 51% in FFY 2008.
- The number of ETV recipients increased 24% from FY 2008 (298 students served) to FY 2009 (369 students served).

The Division also monitors data on the participation of former foster care recipients ages 18 through 20 in services and supports provided by the Division. Of young adults discharged in FFY 2009, 53% participated in continued voluntary foster care (at least two months past the 18th birthday) prior to discharge:

- 11% remained in care to age 21 (up from 17% in FFY 2008),

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- 33% exited care during their 20th year (up from 9% in FFY 2008),
- 10% exited care during their 19th year (down from 14% in FFY 2008), and
- 46% exited care during their 18th year (down from 60% in FFY 2008).

During the last year, 197 former foster youth were provided aftercare services through the Transitional Independent Living Program, a slight decrease over FY 2008. This includes youth who aged out of tribal or other state foster care systems. Young adults benefited from this service as follows:

- 88% of young adults were enrolled in a health plan by the end of the reporting period, versus 74% who were enrolled at the beginning of the reporting period (an increase of 14%)
- 85% of young adults maintained or moved into stable living situations at the end of the reporting period versus 81% who were in stable housing at the end of the reporting period (a decrease of 4% during the year)
- 43% of young adults were living on their own (in independent housing) by the end of the reporting period, versus 28% at the beginning of the reporting period (a 15% increase)

The Division continues to see youth struggle with maintaining stable housing. Two recent housing efforts are producing positive results; the Family Unification Program (HUD) and the Housing Arizona Youth Demonstration Project. Four local housing authorities were awarded 250 Family Unification Program (FUP) housing vouchers in 2009. A portion of these may be used for youth who will reach age 18 while in care. The youth vouchers are limited to 18 months. The local AYAP program staff and aftercare providers work with the local Housing Authority to refer eligible youth. Each Housing Authority decides how many vouchers will be used for families and youth.

The Housing Arizona Youth Demonstration Project provides funding for housing to youth who are currently homeless or at risk of becoming homeless. Former foster youth comprise one high priority population. During the first two quarters of 2010, 18% of the housing recipients (approximately 22 youth) were previously involved with the child welfare system.

Section V

Child Abuse Prevention and Treatment Act Annual Progress Report 2010

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A. Update on the program areas selected for improvement from the 14 program areas delineated in Section 106(a) of the Child Abuse Prevention and Treatment Act (CAPTA)

1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

Child Protective Services Specialist Group Care Investigations

Goal

To provide specialized staff capacity and expertise to conduct investigations of reports of child abuse and neglect in licensed group care facilities statewide. Investigations include joint investigations with law enforcement or other agencies as necessary.

Objectives

Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff. Investigations include:

- coordination with the Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, CPS Specialists assigned to child victims, and other state agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS); and
- joint investigations with law enforcement for all reports alleging extremely serious conduct, which includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

Update

The Division of Children, Youth and Families (the Division) maintains a specialized unit (Group Care Investigation Unit) located in District 1 (Maricopa County) to conduct investigations of all reports of child abuse and neglect concerning children residing in licensed group care facilities. This Unit continues to be effective in promoting the protection of children placed in residential settings. The Group Care Investigators help achieve the statutory mandate to investigate 100% of reports of child abuse and neglect.

The Group Care Investigation Unit met its goal of conducting investigations of all reports received concerning licensed agencies. During this reporting period, the Unit received 59 reports on licensed facilities. Of the 59 reports, 69% pertained to facilities licensed by the Department of Economic Security (the Department) and 31% were facilities licensed through the Department of Health Services (DHS). Of the facilities licensed by DES, 33% were supervised by the Division and 8% were supervised by DDD.

Of these 59 reports, none of the investigations resulted in a substantiated finding of child abuse and/or neglect.

In addition to investigating reports concerning group care facilities statewide, the Group Care

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Investigation Unit also investigates reports of child maltreatment concerning licensed foster homes in District 1. During this reporting period, 192 reports about licensed foster homes were received and investigated by this Unit. The Unit also responded to 96 action requests that did not contain an allegation of child maltreatment, but required an action on part of Child Protective Services (CPS).

The CPS Specialists in the Group Care Investigations Unit coordinated investigation activities with CPS field staff, the group care facilities and other involved State agencies. Investigations are conducted jointly with the licensing authority [DHS and the Office of Licensing, Certification and Regulation (OLCR)] and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and permit licensing issues to be addressed concurrently with the CPS investigation. The outcome of all investigations is provided to the licensing authority to determine if any licensing violation occurred and to take licensing and/or corrective action to ensure child safety and well-being.

During this reporting period, Unit staff delivered three training sessions regarding policies and procedures for the investigation of reports pertaining to licensed facilities to a group care facility and a foster care agency (included foster parents), with approximately 15 persons attending each session. Ten training sessions were delivered to newly hired CPS Specialists, with an average of 12 to 20 staff in attendance per session.

Arizona Citizen Review Panels

Goal

Review policy, procedures and practice of the State and District Offices and determine the extent to which the State and local Child Protection Systems are discharging their child protection responsibilities.

Objectives

- Convene, at least quarterly, to review case records including fatalities, near fatalities, high risk maltreatment, other case types and other information important in ensuring the protection of children.
- Provide feedback regarding policy, procedure and practice improvement to the State and District CPS systems.
- Submit an annual report including recommendations for improving the child protection system.

Update

In late 2008, the Department entered into an interagency agreement with the Arizona State University, Center for Applied Behavioral Health Policy (CABHP) to administer the Arizona Citizen Review Panel (ACRP) program. CABHP developed a new approach to the coordination and support of the Panels based on interviews with a diverse group of stakeholders, past ACRP reports and surveys, consultation with representatives from the National Citizen Review Panel Program at the University of Kentucky, and examination of the National Guidelines and Protocols created for ACRP. Based on the information collected, a comprehensive work plan was developed which focused on four key goals:

- Centralize responsibility for staffing, coordinating and supporting the ACRPs in meeting their legislative mandate.

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- Strengthen the ACRPs in order to fulfill CAPTA requirements.
- Provide data from various sources to assist the ACRPs in making recommendations that improve the child protection system.
- Enhance coordination, communication, and reporting of child welfare data to maximize public input and interagency collaboration.

Accomplishments

Accomplishments over the past year included the following:

- Centralization of logistical and staff support and institution of a process made possible via regular calendar meetings, a new member application and new terms of membership.
- Development of a program brochure that was distributed to over 500 people and dispersed via various community list-serves to solicit volunteer member.
- Expansion of panel membership by 47% statewide, adding diversity and ensuring community representation; including family members and youth formerly served by CPS.
- Implementation of a new orientation process for new members.
- Creation of an intranet site to provide meeting materials and other pertinent information (e.g. reports, presentations and other types of relevant information).
- Development of a public web site for public information and public comment.
- Implementation of a structured meeting agenda for panel meetings that includes the provision of information and data from various sources including speakers, presentation and case record reviews, and:
 - a structured protocol for conducting case record reviews and a process for facilitating case record review presentation
 - panel member input on thematic areas of focus (e.g. chronic neglect, substance abuse)
 - a program report at each meeting from Division representatives, to ensure that the Panels receive information on the status of ACRPs recommendations.
- Execution of a data sharing agreement between CABHP and the Division that allows direct access to case record information.
- Establishment of monthly ongoing coordination meetings between the Division and CABHP.
- Designation of Division Practice Improvement Specialists to two of the three regional Panels.
- Designation of a Division Central Office liaison to each of the three regional Panels.

The CABHP administers and supports the three regional Panels located in Phoenix (Central), Tucson (Southern) and Flagstaff (Northern). The three ACRPs met quarterly in 2009, as required.

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Case Record Review Findings

Cases selected for review are not meant to be representative of all CPS cases, but rather an examination of cases of fatalities, near fatalities and the specific steps followed during the course of open cases. ACRPs completed reviews of 18 cases of child maltreatment that occurred between December 1, 2008 and November 30, 2009. Eleven of these cases were fatalities and seven were near-fatalities. It is important to note that findings are based on the information available to the CABHP reviewers and presented to the Panel members.

Case record review findings summarized below are consistent with the State's process by which report of child abuse and neglect are received and addressed. Examination of the operations of the CPS system at each of these stages as outlined below are also recommended in the *Citizen Review Panels for Child Protective System: Guidelines and Protocols* (October 2001).

- *Prior Child Protective Service History* – A total of 54 reports were received on the 18 cases reviewed by the panel. The number of reports received ranged from one to nine with an average of three reports per case. Seven of the cases had no previous reports. One-third (33%) of the cases with prior abuse and/or neglect allegations were substantiated.
- *Intake and Screening* – The case record reviews identified this stage as a strength of the child protection system. The panels found that reports taken by the Child Abuse Hotline were complete, accurate and timely in all 18 cases (100%). The timeframes for the initial response by CPS or law enforcement or other emergency personnel were within the allotted times determined by levels of risk (high, moderate, low or potential).
- *Crisis Intervention and Initial Child Safety Assessment* – In 11 of 18 investigations reviewed, the panels concluded that CPS adequately fulfilled its role of assessing child safety. The panels determined this stage to be an area needing improvement. The panels expressed concern about CPS' lack of thorough safety assessment in eight of the investigations reviewed including: information on interviews of persons in the home was either unclear or not included in three cases; the safety threats and factors were not complete in three cases; and CPS staff did not assess safety of other children in the home in two cases.
- *Family Risk Factors* – Panel members review specific family risk factors addressed by CPS during the initial investigation. Panels are able to determine if CPS adequately assessed, identified and resolved risks contributing to child maltreatment. The most prevalent family risk factors identified during the reviews were substance abuse (72.2%); lack of parenting skills (55.5%); mental health issues (44.4%); and domestic violence (44%). Methamphetamines (44.4%), alcohol (22.2%), and prescription drugs (22.2%) were the most prevalent types of drugs identified in case record reviews. The number of risk factors per case ranged from one to ten with an average of five risk factors identified per case.
- *Investigation Stage* – During case record reviews, panel members discuss various aspects of each investigation, identifying areas of strength and needing improvement, and exemplary practices within the CPS system. The panels determined this stage as an area needing improvement. Panel members concluded that thorough investigations were completed in 13 of the 18 cases reviewed (72.2%). Concerns noted missing information as follows: medical records in three cases; psychological evaluations in three cases; autopsy reports in three cases; law enforcement reports in three cases; school records in two cases; immunization records in two cases; safety monitor paperwork one case; and a home study in one case where it was determined by the panel as

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pertinent to the investigation. Custody and visitation orders and results of drug tests were also absent from some of the records. In two cases, CPS failed to interview all relevant persons in the home, and safety assessments did not address other children in home or documentation was incomplete. Background checks, absent from three cases, should have been completed on all adults in home.

- *Investigative Finding/ Determination* – The panels concluded that documentation did not support the investigative findings in seven of the 18 investigations reviewed. The panels identified concerns regarding the inability of CPS to substantiate allegations of abuse and neglect, given strong supportive evidence. In four of the 18 cases, there was evidence of prenatal exposure to substance abuse, but still no allegations of neglect were substantiated. Concerns were also noted in one case in which there were unsubstantiated reports despite multiple sources (e.g. school, juvenile probation, neighbors and police) alleging incidents of abuse or neglect. In two cases, the panels found that inadequate information was gathered in the record and failure-to-thrive was not taken into consideration.
- *Case Planning and Implementation* – The panels determined that in ten of the 18 cases, case planning and ongoing case management activities were appropriate and timely. Concerns included refusal by parents or guardians to participate in services and the inability of CPS to enforce case plans, as well as failure to include all family members in case plans. Additionally, panels were concerned that in two of the cases, case plans focused on the deceased child and did not fully address other siblings in home; and the case plan did not address substance abuse.
- *Foster Family Section* – There were no reports of child abuse or neglect involving an out-of-home caregiver.
- *Case Closure* – Panel members concluded that six of the 18 cases appeared to be closed prior to adequately resolving all safety issues. Concerns noted by the panels included lack of law enforcement involvement and repeated unsubstantiated reports from multiple sources (school, juvenile probation, neighbors and law enforcement); reunification plans that were premature considering the potential safety issues; and medical examiner findings that the cause of death was undetermined appeared to end further investigation of the case.
- *Policy Issues* – At the conclusion of case reviews, panel members determine if state and federal policies were followed. During this reporting period, the panels concluded that State and Federal policies were followed in ten of the 18 cases. In cases where policies were not followed, the panels identified the failure to obtain pertinent records during the investigation in two cases; failure to obtain background checks on all family members in three cases; failure to complete the review of prior reports and case histories on cases that involve three or more prior reports in four cases; failure to update documents in one case; and lack of identification of child's failure-to-thrive.

The 2009 Arizona Citizen Review Panel Annual Report and the Department's response to the Panel's recommendations are included as attachments to the Child and Family Services Annual Progress Report 2010, and are available for public review at: <https://www.azdes.gov/appreports.aspx>.

Efficiency Review: ON THE MARK

Goal

To review and evaluate Division programs with emphasis on Child Protective Services processes to assess

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and identify opportunities to maximize efficiency while maintaining and/or improving program effectiveness between State and District Offices, partner agencies and other stakeholders.

Objectives

- Perform a comprehensive end-to-end assessment of the Division's activities and infrastructure system in collaboration with a division-wide team of Division staff.
- Submit a summary report that highlights key conclusions emerging from the analysis and recommendations for system improvement of the State's Child Protective Services System.

Update

In July 2009, the Department entered into a one time contract with *ON THE MARK* (OTM) to evaluate the end-to-end efficiency and effectiveness of the Division's programs and processes. OTM collaborated with Department and Division leadership and staff to create a comprehensive, end-to-end picture of the current Division process, structure and context. The purpose of the engagement was to assess and identify opportunities to maximize efficiency while maintaining or improving program effectiveness. Participation involved close to 100 Division stakeholders, leaders and staff as subject matter experts representing a cross section of management levels, districts, functions, partner agencies, stakeholders and youth who have been through the Division's system. The work was carried out through a combination of "day in the life" meetings, one-on-one interviews and immersive face-to-face design team workshops facilitated by OTM in collaboration with these Division staff and stakeholders. The primary outcomes of the exercise include a complete depiction of purpose, performance and design of the end-to-end Division work system, from demand through delivery, and specific recommendations for sustainable improvements to maximize efficiency and effectiveness.

Findings

The OTM report noted that handling a high level of demand in an environment of recurring budgetary pressure is an extraordinary feat and requires doing of many things right. Much strength exists within the Division including:

- Management and staff demonstrate a deep connection to the Division's stated purpose of ensuring children's safety, permanency and well-being.
- A strong desire for, and unequivocal commitment to, improving the Division's organization and work system.
- The tremendous individual and collective effort to make the existing child protection system work has created a positive working relationship between the Division, their partner agencies and contract providers.
- Department management and staff strongly support and have a deep connection and extraordinary passion for ensuring safety, permanency and well-being for all children and families who enter the Division's system.

Conclusions

- The work of the Division is more complicated than it needs to be and is made complex by the fact

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that every child and family situation is different.

- Core Division work crossing state agency, division and geographic boundaries drives delays, re-work and cost.
- Current structure limits optimal performance.
- Legislation and mandates place a significant burden on the Division's work system – exhausting resources, driving unnecessary effort and cost.
- The Division is data rich, but little end-to-end information is used to manage the core purpose.
- Change lacks sustainability.
- Morale of the workforce is impacted by the complication of the work system.

Recommendations

- *Redesign the Division's work stream to focus primarily on core tasks and activities contributing directly to safety, permanency and well-being:* Shift capacity toward activities contributing directly to the Division's core purpose. Make the CSA-SRA process more functional and identify tools and technology to simplify data input and information access to front-line case workers (e.g. smart forms). Collapse and consolidate District practice and procedure manuals into a single source containing the minimum critical specifications, only allowing variation where necessary. Discontinue the current policy of transferring cases between the Division and the Division of Developmental Disabilities.
- *Implement organizational changes and strengthen the workforce to optimize the focus on the Division's core purposes:* Flatten the organization to reduce levels between front line case workers and administration. Move toward and maintain a staffing model based on a realistic utilization rate. Ensure that primary coordination, control and decisions about a case are driven locally with minimal escalation. Explore a teaming approach for case management, with multi-disciplinary teams comprised of a lead professional and subject matter experts from each functional area and partner agency. Align reward and recognition with the redesigned work stream and case management model.
- *Plan, manage and drive all key Divisional changes through to sustainability:* Limit Divisional improvement initiatives to just a few. Re-evaluate and prioritize all current activities. Identify a very small number of top improvement activities with the highest potential positive impact to the Division's core purpose and implement these to completion and stabilization before taking on more.
- *Improve ready access to information needed to make good decisions around safety, permanency and well-being:* Create a common database with all information required to manage and progress a case (e.g. DPS, medical, RBHA). Ensure Central Office is able to provide reliable and timely information to the field to support decisions regarding child welfare. Remove all reports and forms related to case management not used directly in making decisions for safety, permanency and well-being.

2. Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers

Group Supervision Circles: Strengths-based Clinical Supervision

Goal

To provide all newly hired CPS Supervisors, Assistant Program Managers, and Program Managers with knowledge of and expertise in a model of strengths-based clinical supervision that utilizes family-centered practice, facilitates critical decision-making, and supports staff in both individual and group supervision of child welfare casework.

Objectives

Provide training, awareness, practice skills and improvement of knowledge in:

- the functions of supervision,
- key components of Family-Centered Practice,
- parallel process in supervision,
- critical thinking and decision-making,
- use of process vs. content,
- use of individual and group supervision, and
- use of both crisis and scheduled supervision.

Update

During FFY 2009, the Division contracted, through its Arizona State University partnership, with Dr. Cynthia Lietz and Professor Tamara Rounds, School of Social Work, to provide three trainings in "Supervision Circles," an advanced set of trainings for all existing CPS Supervisors, CPS Program Specialists, Assistant Program Managers, and District Program Managers. Those trainings were held throughout the state as described in the previous report.

For FFY 2010, Dr. Cynthia Lietz collaborated with the Child Welfare Training Institute (CWTI) to convert the *Supervision Circle Training Series* into a two-day Clinical Supervision class to be provided to all new CPS Supervisors, Program Specialists, Assistant Program Managers and District Program Managers as part of the CWTI CPS Supervisor Core. That class was finalized, and is scheduled to be delivered late summer of 2010, in both Tucson and Phoenix. The attendance is projected to be approximately 15 at each training, for a total of 480 CPS Supervisor hours. This class will continue to be offered twice yearly for all newly hired supervisory staff. Dr. Lietz will deliver an estimated two sets of these two-day modules to new supervisors over the course of the FFY2010.

In addition to the ongoing provision of this class, the Division will hold a CPS Supervisor Conference in July 2010 for all CPS Supervisors, Program Specialists, Assistant Program Managers and District Program Managers. One of the primary sessions in that conference will be provided by Dr. Cynthia Lietz, and will focus on the role of all supervisory staff during clinical supervision to reinforce best practice and consistency in case management.

Assessment and Case Planning Specialist

Goal

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To build agency capacity by developing experts in child safety assessment and safety planning at the “front line” level

Objective

- Develop a plan to target specific CPS units for intensive on-site “hands-on” technical assistance.
- Provide on-site “hands-on” technical assistance to at least three sites in each District during the FY 2011.

Update

The Division was granted permission to fill the Assessment and Case Planning Specialist position, which has been vacant since September 2008. Effective March 2010, the statewide Assessment and Case Planning Specialist position has been filled with an MSW former CPS Unit Supervisor. The Assessment and Case Planning Specialist has spent the last two months enhancing her knowledge, skills and application of Arizona’s safety and risk assessment and behaviorally-based case planning model.

During the next reporting period, the Specialist is expected to:

- serve as an expert in the CSA-SRA-Case planning process;
- provide technical assistance to Supervisors and CPS Specialists on implementation and application of the process;
- develop experts at the “front line” level through targeted training, case specific consultation, mentoring, and individual and group supervision;
- provide intensive on-site staff support;
- consult with District Program Managers, Practice Improvement Specialists, CWTI trainers, and Central Office Policy about practice standards and staff or system needs;
- coordinate with CHILDS staff to identify improvements for the automated CSA-SRA-Case planning process; and
- assist CPS Unit Supervisors to develop worker-level performance improvement plans.

The Specialist, in consultation with the District Program Managers, will develop a plan to target specific CPS units for intensive on-site “hands-on” technical assistance. The technical assistance will focus on specific staff needs and areas needing improvement as identified the Division’s Practice Improvement feedback.

B. Activities that the State intends to implement with its State Grant funds during FFY 2011 pursuant to Section 106(b)(2) of CAPTA

DCYF Child Protective Services Specialist for Group Care Investigations

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

Arizona Citizen Review Panels

CAPTA Basic State Grant will continue to support the required Arizona Citizen Review Panels. Three Citizen Review Panels are fully operational and are administered by the Arizona State University, Center for Applied Behavioral Health Policy (CABHP) through an interagency agreement. Grant funding is used to support centralized staffing, coordinating and support of the panels. The three regional panels are located in Phoenix (Central), Tucson (Southern) and Flagstaff (Northern), and use volunteer members who have established working relationships. This activity does not differ from the previous plan.

Assessment and Case Planning Specialist

CAPTA Basic State Grant will continue to fund the Assessment and Case Planning Specialist full-time professional position. This Specialist will provide intensive on-site field staff support to increase staff skills, knowledge and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally-based case planning. This Specialist serves as an expert in the CSA/SRA/CP process and will provide targeted technical assistance; case specific consultation; mentoring; and individual and group supervision to Supervisors and CPS Specialists. This activity does not differ from the previous plan.

Group Supervision Circles: Strengths-based Clinical Supervision

CAPTA Basic State Grant funds will continue to be used to provide specialized support to front line CPS Unit Supervisors to enhance supervision practice skills. Effective supervision is a critical component to successful implementation of the revised assessment and case planning process. While clinical supervision has been integrated into the assessment and case planning process, the continued teaching of Supervision Circles should enhance understanding of the role of supervision in improving agency practice, critical thinking/decision-making during the life of a case, and the integration of the CSA-SRA-Case planning model and family-centered practice in supervision. Effective clinical supervision results in better outcomes for children and families, and greater effectiveness of staff providing services. This activity does not differ from the previous plan.

C. Description of the services and training to be provided under the State Grant during FFY 2011 as required by Section 106(b)(2)(C) of CAPTA.

1. Services to be provided under the grant to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect

The Division of does not use CAPTA grant funds to provide direct services or referrals aimed at preventing the occurrence of child abuse and neglect. CPS staff refer children and families to community based contract providers for services aimed at preventing and treating child abuse and neglect. These contract providers offer an array of services such as child care services, domestic violence shelters, food

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stamps, housing assistance, counseling, behavioral health services for adult and children, substance abuse assessment and treatment, etc. Families also have direct access to voluntary services through Healthy Families Arizona and other Department programs, such as TANF. These voluntary service programs often refer families to other community based services. The Child Abuse Hotline also makes referrals to community based resources and services when the information being reported does not meet the criteria for a report.

2. Training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making and referral for investigating suspected instances of child abuse and neglect

CAPTA funds are not used to support training of the Arizona Child Abuse Hotline staff who receive, screen, assess and make decisions regarding whether information meets Arizona's legal criteria for a CPS report for investigation. This staff training is provided through existing resources, including a dedicated Hotline professional training position. Hotline supervisory staff are required to complete Supervisor CORE training in the Division's Child Welfare Training Institute.

The comprehensive Hotline training program involves four weeks of instruction and practice. This includes three weeks of classroom training and one week of practice with a mentor. Further individual instruction is provided by Hotline supervisors.

Training content includes instruction on the legal and applied definitions of Arizona's child abuse and neglect statutes and related criminal statutes. These statutes provide the basis for the legal criteria for receiving, screening and the investigation of child abuse and neglect. Specific and critical training is provided regarding child safety assessments and family strength and risk assessments. Specific tools used by Hotline staff include Interview Questions, the CPS Response System, the Safety and Risk Assessment matrix and legal reference material.

Other training topics include use of the automated case management information system (CHILDS) and other Department data systems used in researching the current status and history of investigation or contacts with families reported to CPS. Information known to the Department through a family's involvement in other programs, such as the Family Assistance Administration, is also researched in order to gather family demographics and a current address. This information is often helpful in locating and assessing safety or risk to a child.

Hotline staff are also provided ongoing training sessions each year, addressing various topics such as interview and recognition skills; child safety and strength and risk assessment; and legislative changes that impact the work of the Hotline staff. During 2009, training was provided on the following topics:

- PASE (performance evaluation system) for the Administration and CPS Unit Supervisors,
- potential risk "not investigated" reports,
- private dependency e-mail procedures for Maricopa County,
- criminal records searches via the Arizona Department of Public Safety,
- acting supervisor training for seven CPS Specialists who expressed interest in performing in the role of acting supervisor, and
- legislative update.

All Hotline staff are currently participating in intensive instruction on the alignment of the Hotline assessment practices with Arizona's safety model. This is the first major overhaul of the Hotline practices since its inception in 1994. These practice changes are effective July 1, 2010 and include:

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- movement away from incident-based data collection to collection of information to understand family functioning;
- collection of more relevant and sufficient information about the maltreatment, circumstances surrounding the maltreatment and family dynamics to identify possible child safety threats;
- critical analysis by thoughtful review and consideration of information collected;
- understanding of possible safety threats to guide decision-making, including when the information indicates a child is unsafe due to present or impending danger, safety threshold analysis and applicable response;
- identification of “missing” information; and
- limited collateral contacts.

3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect

CAPTA funding is not used at this time to provide training to mandated reporters.

Training for mandated reporters is provided by various persons and agencies, both internal and external to the Department. The Children’s Justice Act (CJA) Coordinators are tasked with providing training to mandated reporters regarding reporting of abuse and neglect and the joint investigation protocols between CPS and law enforcement. These Coordinators are located in seven counties (Coconino, Maricopa, Navajo, Pima, Pinal, Yavapai and Yuma) and are housed in various locations within the community such as the County Attorney’s Office, child/family advocacy centers, ChildHelp and a medical center. Statewide, requests for training are coordinated through Prevent Child Abuse Arizona. Between October 1, 2008 and September 30, 2009, more than 5,500 individuals with a statutory duty to report child abuse and neglect were trained through the CJA program. Additionally, Maricopa County developed online mandatory reporting training. This online free Mandatory Reporting Training is available at the ChildHelpInforCenter website (<http://www.childhelpinforcenter.org>).

In addition, training to mandated reporting sources is provided by the Child Abuse Hotline Program Manager, Assistant Program Manager and Trainer. District Administration and front line staff may also provide a portion of training to mandated reporters in their local areas. Trainings are provided largely to school personnel, community agencies and partner agencies involved with community multidisciplinary teams.

Training materials include written pamphlets, posters, cards, and a video regarding mandated reporting and the Hotline process. These materials are also requested and distributed throughout the State at professional in-service training sessions. These materials include the Child Abuse Hotline phone number, which is a national toll-free and customized number.

Information about reporting child abuse and neglect, including the reporting statute, parents’ rights during a CPS investigation and available services are posted on the Department’s website.

The Child Abuse Hotline’s standard report form is posted on the Department’s intranet site, making it available to any Department personnel to forward to requestors via e-file. Other related documents, such as the Hotline Interview Questions and CPS Response System are also available on the Department’s

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internet website.

D. Notification regarding substantive changes, if any, in State law that could affect the State's eligibility for the CAPTA State Grant, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility [Section 106(b)(1)(B) of CAPTA]

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Assistant Attorney General, Child and Family Protection Division, is included as an attachment to the Child and Family Services Annual Progress Report 2010.

E. Describe any changes to the State's provisions and procedures for criminal background checks identified in the State's CFSP for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (Section 106(b)(2)(A)(xxii) of CAPTA).

There are no changes to the State's provisions and procedures for criminal background checks for prospective foster and adoptive parents. Arizona remains in compliance with the provisions of the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) that amended Section 471(a)(20) of the Social Security Act. All applicants for foster home licensure and/or adoption certification and each adult household member must submit a full set of fingerprints for State and Federal criminal records clearance checks. Each prospective foster and adoptive parent and each adult household member must obtain a Level I Fingerprint Clearance Card as a condition to being licensed or certified.

F. Submit a copy of the annual report from the Citizen Review Panels and a copy of the State agency's most recent response to the panels and State and local child protective services agencies, as required by Section 106(c)(6) of CAPTA.

The 11th Annual Report of the Citizen Review Panels and the Department's response to the Panel recommendations are included as attachments to the Child and Family Services Annual Progress Report 2010.

Section VI

Comprehensive Medical and Dental Program Health Care Services Plan Update 2010

Comprehensive Medical and Dental Program Health Care Services Plan Update 2010

Pursuant to P.L. 110-351, Section 205, the State of Arizona is required to develop a Health Oversight and Coordination Plan to ensure ongoing oversight and coordination of health care for foster children. The Department of Economic Security Division of Children Youth and Families (DES/DCYF) and the Arizona Health Care Cost Containment System (AHCCCS) are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

The Medicaid program in Arizona operates as a Section 1115 Demonstration Waiver, which results in the state having a managed care system for Title XIX and Title XXI clients. AHCCCS contracts with health plans that are funded based on actuarial determined capitation rates for each enrollee. The AHCCCS contracted acute care health plan for foster children in Arizona is the Comprehensive Medical and Dental Program (CMDP), which is a program within DES/DCYF.

One important result of CMDP being a program within the child welfare system is that Arizona had oversight and coordination plans in place prior to the passage of Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893). Arizona's Health Care Services Plan was provided to the U.S. DHHS in June 2009. This plan was an overview of documents and policies already in place, which demonstrate the state's compliance with the requirement of P.L. 110-351 as they pertain to oversight and coordination of health care for foster children.

Arizona's commitment to coordination of health care services for children in foster care and compliance with P.L. 110-351 is demonstrated in the 2009 Quality Management/Performance Improvement (QM/PI) program, which is designed to monitor, evaluate, and improve the continuity, quality, accessibility and availability of health care services provided to all CMDP members. The program is designed to assess member care, delivery systems and satisfaction, while optimizing health outcomes and managing medical resources. QM/PI is a plan-wide endeavor, involving the integration of QM/PI activities with other systems, processes and programs throughout the health plan and the child welfare system. The QM/PI program plan is updated annually. The CMDP QM/PI program results in a structured process to ensure oversight and coordination of care. The purpose of the CMDP QM/PI program is to:

- Provide a framework for the continuous assessment and improvement of all aspects of care and services received by individual members and populations
- Integrate CMDP's quality activities within the context of Arizona's child welfare program
- Identify and improve the processes, systems and practices that will improve member outcomes
- Promote the recognition and use of approved medical standards, practice guidelines, best practices, targeted benchmarks, data collection, analyses and clinical indicators
- Address identified health care, service and safety issues and bring them to satisfactory resolution according to approved medical standards, best practices and practice guidelines
- Collaborate with the health care community to improve members' outcomes and support community health initiatives
- Incorporate the evaluation of technology into quality activities to improve members' health outcomes
- Comply with federal, state and AHCCCS requirements
- Ensure coordination with state registries
- Ensure CMDP executive and management staff participation in QM/PI processes
- Ensure contracted provider, legal guardian and member/caregiver input into QM/PI processes

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Results of clinical and operational monitoring are tracked, analyzed for trends and reviewed by the Medical Director and the QM/PI Committee. When opportunities for improvement are identified, CMDP takes appropriate action to address the issue. During FFY 2009, the QM/PI Committee met four times. Membership on the QM/PI Committee includes:

- CMDP Medical Director (chairperson)
- CMDP Director of Medical Services (Performance/Quality Improvement Coordinator and QM Coordinator)
- CMDP Medical Services Manager
- CMDP Program Administrator
- CMDP Behavioral Health Lead Coordinator
- CMDP Provider Services Supervisor
- CMDP Member Services Supervisor
- CMDP Program Operations Manager
- CMDP Chief Financial Officer
- CMDP Compliance Officer
- CMDP EPSDT Coordinator
- CMDP Concurrent Review Nurse
- Grievances and Appeals Coordinator
- DCYF Child and Family Services Review Manager
- DCYF Statewide Behavior Health Coordinator
- DCYF Statewide Behavior Health Appeals Coordinator
- Juvenile Corrections Representative
- Four Network Providers (two pediatricians, one obstetrician, one pediatric sub-specialist)
- Three Representatives of foster care settings (one foster/adoptive parent, one group home and one crisis center)

Standing agenda items for these quarterly meetings include, but are not limited to:

- Updates on processes and programs that impact CPS and CMDP
 - Transition of DDD eligible children back to CPS as the custodial agency
- Performance on maternal and child health measures
 - Results of blood lead screening, developmental screening and behavioral health screening from EPSDT visits
 - Emergency room utilization – Measures to control inappropriate visits and maximize use of the primary care provider (PCP)
 - Timely prenatal care for pregnant teens, newborn delivery outcomes, and post-partum visits 6 weeks after delivery
- Behavioral health
 - PCP prescription monitoring for ADHD, anxiety and depression
- Administrative performance standards
 - Monitoring of telephone calls from stakeholders regarding timeliness, first call resolution, and abandonment
 - Provider and member grievances (complaints)
 - Appeals and claims disputes from providers
- Clinical performance measures

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- Well-child visits at 15 months-of-age – Percentage of children received 6 or more EPSDTs by the 15th month of life
- EPSDT visits for children 3-6 years-of-age – Percentage of children that received an annual EPSDT
- EPSDT visits for adolescents - Percentage of youth that received an annual EPSDT
- Children's access to primary care by age group
- Dental visits for children ages 3 to 21 – Percentage of children that received an annual dental visit

- Performance improvement projects
 - Use of appropriate medications for children and adolescents with asthma - Percentage of children and adolescents, ages 5 to 9 and 10 to 17 that received preventative medications (vs. rescue meds only) for their asthma
 - Racial or ethnic disparities among adolescents who receive well visits (EPSDT)

- Quality of care issues and the disposition of each case

No substantial changes were made to the 2010 QM/PI program plan based on outcomes from the 2009 evaluation.

(i) Schedule for Initial and Follow-up Health Screenings

Arizona's schedule for initial and follow-up health screenings for children in the foster care system is documented in the CMDP EPSDT and Oral Health Plan, which is updated annually. The 2010 EPSDT and Oral Health Plan contains no changes in regard to initial and follow-up health screenings.

CMDP uses outcome-based performance measures to monitor the quality of medical care and appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona's Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks. CMDP data indicate significant improvement or maintenance of high performance in all the measures for 2009, with rates among the highest in the state and exceeding the national Medicaid mean in all pediatric measures.

(ii) How Health Needs Identified through Screenings will be Monitored and Treated

One of the EPSDT program goals and objectives is to maintain systems for tracking EPSDT data, including follow-up services and immunization. The Children's Services Policy Manual identifies CPS Specialists as responsible for facilitating the provision of appropriate medical, counseling, psychological or psychiatric services for children who are in the custody and control of the Department of Economic Security. This responsibility is supported by Arizona's Child Welfare information system (CHILDS) and the CMDP information system (QNXT). These information systems continue to support health care treatment monitoring, as described in Arizona's June 2009 Health Care Services Plan. CMDP medical care coordination and medical management services also continue as described in the June 2009 Health Care Services Plan.

(iii) How Medical Information for Children in Care will be Updated and Appropriately Shared, which may include the Development and Implementation of an Electronic Health Record

Arizona was one of 14 states that received a Medicaid Transformation Grant which supported Arizona's efforts to create a health information exchange, called the Arizona Medical Information Exchange or AMIE. The pilot was very successful and to date has been the only operational health information exchange to exist in our state. AHCCCS has been working to establish a non-profit governance organization, overseen by a board of directors, to guide AMIE's future.

Since its inception, AMIE has been funded with grant funds, and those funds were fully exhausted on December 31, 2009. That said, work continues and the AMIE Board's efforts are directed toward:

- participating in discussions about how to develop a statewide Health Information Exchange (HIE) vision and proposed architecture;
- developing an equitable and sustainable Health Information Exchange business model for a single statewide HIE;
- recommending a governance structure that can oversee the long term operations of a single statewide HIE; and
- participating in a process that is transparent and results in certification of an exchange.

Within the Department of Economic Security, CMDP continues to improve the interface between CHILDS and CMDP's health information system. CMDP recently upgraded its health information system, QNXT, to better interface with the various systems, including AHCCCS' system. When its full capability is realized, this software will not only allow CMDP to better track medical and financial trends, it will enhance care coordination efforts and serve as a tool to ensure that children receive appropriate medical and behavioral services while in foster care and experience a seamless delivery of services upon exiting foster care.

The CMDP Medical Care Coordinator and the EPSDT Coordinator continue to work with the custodial agency representative to ensure that foster children receive required healthcare services and follow-up. The member's custodial agency representative helps to achieve member compliance with EPSDT standards and facilitates referrals to needed specialty services and other support services. The EPSDT coordinator and/or custodial agency representative communicates with PCPs regarding pertinent medical information, to address concerns about non-compliant behaviors, and to coordinate referrals to community agencies.

(iv) Steps to Ensure Continuity of Health Care Services, which may include the Establishment of a Medical Home for Every Child in Care

CMDP's Medical Management Plan provides detail on CMDP's policy regarding continuity of care and member transitions. CMDP recognizes the importance of maintaining continuity of care and service whenever a member's care setting or provider changes. Processes to guard against interruptions in care are integrated throughout CMDP's organization. Integrated systems and interdepartmental processes include the use of QNXT, which can be accessed by all CMDP units involved in coordinating services for a member. The system allows for: 1.) sharing of member and provider information for such purposes as coordinating procedures related to discharge planning and authorization of post-hospital services; and 2.) documenting care management and medical information. The new QNXT system has enhanced

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capabilities in these areas.

The EPSDT and Oral Health Plan and the Quality Management/Performance Improvement (QM/PI) program documents provide information on CMDP's efforts to work with foster caregivers to establish a medical home for all foster children and to ensure the continuity of care for health plan transitions. CMDP strives to establish a true medical home for every child during the period that they are in foster care. The 2010 EPSDT and Oral Health Plan and 2010 Quality Management/Performance Improvement program contain no changes in regard to steps to ensure continuity of health care services. The activities described in Arizona's June 2009 Health Care Services Plan are continuing. For example:

- CMDP encourages members to select a PCP from the CMDP's Preferred Provider Network, and provides services to assist caregivers to select the best PCP to meet the child's needs.
- CMDP maintains policies and procedures for monitoring the services of members during health care transitions, such as between health plans, within CMDP from one provider/setting to another or to a different level of care.
- When a CMDP member transitions to another Health Plan, CMDP ensures that medical care and treatment plan information is shared with the accepting Health Plan, to facilitate a smooth transition of services.

(v) The Oversight of Prescription Medicines

Pharmaceutical activities are delegated to a Pharmacy Benefit Manager (PBM), CVS/Caremark, which is CMDP's only subcontracted entity. However, CMDP remains responsible for all functions delegated to the PBM. CMDP monitors the adequacy and accuracy of the PBM through review of audited financial statements, investigation of member/caregiver or provider complaints, quarterly operational meetings, and quarterly Pharmacy and Therapeutic (P&T) Committee meetings. CMDP requires the PBM to submit a number of quarterly deliverables, which are also closely reviewed. The specific issues addressed through monitoring include utilization, adequacy of provider network, member and provider satisfaction, and quality of care issues.

CMDP continues to be responsible for oversight of all pharmacy activities including prescribing, dispensing practices, and use of medications. CMDP monitors clinical appropriateness, proper utilization, as well as resource management, and addresses quality concerns and complaints. These processes are integrated into the QM/PI and Medical Management programs. CMDP's pharmacy management strategies encourage the use of medically effective, cost-effective pharmacy services that support optimal health care outcomes. Significant oversight components of CMDP's pharmacy management include:

- a PML of covered pharmaceuticals that is tailored to CMDP's pediatric population and updated at least quarterly;
- a prior authorization process to make medically necessary non-formulary drugs and over-the-counter medications available to members;
- monitoring of drug utilization patterns for psychotropic medications and other medications, as appropriate;
- development with the new PBM of a monitoring mechanism of potential adverse drug interactions, drug-pregnancy conflicts, therapeutic duplication and drug-age conflicts;
- drug utilization reviews through PBM standing reports and ad hoc queries; and

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- education and focus interventions with providers, pharmacies and members about drug utilization and profile results in order to improve safety, prescribing practices and therapeutic outcomes.

As addressed in the 2009 EPSDT and Oral Health Plan, CMDP monitors member's behavioral health care and psychotropic medication utilization through the following ongoing activities:

- Monitoring non-compliant providers through the Provider Services Unit and QM/PI Committee activities.
- Educating and communicating the AHCCCS guidelines to PCPs who treat CMDP members with diagnoses of depression, anxiety and ADHD through CMDP correspondence such as the CMDP Provider Newsletter, CMDP Provider Manual, and CMDP website.
- Behavioral case management of certain non-Title XIX/XXI members regarding outpatient and inpatient service utilization.
- Monitoring through the Pharmacy and Therapeutics and MM Committees the activities of PCPs prescribing under the Psychotropic Medication Initiative Guidelines.
- A payer verification process to educate members, CPS Specialists and caregivers to fill RBHA prescriptions using the RBHA ID number and not the CMDP ID card.

The 2010 EPSDT and Oral Health Plan will continue the above activities and will enhance the behavioral health medication initiatives based on evaluation of 2009 activities. There are no other changes to Arizona's June 2009 Health Care Services Plan in the areas of oversight of prescription medications.

(vi) How the State Actively Consults with and Involves Physicians or other Appropriate Medical or Non-Medical Professionals in Assessing the Health and Well-Being of Children in Foster Care and in Determining Appropriate Medical Treatment for the Children.

A fundamental aspect of the QM/PI Committee is the inclusion of medical and non-medical professionals who are actively involved in assessing CMDP's performance and quality management activities. The QM/PI Committee's purpose is to advise and make recommendations to the Medical Director and Program Administrator on matters pertaining to the quality of care and services provided to members. The Committee meets quarterly.

CMDP also continues to engage pediatric physicians, dentists, and other medical professionals through other quarterly committee activities, such as the Pharmacy and Therapeutics Committee and the Medical Management Committee. In addition, pediatric physicians participate in CMDP's weekly Quality Review Committee meeting and cases requiring special care coordination or medical case management.

In summary, CMDP is continuing the implementation of the oversight and coordination plans developed prior to P.L. 110-351. The documented plans are cited throughout this document. Those plans are:

- 2010 Quality Management/Performance Improvement (QM/PI) program
- 2010 EPSDT and Oral Health Plan
- 2010 Medical Management Plan

(vii.) Steps to ensure that the components of the transition plan development process include information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document.”

CMDP is the health plan for foster youth receiving Chafee services. CMDP mails all members a CMDP Member Handbook. The handbook is also available online at

www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookenglish.pdf

The CMDP Member Handbook includes a section entitled “*Member Rights*” These rights include the following:

- Members shall be provided with information about formulating advance directives to provide for involvement by the member or their representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of Federal and State law with respect to advance directives [42 CFR 438.6].

CMDP also issues a Provider Manual for the healthcare providers. The Provider Manual includes a section entitled “*Member Rights*”. These rights include the following:

- The right to participate in decision-making regarding their health care in the present and future, and to have a representative to facilitate care or treatment decisions when the member is unable to do so.
- For more information on “Advance Directives” and life care planning, please contact CMDP Member Services.

The Provider Manual is also available online at:

<https://www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/HPM-069-PD.pdf>

CMDP supports the Division’s policy for CPS case managers, which includes the following policy statement::

- The department shall ensure every youth develops a transition plan which addresses how his/her basic needs will be met at the time of discharge from care including:
 - the importance of designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who would otherwise be authorized by state law to make such decisions, and
 - the option to execute a health care power of attorney, health care proxy, or other similar document.

The procedures for implementing the above policy statement are included in the CPS case manager’s policy manual. These procedures include the following:

- The case manager shall arrange to meet a youth during the 90 day period prior to his/her 18th birthday to develop a transition plan that is personalized to the youth's needs, is as detailed as the youth elects, and includes information on the importance of:
 - designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who

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would otherwise be authorized by state law to make such decisions; and

- the option to execute a health care power of attorney, health care proxy, or other similar document. (For more information, see Advance Directives and Health Care Directives at www.azag.gov/life_care.)

Attachments

**Arizona Citizen Review Panel
Eleventh Annual Report**

**Agency Response to Citizen Review
Panel's 2009 Recommendations**

**Letter of required notification
regarding substantive changes in
Arizona's State Laws**

ARIZONA CITIZEN REVIEW PANEL

Eleventh Annual Report

Prepared for
Arizona Department of Economic Security
Division of Children Youth & Families
Phoenix, Arizona
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Points of view represented in this report are those of the Arizona Citizen Review Panels and do not necessarily represent the official position or policies of the Arizona Department of Economic Security or Division of Children, Youth and Families.

Behavioral Health Policy.

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Executive Summary

The Center for Applied Behavioral Health Policy at Arizona State University (CABHP), through an interagency service agreement with the Arizona Department of Economic Security (ADES), began administering the Arizona Citizen Review Panel (ACRP) Program in December of 2008. The Arizona Department of Economic Security/Division of Children Youth & Families (DCYF) is the state agency responsible for provision of child protection services. Working in conjunction, DCYF and CABHP are responsible for meeting all federal requirements specified in the Child Abuse Prevention and Treatment Act (CAPTA) regarding Citizen Review Panels. Panels develop recommendations for improvement of Arizona's child welfare system, including Child Protective Services (CPS), through independent, unbiased system reviews. The Panels are composed of citizens; social services providers; child advocates; adoptive and foster care parents; legal, medical, education, mental health professionals; and faith-based representatives.

Citizen Review Panels review CPS state policies, current practices, pertinent data, and case record information on child fatalities and near fatalities due to maltreatment. In addition, the Panels evaluate the CPS relationship with foster care, adoption and other related agencies. The Panels make recommendations to CPS for system changes and improvements through the submission of the annual report.

This year was a transitional period as CABHP was awarded the contract for the administration of the ACRP program. CABHP developed a new approach to the coordination and support of the Panels based on interviews with key stakeholders (i.e. Panel members, advocates, representatives from other states, DCYF staff, and ADHS staff who formally administered the program); review of Panel member surveys and past reports; observation of Panel meetings; consultation from representatives from the National Citizen Review Panel Program at the University of Kentucky; and examination of the National Guidelines and Protocols created for ACRPs. Based on the information collected, a comprehensive work plan was developed which focused on the following four key goals:

Goal 1: Centralize responsibility for staffing, coordinating and supporting the ACRPs in meeting their legislative mandate.

Goal 2: Strengthen the ACRPs in order to fulfill CAPTA requirements.

Goal 3: Provide data from various sources to assist the ACRPs in making recommendations that improve the CPS system.

Goal 4: Enhance coordination, communication, and reporting of child welfare data to maximize public input and interagency collaboration.

The Eleventh Annual Citizen Review Panel Report summarizes the accomplishments, activities, findings, and recommendations of the three ACRPs (Northern, Central and Southern) in Arizona.

ACCOMPLISHMENTS

Highlights over the past year are detailed below:

- Centralized logistical and staff support and instituted a process to strengthen the Panels (e.g. annual calendar of meeting, terms of membership, and new member application);
- Developed a program brochure that was distributed to over 500 people and also dispersed via various community list serves to solicit volunteer members;
- Increased membership by 47% statewide including recruiting family members and youth formerly served through the child welfare system and providing supports for continued participation (i.e. mileage reimbursement);
- Provided orientation to new members;

- Created an intranet site to provide meeting materials and other pertinent information (e.g. reports, presentations, information from the National Coordinating Center, etc.);
- Developed a public web site for public information and public comment;
- Developed a structured protocol for conducting case record reviews and a process for facilitating case record presentations during Panel meetings;-
- Execution of a data sharing agreement between CABHP and DCYF;
- DCYF designated a Practice Improvement Specialist to two of the three regional Panels;
- DCYF designed a DCYF Central Office liaison to each of the three regional Panels; and
- Established ongoing coordination meetings between DCYF and CABHP.

Panels' Recommendations

Each of the three Panels developed recommendations for improvement of the child welfare system in Arizona based on policy review, case record presentations, materials distributed and updates provided by representatives from the ADES/DCYF (see Appendix G). Recommendations are combined, prioritized, and then divided into four categories based on input from DCYF and Panel members. The first category is the recommendations that require a formal written response from DCYF as required by the CAPTA. Recognizing the ongoing efforts of DCYF to improve the practices and services, only those areas not currently addressed, or those which Panels identified as benefiting from additional enhancements were included in this category.

The second category includes recommendations that are currently being addressed through practice improvement activities. DCYF has dedicated Practice Improvement Specialists in all districts. Practice Improvement Specialists in the districts lead case reviews, provide data and performance information to district management and the DCYF's Quality Improvement Manager, facilitate district action planning, and monitor and lead district practice improvement activities. The Panels want to avoid duplication and monitor progress in these areas in the upcoming year.

The third category is recommendations that require further monitoring. Due to the limited sampling of case records, caution was used to avoid making inferences based on a limited amount of information. These items will continue to be monitored and explored to assess whether there are system trends. DCYF Practice Improvement Specialists will also assist the Panels in determining whether observations are rare occurrences or if there could be a possible trend that requires additional attention.

Recognizing that the child welfare system is not solely the responsibility DCYF, the final category includes recommendations for system improvement that are directed toward system partners. Panel members and DCFY staff are encouraged to advocate and promote collaborative efforts with system partners to incorporate these recommendations.

The following is a summary of the findings and recommendations by the regional Panels in an effort to improve the CPS system:

RECOMMENDATIONS FOR AGENCY RESPONSE

1. DCYF should seek opportunities to work collaboratively with the Arizona Attorney General's Office to expand the Office of Drug Endangered Children's programs across counties.

2. DCYF should explore opportunities to work in partnership with the Federal Regional Office to advocate for a national registry and central depository that would aid CPS efforts to access information in a timely manner on adults who have a history of maltreatment reports in other states, especially those with multiple allegations of chronic abuse and neglect.

3. Additional guidelines should be provided to assist DCYF staff in strengthening and assessing the appropriateness of safety monitors. Provide staff with the types of charges on the Department of Public Safety background checks that would preclude someone from being a safety monitor. Currently DCYF staff is expected to conduct background checks, but there is some discrepancy in how decisions are made and what type of criminal arrest, charge and/or conviction would prevent a person from becoming a safety monitor.

4. The ACRPs recommend that DCYF reinforce current policy and documentation requirements on cases involving criminal conduct allegations. The ACRPs are concerned about the lack of adequate information gathered and/or documented which indicate a thorough safety assessment was completed for children remaining in the home when a criminal investigation has ended and a determination to close the case was made.

OBSERVATIONS IN ALIGNMENT WITH CURRENT PERFORMANCE IMPROVEMENT PLANS OR AREAS BEING ADDRESSED BY THE CHILD WELFARE TRAINING INSTITUTE

1. Chronic neglect continues to be a significant concern identified by the Panel. DCFY is currently examining this issue for future policy development. CABHP will work with DCYF to examine differences in substantiation rates by demographic factors and geographic location. Mechanisms to evaluate, track, and report on chronic neglect and abuse should be explored, including reporting on number of unsubstantiated prior investigations in cases, as well as, those cases in which repeated reports have been received from multiple sources (e.g. school, juvenile probation, neighbors, and police).

2. Information on evidence-based practices related to behavioral health, including how to work with family members who are receiving medication assisted treatment (e.g. methadone) and co-occurring disorders and medications used for pain management should be incorporated into current training curricula provided to CPS caseworkers. CPS caseworkers should be provided continued training opportunities on how to effectively work with families with substance abuse issues. This will also enable CPS staff to address clients' addiction disorders and develop case plans that address behavior changes necessary to resolve safety threats for the children.

3. Training and ongoing supervision should emphasize skills needed for CPS staff to identify ongoing services and mobilize resources prior to case closure. In addition, the importance of ensuring referrals are followed through by families prior to case closure should be re-enforced. For example, if a child is suspected or identified as having a

developmental disability, CPS should make efforts to refer the family to the Division of Developmental Disabilities.

4. Training and ongoing supervision regarding DES Policy Chapter 2 Section 4-*Safety Assessment When There Has Been Three or More Prior Reports*, should continue in order to educate workers to properly document in the Safety Assessment detailed information, including the evidence to support the previous findings, information on out of state reports (including dates, whether records were received or if there were barriers to obtaining records), behavior changes that resulted from previous services provided, and circumstances surrounding a child's death (e.g. unusual sleep patterns, signs of neglect, failure to thrive, etc.).
5. DCYF should continue to focus on improving the quality of the documentation and the transparency of the decision-making for determining whether reunification is viable.
6. The Panels identified the need to improve concurrent case planning. The Division recently trained all CPS staff to strengthen Concurrent Planning Practice.
7. CPS staff should continue to provide each family under investigation with a child one year or younger with the "Safe Sleep for Your Baby" pamphlet. DCYF will send out reminders to CPS staff to distribute these to all families involved with CPS who have a young child in their home.
8. The Panels recommend that CPS enhance its current training to assist staff in improving assessments related to substance exposed newborns and those related to developmental disabilities.

THE FOLLOWING AREAS WILL BE LOOKED AT BY THE PANELS TO IDENTIFY POTENTIAL TRENDS

1. Given budget cuts and proposed additional reductions, the Panels will monitor and request updates from DCFY in the upcoming year on the following:
 - a. The Panels expressed concern that mandatory reporters will be discouraged from making reports.
 - b. The number of foster families that adopt children statewide and any reduction in system capacity.
 - c. The availability of resources, including substance abuse treatment in rural areas. The Panels expressed concern that the state budget crisis is affecting organizations across the board, including donations that support non-profit organizations. -
 - d. The number of joint investigations including the number of cases where there is a disagreement between DCFY and law enforcement as to whether or not a joint investigation should occur.

2. The District Speakers Bureau should continue to visit schools, community providers and other community stakeholders to educate them on the function of CPS, and process of reporting child abuse and neglect, etc.

RECOMMENDATIONS FOR CHILD WELFARE SYSTEM PARTNERS

1. Medical and behavioral health providers should educate parents on the possible side effects of drugs prescribed including the dangers of co-sleeping with infants when under the influences of substances that inhibit responsiveness (e.g., prescription drugs and alcohol).
2. As DCYF has no authority to conduct follow-up checks to families once a case is closed, it is important that community service providers are trained in identifying families who are in distress and at-risk of abusing or neglecting their children. This also should include conducting follow-up on families where a CPS case has been closed and there are known future risk factors (e.g. mothers who are pregnant with histories of confirmed substance abuse and spouses that have child abuse or neglect perpetrators being released from the criminal justice system). In situations in which the provider suspects child abuse or neglect, mandatory reporting requirements must be adhered to. It is not the role or responsibility of the service provider to submit or evaluate evidence to determine if abuse has occurred.

Arizona Citizen Review Panel Overview

The ACRP was established in 1999 in response to the 1996 amendment to the Child Abuse Prevention and Treatment Act (CAPTA) requiring states to develop and establish Citizen Review Panels. The purpose of ACRP is to determine whether state and local agencies are effectively discharging their child protection responsibilities. Panel members develop recommendations for improvement of CPS through independent, unbiased case record and data reviews.

The creation of the ACRP Program is an acknowledgment that protection of our children is the responsibility of the entire community, not a single agency. Although the primary focus of oversight is ADES/DCYF, the ACRP takes into consideration the impact of other entities and assesses whether they support or hinder the state's efforts to protect children from abuse and neglect.

The promise of Citizen Review Panels is realized when vulnerable children are better protected as a result of new perspectives on old problems.

-Panel Member

CHILD ABUSE PREVENTION AND TREATMENT ACT

The Child Abuse Prevention and Treatment Act (SEC.106 [42 U.S.C. 5106a]) was enacted in 1974 to provide grants to states to support innovations in state child protective services and community-based preventive services, as well as research, training, data collection, and program evaluation. CAPTA requires states receiving a Basic State Grant to establish no less than three Citizen Review Panels. Panels are comprised of volunteer members who are broadly representative of their community, including members who have expertise in the prevention and treatment of child abuse and neglect. Each Panel must meet at least once every three months and evaluate the extent to which the state agency is effectively fulfilling its child protection responsibilities in accordance with the CAPTA state plan. In addition, Panels are required to review child fatalities and near-fatalities, and examine other criteria important to ensure the protection of children

such as the extent to which the state child protective services system is coordinated with the foster care and adoption programs.

Section 106(c)(5)(A) of CAPTA requires states to provide each Citizen Review Panel with access to information on cases that the Panel chooses to review if the information is necessary for the Panel to carry out its functions under CAPTA. Report language clarifies that congressional intent was to direct states to provide the Panels with necessary information to carry out these functions.

Section 106(d) of CAPTA requires that Citizen Review Panels develop reports annually and make them available to the public no later than December 31st of each year. These reports should contain a summary of the Panel's activities, as well as the recommendations of the Panels based upon their activities and findings.

Citizen Review Panel members are bound by the confidentiality restrictions in section 106(c)(4)(B)(i) of CAPTA. Specifically, members of a Panel may not disclose identifying information about any specific child protection case to any person or government official and may not make public other information unless authorized by state statute.

The Keeping Children and Families Safe Act of 2003 amended CAPTA to include the following requirements:

1. Each Panel shall examine the practices (in addition to policies and procedures) of the state and local child welfare agencies.
2. Panels shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
3. Each Panel shall make recommendations to the state and public on improving the child protective services system.
4. The appropriate state agency is required to respond in writing no later than six months after the Panel recommendations are submitted. The state agency's response must include a description of whether or how the state will incorporate the recommendations of the Panel (where appropriate) to make measurable progress in improving the state child protective services system. The ADES response to the 2008 Citizen Review Panel Report is included in Appendix A.

Arizona Citizen Review Panel Program Structure

The CABHP centralized responsibility for staffing, coordinating and supporting the ACRPs to improve communication across Panels and with DCYF.

At the state level, the CABHP administers and supports the three regional Panels located in Phoenix (Central), Tucson (Southern) and Flagstaff (Northern). Previously each of the Panels was coordinated by separate organizations. In addition, there were two regional Panels (Pima County and Yavapai County) and a statewide Panel (Maricopa County). The statewide Panel had a dual role as it was responsible for both the central region and also the entire state. Each of the Panels represent specific DCYF district(s) and counties (see Figure 1) and CABHP staff are responsible the coordination and sharing of information across the three Panels.

QUARTERLY ACTIVITIES

Figure 1

Panel	DES Districts	Counties
Northern	III IV	Apache, Coconino, La Paz, Mohave, Navajo, Yavapai Yuma
Central	I	Maricopa
Southern	II IV VI	Cochise, Greenlee, Gila, Graham Pima, Pinal, Santa Cruz

The three ACRPs met quarterly in 2009 as required. An annual schedule of meetings was developed and consistent meeting locations were established (Appendix B). Each of the existing Panel members were contacted personally and engaged in discussions regarding what was needed for their continued participation. The DES Assistant Director also sent out letters to each Panel member thanking them for their continued support. Monthly coordination meetings with DCYF and CABHP were established to monitor the implementation of the new contract.

During the first quarter the emphasis was on establishing structures and processes for expanding the activities of the Panels. Consensus guidelines were developed and adopted by each Panel for decision making and signed confidentiality statements were obtained from each member. All meetings were digitally recorded and formal meeting minutes were prepared. CABHP also created an intranet site to provide meeting materials and other pertinent information (e.g. reports, presentations, information from the national coordinating center, etc.) to Panel members. Panel members stressed the need to receive materials prior to the meetings.

Previously, Panel meetings focused primarily on conducting case record reviews and annual recommendations were based on these findings. Because of the inordinate amount of time needed to complete and discuss the cases, only a limited number could be examined each year (e.g. 22 cases were reviewed in 2007 and 13 cases in 2008). New processes have been instituted and CABHP staffs are now responsible for the review and presentation of case records. Panel member input was obtained on thematic areas of focus (e.g. chronic neglect, substance use, and history of multiple reports) and a structured meeting agenda was established for the year that included the provision of information and data from various sources including speakers and presentations, and case record and policy reviews.

- **Quarter 1-** CABHP presentations on CPS System Overview, Process to Conduct a Comprehensive Review of CPS and Prioritizing Chapters, Proposed Revisions to Case Record Review Protocol and Sampling Criteria, Child Welfare Reporting Requirements Semi-Annual Report 2007/2008, Arizona Child Fatality Review Program 2009 Annual Report; and DCYF program report on 2009/2010 CAPTA plan and DCYF budget.
- **Quarter 2-** CABHP presentations on Adverse Child Experiences (ACE) Study, Characteristics of Substantiated vs. Unsubstantiated Reports for Children Under the Age of Five, Chronic Child Neglect, Case Record Review Process, Substance Exposed Newborns; and case theme on child fatalities and near fatalities under the age of two and related policies.
- **Quarter 3-** High Intensity Drug Trafficking Areas (HIDTA) Representatives provided information on joint protocols and drug endangered children and families, joint investigations and statutory mandates, DCYF program report on IV-B Safety Outcomes; and case theme on children affected by methamphetamine abuse.
- **Quarter 4-** Director of the Legislative Office of Family Advocacy and the Assistant Ombudsman for Citizen’s Aid presented on the Grievance/Complaint Processes; CABHP presented on Key Constituent Groups and Role of Panels in Outreach and Education, DCYF program report on CAPTA Implementation Plan and Update on Panels’ Recommendations; and case theme on children with physical, emotional and/or developmental disabilities.

During the transition it became apparent that formal feedback mechanisms must be developed to improve communication; facilitate collaboration; increase Panel member satisfaction; identify opportunities for innovation; and increase accountability by tracking and reporting on progress made on ACRP recommendations. There is now a standing agenda item at each meeting for DCYF representatives to provide a program report to ensure that the Panels receive information on the status of ACRP recommendations, process improvement initiatives, new policies and procedures, budget updates, and other relevant information. CABHP is in the process of developing a tracking system for monitoring the implementation of ACRP recommendations and will provide updates on a routine basis as many of the proposed changes span multiple years.

PANEL MEMBERSHIP

Panels are comprised of 10 to 20 volunteers of diverse backgrounds and experience. Appendix C provides a listing of the ACRP members for each region with the type of agency and discipline represented. Terms of membership were agreed upon by the Panels, and training materials and an orientation processes established. Volunteer Panel members can request compensation such as reimbursement for mileage costs.

During the past year significant efforts were made to expand not only the number of individuals on each of the Panel, but also the composition of the Panels' membership to ensure both community representation and diversity. The membership growth in each individual region Panel, as well as the Panel as a whole, has increased significantly over the past year. The Central Region ACRP increased by 18% percent, while the Southern and Northern Regional Panels had a membership increase of 73% and 67%, respectively. The overall growth for the three Panels was 47%.

Many of the new members in each Panel now play or have played very important roles in Child Protective Service cases and/or law enforcement agencies, and know first-hand the many facets of the program. Approximately nine citizens who have joined the Panel were once served, or are family members to an individual, served by CPS. In addition, the ACRP welcomed six individuals from different law enforcement departments throughout Arizona. Each Panel has increased its diversity, with members representing a variety of schools, hospitals, non-profit organizations, and government agencies.

PANEL MEMBER SURVEY

A survey of the Panel members was conducted in July of 2009 to provide CABHP staff information on Panel member's level of satisfaction and suggestions for improvement. Nineteen (19) Panel members completed the survey with 6 responses from Central (31.6%), 11 from Southern (57.9%) and 2 from Northern (10.5%) Panels. Overall, the majority of the respondents reported being satisfied as indicated by noting that they "agreed" or "somewhat agreed" as indicated below:

- 88% understood their role as a Panel Member
- 94% understood the mission of the ACRP
- 88% indicated that their regional Panel was comprised of members with diverse community representation
- 87% indicated that CABHP provides effective administrative support for the Panel
- 82% reported understanding the current case record review process

Suggestions for improvement focused on: case record review and case presentation process; desire to have County Attorney's represented on the Panel; need to trend data and compare Arizona's performance on indicators with other states; removal of members from the Panels who do not regularly attend; and the need for additional meetings/time. The complete survey results are included in Appendix H.

CAPTA Requirements of Citizen Review Panels

The ACRP program evaluates the degree that CPS is effectively fulfilling its child protection responsibilities through several means including: the review of the state plan; examining compliance with federal child protection standards; looking at coordination between agencies and child welfare systems of care; case record reviews of child fatalities and near-fatalities; and conducting outreach to communities. All of the findings and Panel recommendations were based on one or more of these activities.

REVIEW OF STATE PLAN

CABHP and DCYF staff worked together to establish a process for each of the Panels to review and provide input into the state CAPTA plan prior to the federal submission. During the first quarter, the federal prescribed activities for which the CAPTA Basic State Grant may be used were reviewed with each of the Panels. The Panels' suggestions for utilizing the funds were collected and are included in the recommendations section of this report.

Compliance with Federal Child Protection Standards

Compliance with federal child protection standards is examined through a review of the DCYF semi-annual reports and information provided through DCYF updates or presentations. During this review period, CABHP distributed and presented on the DCYF Semi-Annual Report including: the number and type of maltreatment reports; substantiation rates; out-of-home placements (e.g. race/ethnicity and reasons for removal) and number of foster homes.

The ACRP case record review instrument (Appendix D) and process examine compliance with federal child protection standards. The DCYF Practice Improvement Case Review Instruments (PICR) and the ACRP case record review instrument were both modeled after the *Child and Family Services Review: Onsite Review Instrument and Instructions*. This instrument was created by the U.S. Department of Health and Human Services/Administration for Children and Families used to conduct the federal Child and Family Services Reviews (January 2007). See below for a description of the process and instrument.

Coordination Between State and Local Foster Care and Adoption Systems

Although the case record review process addresses foster care and adoptions as related to the specific situation under review, this is an area that will be prioritized for 2010. A review of the coordination between state and local foster care and adoptions systems during our next review period will include examination of the implementation and outcomes of Arizona Court Teams.

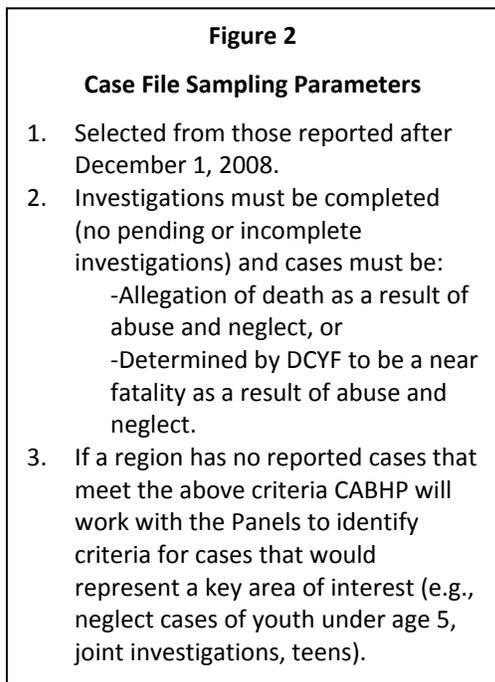
Public Outreach and Soliciting Public Comments

Currently, the CABHP website hosts a link to the ACRP Program website to inform the community about the ACRP program and to solicit public comments. Questions regarding specific cases are directed to the appropriate state agency for assistance. CABHP also developed an ACRP Program brochure (Appendix F) for distribution at events to inform the public, stimulate interest in the ACRP program and solicit volunteers. The brochure and CPR program information has also been distributed throughout Arizona by multiple community and advocacy email listservs (e.g., Council for Human Services Providers, RBHA, etc.)

Case Record Review Process

Over the past year, CABHP has worked with DCYF staff and Panel representatives to revise the case record review process and instruments. CABHP staff reviewed tools from other ACRPs across the United States and also incorporated recommendations from the *Citizen Review Panels for Child Protective System: Guidelines and Protocols* (October 2001.) Feedback from Panel members was obtained and incorporated into both the proposed process and tools. Restructuring the case record review process included: establishing criteria for

case selection; strengthening validity by standardizing the tool and developing comprehensive instructions; and aligning the tool with the DCYF Practice Improvement Instruments. Reviewed cases included both those in which children remain in the family's home and those in which children have been removed by CPS. The cases selected for review are not meant to be representative of all CPS cases, but rather an examination of cases of fatalities and near-fatalities and the specific steps followed during the course of open cases.



Previously, the case record reviews had been completed by Panel volunteers or one of the program coordinators. In order to reduce the burden on Panel members, streamline the process, and promote consistency across Panels, CABHP staff are now responsible for conducting the reviews. CABHP have received training and have full access to the CPS electronic records (CHILDS) and are able to access needed information directly.

DCYF provides quarterly lists of all investigative reports which include allegations of fatalities and near-fatalities determined by CPS to be due to maltreatment. From this list, the CABHP Program Coordinator selects cases for review that meet the sampling parameters (Figure 2) and are consistent with the quarterly meeting themes. CPS staff provides a "hard" copy file to CABHP that contains information (e.g., autopsy reports, law enforcement records and service provider progress reports) that is not accessible through the CHILDS.

As previously noted, the case record review process is guided by the DCYF Practice Improvement Case Review Instruments (PICR), DCYF Quality Improvement Systems Procedures, and any relevant DCYF policies and procedures. An additional tool is completed on cases involving in-home or out-of-home placement. The period under review is for the last 12, except when prior history of CPS involvement is relevant to the case. CABHP utilize the DCYF PICR instruments to extract the information from CHILDS and as needed from the "hard" copy files.

The Panels are provided with ACRP Case Summary Forms (Appendix D), timeline of key events, and genograms of individual cases in advance of meetings to assist members in preparation for discussion. In addition, Panel members receive redacted copies of the actual Safety and Risk Assessments completed by DCYF for each case. Information collected and discussed includes the following sections:

- 1) Timeliness of Initiating Investigation of Reports of Child Maltreatment-information on whether responses to every child maltreatment report received was initiated within timeframes established by policy including: identification of risk level; allegation of maltreatment; mitigated timeframes; accuracy of Hotline reporting procedures; whether law enforcement or other emergency personnel was notified; CPS confirmation of child's safety; and CPS Specialist's attempts at face-to-face contact with alleged victim(s).
- 2) Initial Child Safety Assessment-information on whether CPS Specialist (CPSS) made concerted efforts to gather and analyze sufficient and relevant information to accurately assess child safety including: decision on present danger was consistent with observations at initial contact with child and family; if concerted efforts were made to interview or observe all relevant persons and gather to sufficient information about each of the 6 questions to confirm or exclude safety threats from the 17 safety threats listed in CSA; and if the CPSS analyzed all information gathered and accurately applies safety decisions.

- 3) Safety Planning to Protect Children in Home and Prevent Removal- information on whether CPSS took sufficient and least obtrusive actions to control present or impending danger (through protective action and safety plan) and ensure child(ren)'s safety in-home and prevent child(ren)'s entry into foster care or re-entry after reunification.
- 4) Initial Strengths and Risk Assessment and Provision of Services to Reduce Risks-information on whether CPSS made concerted efforts to assess the risks that were of sufficient severity to necessitate CPS services including: gathering sufficient and relevant information about each domain in the Family Strengths and Risks Assessment; identify consistency of risk indicators and protective behaviors; necessity of intervention; and case opening and closure with information gathered during the assessment and documented in the case record.
- 5) Determine Whether Maltreatment Occurred- information on whether CPSS made concerted efforts and gathered sufficient information and accurately applied legal and applied definitions of abuse and neglect including: determination if maltreatment occurred; if CPSS accurately applied substantiation guidelines and identified report as substantiated, proposed, unsubstantiated, or unknown for each report allegation.
- 6) Aftercare Planning- information on whether an aftercare plan was developed with input from family, and family was provided with adequate information on services and supports to address continuing or foreseeable needs including: if CPSS meet with parents or other caretakers and the child, if age 6 or older, to obtain their comments and recommendations in regard to aftercare services; and if parents and children were provided sufficient information on community or other supports.

The DCYF Practice Improvement Case Review Instrument for In-Home or Out-of-Home section is completed for cases when in-home or out-of-home placement has occurred. The applicable information and criteria discussed by the Panels may include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • ongoing safety and risk assessment and management • permanency goal for child • concurrent permanency planning • independent living services • visiting with parents and siblings in foster care • relative placement | <ul style="list-style-type: none"> • needs and services of child, parents and foster parents • case plan development • worker visits with child • educational needs of child • mental/behavioral health of child • foster homes (reviewed only if allegations involve foster family placement) |
|--|--|

The Panel recommendations and comments section focuses on precipitating factors that may have led to the case record event which may include:

- | | |
|---|---|
| <ul style="list-style-type: none"> • suspected event triggers • family risk factors addressed and resolved • factors that may have contributed to death • joint investigation protocol • instances of inadequate CPS supervision and communication | <ul style="list-style-type: none"> • potential policy issues or issues not addressed • exemplary CPS practices that should be noted |
|---|---|

Upon completion of each review, the Panel asks the key questions of whether state and federal policies were followed and whether the Panel recommends any changes in policies and procedures. Panels also comment on actions they believe could have been taken to prevent or avoid the event and their overall recommendations on the case. The results of each review are entered into a database that is maintained by the CABHP and included in

the recommendations section of this report.

Summary of Citizen Review Panels' Case Record Review Findings

During this reporting period, ACRPs completed reviews of 18 cases of child maltreatment that occurred between December 1, 2008 and November 30, 2009. Eleven (11) of these cases were fatalities and seven (7) were near-fatalities. It is important to note that findings are based on the information available to the CABHP reviewers and presented to the Panel members.

Case record review findings summarized below are consistent with the state's process by which report of child abuse and neglect are received and addressed. Examination of the operations of the CPS system at each of these stages as outlined below are also recommended in the *Citizen Review Panels for Child Protective System: Guidelines and Protocols* (October 2001.)

PRIOR CHILD PROTECTIVE SERVICE HISTORY

DES received a total of 54 reports on the 18 cases reviewed by the Panel during the 2009 period. The number of reports received ranged from 1 to 9 with an average of three (3) reports per case. Seven (7) of the reviewed cases had no previous reports. Of the eleven (11) records with a previous CPS case, the number of prior substantiated cases ranged from 1 to 3. One-third or 33% of the cases with prior abuse and/or neglect allegations were substantiated.

INTAKE AND SCREENING

The case record reviews identified this stage as a strength of the child protection system. The Panels found that reports taken by the CPS Child Abuse Hotline were complete, accurate, and timely in all 18 cases (100%). The timeframe for the initial response by CPS or law enforcement or other emergency personnel were within the allotted times determined by levels of risk (high, moderate, low, potential).

CRISIS INTERVENTION AND INITIAL CHILD SAFETY ASSESSMENT

In 11 out of 18 investigations reviewed, the Panels concluded that CPS adequately fulfilled its role of assessing child safety. The Panels determined this stage to be an area that needs improvement. The Panels expressed concern about CPS' lack of thorough assessment of safety in 8 of the investigations reviewed including: information on interviews of persons in the home were either unclear or not included in 3 cases; the Child Safety Assessment safety threats and factors were not complete in 3 cases; and CPS staff did not assess safety of other children in the home in 2 cases.

FAMILY RISK FACTORS

Panel members review specific family risk factors addressed by CPS during the initial investigation. Panels are able to determine if CPS adequately assessed, identified and resolved risks contributing to child maltreatment. The most prevalent family risk factors identified during the reviews were substance abuse (72.2%), lack of parenting skills (55.5%), mental health issues (44.4%), and domestic violence (44%). Methamphetamines (44.4%), alcohol (22.2%), and prescription drugs (22.2%) were the most prevalent types of drugs identified in case record reviews. It is important to note that looking at individual risk factors does not take into consideration cumulative risk. The number of risk factors per case ranged from 1 to 10 with an average of 5 risk factors identified per case.

Below are the risk factors identified (more than one factor may have been identified in a single case) in the 18 fatality and near fatality cases reviewed:

<i>Risk Factor</i>	<i>Frequency of cases (N=18)</i>
Lack of Parenting Skills*	10
Teen Parent	2
Substance Abuse	13
Mental Health Problems of Parent(s)	8
Domestic Violence	8
Lack of Anger Control	7
Lack of Physical/Mental Ability to Provide Adequate Care	1
Lack of Motivation to Provide Adequate Care	5
Lack of Resources for Adequate Food/Shelter/Medical/Child Care	5
Prior Child Death	0
Prior Removals by CPS/Severance of Parental Rights	6
Prior Unsubstantiated Reports	8
Prior Substantiated Reports	3

***Parenting skills should demonstrate an ability to provide for a child's basic needs and the capability to guide, educate, and discipline in a way that facilitates a child's positive social and emotional development.**

INVESTIGATION STAGE

During case record reviews, Panel members discuss various aspects of each investigation, identifying areas of strength and needing improvement, as well as exemplary practices, within the CPS system. The Panels determined this stage as needing improvement in a number of areas. Panel members concluded that thorough investigations were completed on 13 out of the 18 cases reviewed (72.2%). Concerns noted included missing medical records in 3 cases, psychological evaluations in 3 cases, autopsy reports in 3 cases, law enforcement reports in 3 cases, school records in 2 cases, immunization records in 2 cases, safety monitor paperwork 1 case, and home studies in 1 case where it was determined by the Panel as pertinent to the investigation. Custody and visitation orders and results of drug tests were also absent from some of the records. In 2 cases, CPS failed to interview all relevant persons in home, and safety assessments did not address other children in home or documentation was incomplete. Background checks, absent from 3 cases, should have been completed on all adults in home.

INVESTIGATIVE FINDING/DETERMINATION

The Panels concluded that documentation did not support the investigative findings in 7 of the 18 investigations reviewed. The Panels identified concerns regarding the inability of CPS to substantiate allegations of abuse and neglect, in spite of strong supportive evidence. In 4 of the 18 cases, there was evidence of prenatal exposure to substance abuse, but still no allegations of neglect were substantiated. Concerns were also noted in 1 case in which there were unsubstantiated reports despite multiple sources (e.g. school, juvenile probation, neighbors and police) alleging incidents of abuse or neglect. In 2 cases, the Panels found that inadequate information was gathered in the record and failure-to-thrive was not taken into consideration. |

CASE PLANNING AND IMPLEMENTATION

The Panels determined that in 10 of the 18 cases, case planning and ongoing case management activities were appropriate and timely. Concerns included refusal by parents or guardians to participate in services and inability of CPS to enforce case plans, as well as failure to include all family members in case plans. Additionally, Panels were concerned that in 2 of the reviews the case plans focused on the deceased child and did not fully address other siblings in home; and case plan did not address substance abuse.

FOSTER FAMILY SECTION

There were no reports of child abuse or neglect involving an out-of-home caregiver.

CASE CLOSURE

Panel members concluded that 6 of the 18 cases appeared to be closed prior to adequately resolving all safety issues. Concerns noted by Panel included lack of law enforcement involvement and repeated unsubstantiated reports from multiple sources (school, juvenile probation, neighbors and police); reunification plans that were premature considering the potential safety issues; and Medical Examiner findings that cause of death was undetermined ended further investigation of the case.

POLICY ISSUES

At the conclusion of case reviews, Panel members determine if state and federal policies were followed. During this reporting period, the Panels concluded that state and federal policies were followed in 10 of the 18 cases. In cases, where policies were not followed, the Panels identified the failure to obtain pertinent records during the investigation in 2 cases, failure to obtain background checks on all family members in 3 cases, and failure to complete summary and review of prior reports and case histories on cases that involve three or more prior reports in 4 cases, failure to update documents in 1 case and lack of identification of child's failure-to-thrive.

Policies, Procedures and Practice Review

Initially, CABHP proposed implementing a formal review schedule to review DCYF policies and procedures using a "staged approach" whereby the Panel would review policies associated with key functions and activities undertaken by CPS (e.g. Hotline, Intake & Screening; Investigation & Assessment; Case Disposition; etc.). Panel members did not view that such an approach to be a productive use of their time and requested that more flexible review method be developed. The Panels decided to look at specific policies where practice deficits occurred as identified through case file reviews. A matrix that outlines the policies and procedures that were examined in each component of the case record review process is included in Appendix E.

The Panels agreed to focus on policies related to themes discussed each quarter. DCYF staff also agreed to alert Panels to upcoming legislative policy changes. A hyperlink to the ACRP website for Panel members and the community to access CPS policies and procedure was created.

Areas of focus for 2010 and Upcoming Enhancements

CABHP is committed to providing Panel members with the information they need to fulfill the program requirements as outlined in the CAPTA and to make certain that the program is functioning in an efficient manner. To ensure that practices are employed consistently with a process for continuous quality improvement, several areas for enhancing the ACRP programs have been identified over the past year. Due to resource limitations, priorities must be established. Suggestions identified by DCYF representatives, CABHP staff and Panel members have included the following:

- Request technical assistance from the National Resource Center for Child Protective Services to sponsor a facilitator to conduct strategic planning with Panel members to facilitate the development of actions steps and strategies to meet program requirements including:

- the examination and evaluation of the coordination between state and local foster care and adoptions systems; and
 - expansion of outreach activities.
- CABHP will begin tracking areas of concern identified in several of the case record reviews (e.g. perpetrators responsible for caretaking while mother working outside the home in two of the cases reviewed, parent(s) co-sleeping with infants in four cases and investigations completed by law enforcement and closed by CPS prior to safety factors being resolved in two cases) to determine whether these may constitute a trend requiring additional actions.
- Explore opportunities to utilize technology for enhancing participation and communication for Panel members and across Panels (e.g. video conferencing and cross Panel trainings).
- Continue to update the ACRP Program Manual and augment Panel member orientation.
- Identifying opportunities to recognize Panel members and their contributions to the CPS program.
- Explore means of data extraction to identify trends and develop comparisons across districts and construct matched comparisons (fatalities/no fatalities) to test for differences (e.g. case characteristics, procedures, etc.).
- As recommended by the ACRPs, CPS and Arizona State University will explore how graduate students can be utilized in the DCYF evaluation process.

CABHP and the Panel will work with the DCYF Practice Improvement (PI) Specialists in each of the State's six districts. The PI Specialists conduct case reviews, provide data and performance information to management and the Quality Improvement Manager, facilitate district action planning, and monitor and lead district practice improvement activities. District and Central Office staff review a random sample of initial assessment, in-home services and out-of-home cases from each district to measure the rate of outcome achievement and gauge current practice related to the Division's safety, permanency and well-being goals. Review of initial assessment cases focuses on implementation of the integrated CSA-SRA-Case planning process. In the upcoming year PI Specialists will attend at least one quarterly ACRP meeting to learn from the ACRPs' reviews and observations about cases. PI Specialist will also assist the Panel by filling gaps in case information, explaining relevant policies or practice standards, and identifying trends from their case reviews. This collaboration will assist the Panel in understanding whether or not a strength or need seen in a single case is part of a trend. Annual updates will be provided to the Panel on the priority practice improvement areas and activities. The ACRP Annual Report will be distributed to all the PI Specialists and the DCYF Management Team by the DCYF Policy Manager.

As noted previously, strategic planning with each of the Panels will occur to prioritize areas to focus on in upcoming years will be conducted during 2010. For example, this may include researching the needs of the teenage population as teens may have endured long-term neglect and at risk of being overlooked in the child welfare system. A copy of the strategic plan will be included in next year's report.

APPENDIX A:

**AGENCY RESPONSE
TO
CITIZEN REVIEW PANELS' 2008
RECOMMENDATIONS**

APPENDIX A

Recommendation 1: The Citizen Review Panels recommend that Child Protective Services and law enforcement agencies develop strategies to improve compliance with the established joint investigative protocols for all applicable cases. Particular attention should be paid to enhancing prompt communication and information sharing between Child Protective Services and law enforcement agencies. A similar recommendation was made in the 2007 annual report, and Child Protective Services has addressed these concerns through enhanced monitoring processes and measures (see Appendix A). Also, in 2008, legislation was passed to strengthen and clarify the development of joint investigation protocol procedures (HB 2455). The effects of these actions will be applicable to Panel case reviews beginning with the 2009 annual report.

Response: *The Department agrees with this recommendation and has taken appropriate measures to address this concern.*

In response to 2008 legislation (HB 2455), the Governor's Office, in collaboration with the Department of Economic Security and the Attorney General's Office, organized and held a statewide two-day Joint Investigation Protocols Convening on August 12 and 13, 2008. The purpose of the Convening was to develop consensus around the basic fundamental principles that provide the foundation for county-specific protocols to "guide the conduct of investigations of allegations involving criminal conduct". Participants included representatives from each County Attorney; the County Sheriff; the chief law enforcement officer for each municipality in each County; CPS leadership (local, District and State); the Attorney General and other representatives of the Attorney General's Office; and other strategic stakeholders (such as schools, medical, mental health, child advocates, etc.)

To ensure a prompt and thorough investigation of an allegation involving criminal conduct, the joint investigation protocols include:

- 1. The process for notification of receipt of criminal conduct allegations.*
- 2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including forensic medical examinations.*
- 3. The standards for interdisciplinary investigations involving Native American children in compliance with the Indian Child Welfare Act.*
- 4. Procedures for sharing information and standards for the timely disclosure of information.*
- 5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.*
- 6. The training required for the involved Child Protective Services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.*

7. *The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.*
8. *Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year independently from Child Protective Services and each County Attorney to the Governor, the Speaker of the House of Representatives and the President of the Senate. This report shall include:*
 - a. *The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols.*
 - b. *Information from each County Attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.*
 - c. *The reasons why a joint investigation did not take place.*

The Convening, facilitated by Theresa Costello and Emily Hutchinson from the National Resource Center for Child Protective Services, provided an opportunity for participants to discuss, assess, and draw conclusions about:

- *challenges surrounding the joint investigation protocols;*
- *roles and responsibilities;*
- *strategies to improve compliance with the established joint investigative protocols for all applicable cases;*
- *problem resolution for the joint investigative protocols and procedures statewide; and*
- *protocol development.*

The results from this Convening were distributed in September 2008, and include key joint investigation principles and mutual commitments for Child Protective Services, Law Enforcement, and the County Attorney of how criminal conduct allegations and investigations would be handled. Prompt communication and information sharing between Child Protective Services, law enforcement agencies, and other professionals involved in the investigation was a key area of focus. All the representatives from the Convening were encouraged to utilize strategies to strengthen their county joint investigation protocols and to clarify any local variations in procedures which may create confusion.

In September 2008, the Department strengthened and clarified the following in policy:

- *joint investigation protocols will guide the investigation of child abuse or neglect involving criminal conduct allegation;*
- *the CPS Specialist must notify and coordinate with the appropriate law enforcement agency when a report alleges criminal conduct;*
- *the CPS Specialist must consult the appropriate county joint investigation protocols when developing a strategy to initiate and complete the investigation including who should be interviewed; the sequencing of interviews; who should participate in the interviews; arranging medical examinations of child victims; frequent and open communication to discuss the status of the case; obtaining and sharing information in a timely manner; identifying actions needed to ensure child safety, etc.;*

- *when law enforcement is not able to respond jointly within the Department's response timeframes, the CPS Specialist should explain to the law enforcement agency that the Department must proceed with the investigation in order to ensure the child's safety; then proceed with the investigation; and*
- *CPS staff must protect the child's rights as a victim of crime by not allowing the alleged abusive person or any other person to threaten, coerce, or pressure the child victim, or to be present during interviews, family meetings, or other Departmental actions with the child victim.*

Recommendation 2: The Citizen Review Panels recommend that Child Protective Services more closely review its decisions when determining investigative findings. In cases where additional information has been received after a finding has been made to comply with statutory timeframes, Child Protective Services should review and amend the finding as necessary. A similar recommendation was made in the 2007 annual report, and Child Protective Services has addressed these concerns through improved quality assurance processes and measures (see Appendix A). The effects of these actions will be applicable to Panel case reviews beginning with the 2009 annual report.

Response: The Department agrees with this recommendation and has taken appropriate measures to address this concern.

The Department has addressed this concern through implementation of a quality assurance program. The quality assurance process includes a thorough review and evaluation of the evidence collected to support or not support the finding, and whether concerted efforts were made to gather pertinent information to determine if an allegation of child abuse or neglect should be substantiated.

The quality assurance of practice continues to occur at all levels of the Department as follows:

- *The review instrument includes an assessment of whether the agency made a concerted effort to gather sufficient information to determine whether maltreatment occurred, and whether the field unit accurately applied the substantiation guidelines to the information obtained to identify the report as substantiated or unsubstantiated.*
- *Each month, the outcome of each review is discussed with the District Program Manager or Assistant Program Manager and the assigned Supervisor and CPS Specialist. If the review found this to be an area needing improvement, the CPS Specialist and Supervisor are provided information about the specific practice standards relevant to the case, the substantiation guidelines, and/or resources for consultation about investigation findings, according to the Specialist's identified needs. Practice areas needing improvement are identified and a worker specific performance improvement plan may be developed and implemented.*
- *Each district's aggregated case review findings are provided in monthly reports to the District Program Managers and Central Office leadership. Program Managers distribute the findings within their districts, and discuss the results at monthly district leadership meetings.*
- *Statewide aggregated case review findings are provided in quarterly reports to the*

District Program Managers and Central Office leadership. Program Managers distribute the findings within their districts, and discuss the results at monthly district leadership meetings. Central Office leadership reviews the results to identify necessary additional program or practice improvement actions. These reports are also provided to the Child Welfare Training Institute so that identified needs can be addressed in initial, refresher, or advanced training.

- *If the review identifies a case in which a finding is not supported by the evidence, the Practice Improvement Manager consults with the Protective Services Review Team and subsequently recommends to the Supervisor and CPS Specialist that the finding be amended accordingly.*

The Protective Services Review Team continues to provide training to unit field staff regarding the evidence required to substantiate child abuse and neglect. Evidence required and documentation “tips” are accessible under public folders where all staff can refer to for clarity.

Implemented in February 2008, the Division’s revised Critical Incident Review process continues to include an assessment of the evidence collected to support or not support the finding, and whether concerted efforts were made to gather pertinent information to make a finding. This process includes a thorough review of the facts regarding a critical incident. If the review indicates that the decision to substantiate or not to substantiate an incident of child abuse or neglect was not supported by the evidence, the District is directed to revise the finding accordingly.

In September 2008, the Department clarified and strengthened its policy regarding obtaining and reviewing information when determining investigative findings. The following areas of policy were reinforced:

- *Fatality and Near Fatality: Guidance was provided to assist the CPS Specialist in gathering information from a medical professional (physician, doctor of osteopathy, physician’s assistant, or licensed nurse practitioner) when documenting whether a child fatality or near fatality was the result of abuse or neglect.*
- *Collection and Review of Records: Clarifies under what circumstances medical, behavioral health and educational records should be obtained and reviewed during the investigation process.*

Recommendation 3: The Citizen Review Panels recommend that Child Protective Services caseworkers be more diligent in consistently documenting all steps of their investigations. The Panels recognize that large caseloads and staff turnover affect Child Protective Services caseworkers’ ability to document consistently all investigative activities.

Response: *The Department agrees with this recommendation. The Practice Improvement Unit has developed a number of tools and guides to inform and assist staff in their documentation of all steps of their investigation. These tools, guides, and tips are distributed to district field staff and reinforced through the case review process. The case record review instrument utilized by the Program Improvement Specialist targets all areas of the investigation. Direct feedback is provided to field staff when a specific practice area is lacking documentation and also when there is outstanding documentation.*

In October 2008, the “Keys to Documenting a Comprehensive Initial Assessment” guide was also developed as an additional tool for staff to reference and utilize in improving their documentation skills.

In 2008, the Child Welfare Training Institute developed a documentation curriculum to aid staff in improving case record documentation. The main areas of focus include how staff should notate relevant and complete information in the case record. This training was initially delivered in District IV in January 2009. Additional district trainings have been suspended due to budget constraints, but will continue once this suspension is lifted.

In February 2009, the Program Improvement Specialists, Child Welfare Training Institute staff, and Policy staff developed a “model case example” for use as a training tool for documenting the Child Safety Assessment and Strengths and Risks Assessment. This case example was disseminated to district field staff. The Department will continue to assist staff in strengthening documentation by providing ongoing feedback, training and developing additional “model case examples” for staff use.

Recommendation 4: The Citizen Review Panels recommend that Child Protective Services develop protocols to identify, assess, and intervene in cases of chronic neglect. Cases of chronic neglect can extend over many years and involve multiple caregivers. These cases require complex strategies and a high level of coordination among many agencies and stakeholders.

Response: *The Department agrees with this recommendation. The Department acknowledges the need to augment its policy and practice to provide more informed direction to staff regarding the identification, assessment, and intervention in cases of chronic neglect.*

The Department will complete a thorough review of the literature concerning chronic neglect including national child welfare data to determine “best practice” standards regarding:

- *identification of chronic neglect—how it differs from poverty,*
- *thorough and comprehensive assessment of chronic neglect in child welfare,*
- *fundamental impact of neglect,*
- *the cumulative harm effect of chronic neglect, and*
- *evidence-based practice intervention.*

Once this review has been completed, the Department, in collaboration with designated stakeholders and with the technical assistance via the U.S. Department of Health and Human Services, will develop and/or augment its policy and procedures concerning chronic neglect.

It should be noted that in May 2008, the Division of Children, Youth and Families (DCYF) and the Division of Developmental Disabilities (DDD) joined efforts to develop a protocol to collaborate in cases involving children who have suffered abuse due to chronic neglect and who are involved in both service delivery systems. The goal of the protocol is to improve the Department's response, assessment, collaboration, and intervention in cases involving special needs children. The draft protocol focuses on the following primary scenarios:

- *How DCYF will respond to a report when a child(ren) has an open DDD case.*
- *How DCYF will respond when a child was not initially known to have been involved with DDD, but, through the course of an investigation, it is determined DDD is involved with the family.*
- *How DCYF and DDD will respond, when during the course of an investigation, DCYF determines the child may be in need of DDD services.*
- *How DCYF and DDD will collaborate to serve children involved in in-home intervention and dependency cases.*

The joint Divisional workgroup developed policy, procedures, and training for designated staff. The changes strengthen and clearly define how the coordination between Divisions and other stakeholders should look when working with these children. The draft protocols are pending final approval. Implementation of these protocols has been suspended due to budget constraints, but will move forward once this suspension is lifted.

Recommendation 5: The Citizen Review Panels recommend that Child Protective Services develop strategies to address complex, interconnected families. These strategies should address staff communication and consistent decision-making. Due to the increasing complexity of family relationships (e.g. kin placements, divorces, remarriages, live-in significant others, extended families), Child Protective Services caseworkers need the ability to better assess and address child safety when an adult or child is involved in more than one case, household, or family.

Response: *The Department agrees with this recommendation. The Department policy and procedures requires CPS staff to collect and thoroughly review and consider all available information in the assessment of child safety and provision of services. Prior CPS history pre-populates the background section of the Child Safety Assessment template, and the CPS Specialist is directed to complete an analysis of this information and determine its impact upon child safety.*

In September 2008, the Department revised its policy to clearly identify all persons that must be interviewed and included in the assessment of child safety and risk of harm during the course of an investigation. The following policy revisions were made to strengthen and guide decision-making:

Unless case specific circumstances indicate otherwise, the following individuals should be interviewed. The timing and sequencing of interview, who conducts and/or participates in the interviews, and the circumstances upon which the interview is conducted may be affected by the respective county's joint investigation protocols for criminal conduct allegations.

- *the reporting source;*
- *alleged victim of child abuse or neglect;*
- *siblings and other children in the home where the child victim resides;*
- *siblings and other children in the home where the alleged abuse or neglect occurred, if different from the child's primary residence;*
- *custodial parent;*
- *the spouse or partner or significant other (boyfriend, girlfriend, etc.) of the custodial parent;*
- *all other adults living in the home where the alleged abuse or neglect occurred;*
- *non-custodial parent of the child victim when the identity and whereabouts can be reasonably determined, and such contact would not be likely to endanger the life or safety of any person or compromise the integrity of a criminal investigation or the CPS investigation;*
- *the alleged abusing or neglecting person.*
- *other persons known to have knowledge of the abuse or neglect, or who could confirm or rule-out a safety threat to the child victim, or any other child in the home where the abuse or neglect occurred, such as:*
 - *school personnel,*
 - *medical providers,*
 - *child care providers,*
 - *relatives,*
 - *other adults living in the non-custodial parents home,*
 - *neighbors.*

Once an assessment of present danger is complete, proceed with the initial child safety assessment to determine whether any child is unsafe due to impending danger. The following individuals must be included in the Child Safety Assessment:

- *alleged victim of child abuse or neglect;*
- *siblings and other children in the home;*
 - *If a child who does not reside within the child victim's primary residence provides information that indicates he/she has been or may be abused or neglected, a report on that child's household must be made to the Child Abuse Hotline. Do not include this child in the assessment for the current report.*
- *the alleged abusing or neglecting person;*
- *other adults (including the spouse, partner, or significant other including a boyfriend, girlfriend, etc.) who have caregiving responsibilities for the child; and*
- *the non-custodial parent who:*
 - *has parenting time with the child; or*
 - *is being considered as a placement for the child.*

Currently, Child Abuse Hotline staff searches multiple databases including CHILDS to identify demographic data and any child welfare information that may assist in the child safety assessment. When known, associated cases are linked to the primary report or case prior to field assignment.

The Department will review and revise as applicable its policy, procedures and practice to clearly articulate the expectation and requirement that the CPS Specialist will review and consider information about a case participant that is available in another case in the assessment of child safety and future risk of harm. Department policy will require, at a minimum, case consultation between involved CPS Specialists and their Supervisors when a case participant appears in more than one open case.

APPENDIX B:
**2009 ANNUAL MEETING CALENDAR
AND AGENDAS**

APPENDIX B

	<u>SOUTHERN REGION</u>	<u>CENTRAL REGION</u>	<u>NORTHERN REGION</u>
	<u>9:00 – 12:00</u>	<u>9:00 – 12:00</u>	<u>1:00 – 4:00</u>
1 st Quarter	March 16	March 13	March 23
2 nd Quarter	June 15	June 12	June 22
3 rd Quarter	September 21	September 11	August 31
4 th Quarter	December 7	December 11	November 30

1st Quarter Meeting Agenda

Welcome and Introduction
 CABHP Data Presentation “CPS System Overview”
 DCYF Program Report -2009-2010 CAPTA Plan and DCYF Budget
 Policy Review - Process to Conduct a Comprehensive Review of CPS/ Prioritizing Chapters
 Discuss Proposed Revisions to Case Record Review Protocol and Sampling Criteria
 Recommendations from 1st Quarter Meeting
 Identify Requests for Next Meeting

2nd Quarter Meeting Agenda

Welcome and Introduction
 Review of 1st Quarter Meeting Minutes
 Data Presentation “Characteristics of Substantiated vs. Unsubstantiated Reports -Arizona Data Under the Age of Five”
 Chronic Child Neglect and Discussion
 Case Record Review Presentation “Child Fatalities and Near Fatalities Under the Age of Two” and Related Policies
 DCYF Program Report-IV-B Safety Outcomes
 Recommendations from 2nd Quarter Meeting
 Identify Requests for Next Meeting

3rd Quarter Meeting Agenda

Welcome and Introduction
 Review of 2nd Quarter Meeting Minutes
 Data Presentation “Joint Investigations and Statutory Mandates” and “Methamphetamine and Drug Endangered Children Protocols ”
 Case Record Review Presentation and Related Policies/Data Presentation
 DCYF Program Report - Joint Investigations of Criminal Conduct Allegations and IV-B Safety Outcomes
 Recommendations from 3rd Quarter Meeting
 Identify Requests for Next Meeting

4th Quarter Meeting Agenda

Welcome and Introduction
 Review of 3rd Quarter Meeting Minutes
 Data Presentation “Key Constituent Groups & Role of Panel in Outreach and Education”
 Case Record Review Presentation and Policies Related to Case Record Review/Data Presentation
 Internal Quality Assurance and Grievance/Complaint Processes
 DCYF Program Report - CAPTA Implementation Plan and Update on Panels’
 Recommendations
 Recommendations from 4th Quarter Meeting
 Identify Requests for Next Meeting and Identify Priorities for 2010

Arizona Citizen Review Panel 2009 Meeting Locations

Southern Region

La Paloma Family Services
870 West Miracle Mile
Building A
Tucson, AZ 85705
(520) 750-9667
<http://www.lapalomakids.org>
Free parking located on site.

Central Region

School of Social Work
Arizona State University
Downtown Phoenix Campus
University Center (UCENT)
411 North Central Avenue
Suite 822A, 8th Floor
Phoenix, AZ 85004-0698
(602) 496-0800
<http://ssw.asu.edu/portal/>
Free parking located at Valley Youth Theater at the southeast corner of Fillmore and 1st Street.

Northern Region

Catholic Charities Community Services
460 North Switzer Canyon Drive
Suite 400
Flagstaff, AZ 86001
(928) 774-9125
<http://www.catholiccharitiesaz.com/coconino.aspx>
Free parking located on site.

If you have questions or need additional information, please contact:

Lisa Moen
Program Coordinator, Sr.
Phone: (602) 496-1480
Email: lisa.moen@asu.edu

APPENDIX C:
CITIZEN REVIEW PANEL MEMBERS

APPENDIX C

CENTRAL REGION CITIZEN REVIEW PANEL MEMBERS

Beth Rosenberg
Children's Action Alliance

Cindy Copp
ADES/Administration for Children,
Youth & Families

Gary Brennan
Quality Care Network

Ivy Sandifer, M.D.

Jo Fuhrmann
CHEERS, Inc.

Joelle Minitti
ADES/Administration for Children,
Youth & Families

Kara VanHise
Ombudsman's Office

Linda Madrid
Arizona State University

Lisa Barrientos
Mesa Police Department

Mikayla Bailey-Null
Citizen

Minerva Gant
ADES/Administration for Children,
Youth & Families

Nancy Logan
Social Security Administration/
Office of Disability

Natalie Miles Thompson
Crisis Nursery

Pamela Fitzgerald
Citizen

Pamela Ruiz
Hospice of the Valley

Princess Lucas-Wilson
ADES/Division of Developmental Disabilities

Roger Marshall
Maricopa County Sheriff's Office

Roy Teramoto, M.D
Indian Health Services

Samantha Nordvold
Madison School

Simon Kottoor
Sunshine Group Home

CITIZEN REVIEW PANEL MEMBERS REPRESENTATION - CENTRAL

Private Citizens	Educators	Mental Health Care	Legal Professionals	Law Enforcement	Health Care Professionals	Social Services	Child & Family Advocates	Adoptive Parents	Adoptees	Foster Parents	Foster Care Alumni	Faith Based	Tribal	District Rep DCYF	DCYF
							X								
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		X													
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**SOUTHERN REGION
CITIZEN REVIEW PANEL MEMBERS**

Amy Gomez Pima County Attorney's Office	Linda Johnson AZDES/Administration for Children, Youth & Families
Anna Binkiewicz, M.D. Citizen	Lisa Jacobs Casa de los Ninos
Barbra Quade Jewish Family Services	Lynn Kallis Pilot Parents of Southern Arizona
Carla Hinton, Ph.D. Amphitheatre Public Schools	Martha McKibben Northwest Medical Center
Christie Kroger ADES/Administration for Children, Youth & Families	Marty Fuentes Tohono O'Odham Police Nation Department
Cindy Graupmann Citizen	Sandy Guizzetti Arizona Supreme Court/Foster Care Review Board
Cynthia Killion Amphitheatre Public Schools	Scott Gamble Tohono O'Odham Police Nation Department
David Reynolds Sunnyside High School	Stacy Meade Citizen
Gloria Bernal Sycamore Elementary School	Susan Anderson UPH Hospital
Jaymie Jacobs Office Pima County School Superintendant	Susan Eazer Pima County Attorney's Office
Joan Mendelson Citizen	Susie Huhn Casa de los Ninos
Joanne Karolzak Casa de los Ninos	Tish Kleiman Citizen
Joy Subrin Northwest Medical Center	Yariet Camarena ADES/Administration for Children, Youth & Families
Karen Harper Southern Arizona Children's Advocacy Center	
Laurie San Angelo Office of the Arizona Attorney General	

CITIZEN REVIEW PANEL MEMBERS REPRESENTATION - SOUTHERN

Private Citizens	Educators	Mental Health Care	Legal Professionals	Law Enforcement	Health Care Professionals	Social Services	Child & Family Advocates	Adoptive Parents	Adoptees	Foster Parents	Foster Care Alumni	Faith Based	Tribal	District Rep DCYF	DCYF
			X												
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	X	X													
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X				X									X		
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			X			X									
						X									

**NORTHERN REGION
CITIZEN REVIEW PANEL MEMBERS**

Beya Thayer
Citizen

Gene Shantz
Coconino County Sheriff's Office

Jill Sanchez
Coconino County Superior Court

Judy Gideon
Citizen

Julie Wood
Arizona's Children Association

Mary Ellen Sandeen
Yavapai Regional Medical Center

Maura Cluff
Catholic Charities Community Services

Sandra Lescoe
ADES/Administration for Children,
Youth & Families

Suzette Vigil
ADES/Administration for Children,
Youth & Families

APPENDIX D:

**CITIZEN REVIEW PANEL
CASE RECORD SUMMARY FORM**

APPENDIX D

CABHP Summary and Case Presentation Arizona Citizen Review Panel

Quarter __, 20__,
____ Region, Case # ____

***Purpose:** Highlight key data and findings extracted from CPS CHILDS system and other documentation to provide information to the regional Citizen Review Panels so that recommendations can be developed and areas of exemplary practice identified. Panel members will receive a copy of this document with copies of the Practice Improvement Case Review Instrument and the In-Home or Out-of-Home (if applicable). All personal identifying information will be redacted from the materials before distribution. The period under review will be the last 12 months except for items that are related to history of CPS involvement and/or may be relevant to the current case being reviewed (e.g. substance use, criminal history, etc.)*

***Narrative Overview of Case Description** - allegation(s)/what trigger the call, age, gender and race/ethnicity of victim(s), reporter, perpetrator(s), summary of history of CPS reports and findings, relevant factors (e.g. substance use, mental illness, physical health, developmental disability), manner and cause of death (specify per medical report, autopsy and/or death certificate), relevant toxicology testing performed including results and any charges filed, summarize services received and/or needed but not received.*

- A. DCYF Practice Improvement Case Review Instrument Summary** - review should use the directions in the tool also refer to the DCYF Quality Improvement System Procedures, Training Manual and any relevant DCYF policies and procedure.
- Significant information** - summary of information reviewed in the copy of the DCYF record and/or collected from CHILDS. **Key Findings**-document findings of safety & risk assessment and investigations, plus any relevant decisions made by DCYF and the courts. **Comments**- additional information that would be beneficial to share with ACRP members, DCYF Administration and/or CABHP staff.

Item	Significant Information, Key Findings & Comments
Item 1 Timeliness of Initiating Investigation of Reports of Child Maltreatment	<i>Consider also the relevance and sufficiency of the information gathered during current or prior CPS investigations and case planning</i>
Item 2 Initial Child Safety Assessment	-ATTACH COPY OF CSA FROM CHILDS-

Item 3 Safety Planning to Protect Child(ren) in Home and Prevent Removal	-ATTACH COPY OF CSA FROM CHILDS-
Item 4 Initial Strengths & Risk Assessment and Provision of Services to Reduce Risks	<i>Document whether services offered and/or provided addressed the identified safety threats and risk factors and any outcomes as a result of services received. Also need to consider whether actions were taken in a timely manner to ensure the safety of other children remaining in the home.</i> -ATTACH COPY OF SRA FROM CHILDS-
Item 5 Determining Whether Maltreatment Occurred	
Item 6 Aftercare Planning	

B. DCYF Practice Improvement Case Review Instrument-In Home or Out of Home-review - should use the directions in the tool and any relevant DCYF policies and procedure. **Key Finding-** should include information that justifies the rating. **Comments-** additional information that would be beneficial to share with ACRP members, DCYF Administration and/or CABHP staff.

Item	Significant Information, Key Findings & Comments
Item 1- Ongoing Safety and Risk Assess. And Safety Management	-ATTACH UPDATES OF SRA FROM CHILDS-
Item 2- Permanency Goal for Child	
Item 3- Concurrent Permanency Planning	
Item -Independent Living Services	
Item 5-Visiting with Parents & Siblings in Foster Care	
Item 6- Relative Placement	
Item 7- Needs & Services of Child, Parents and foster Parents	
Item 8- Case Plan Development	
Item 9- Worker Visits with Child	
Item 10- Worker Visits with Parents	
Item 11- Educational Needs of the Child	
Item 12- Physical Health of the Child	
Item 13- Mental/Behavioral Health of the Child	
Foster Homes	<i>Complete only if allegations involve foster family placement. Identify any findings from foster care review board on their barriers.</i>

C. Panel Recommendations and Comments

Precipitating Events and/or Suspected Triggers:	
___ Commission of Another Crime	___ Crying
___ Family Violence	___ Disobedience
___ Revenge	___ Feeding Difficulty
___ Gang Activity	___ Toilet Training
___ Other: _____	
Family Risk Factors:	
___ Substance Use	___ Lack of Resources for
Adequate Food/Shelter/	Medical/Child Care
___ Mental Health Problems	___ Lack of Parenting Skills
___ Domestic Violence	

<input type="checkbox"/> Violence Outside the Home <input type="checkbox"/> Lack of Physical or Mental Ability to Provide Adequate Care <input type="checkbox"/> Lack of Anger Control <input type="checkbox"/> Provide Adequate Care <input type="checkbox"/> Prior Removals by CPS or Severance of Parental Rights <input type="checkbox"/> Prior Substantiated Reports <input type="checkbox"/> Other: _____	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Prior Child Death <input type="checkbox"/> Lack of Motivation to <input type="checkbox"/> Co-sleeping with Infant
<p>Were all risk factors identified in the record? Yes ___ No ___ If not, specify additional risk factors identified by the Panel members:</p>	
<p>Were all identified risk factors addressed and/or resolved? Yes ___ No ___ If not, describe:</p>	
<p>Joint Investigation: Reference the joint investigation protocol for the applicable region and note any areas in which the protocol was not followed.</p>	
<p>Was a thorough investigation completed? Yes ___ No ___ If no describe:</p>	
<p>Supervision: note any instances or documentation that indicates that there was inadequate communication (e.g. reporting facts, clear instructions) between the CPS worker and their supervisor. Also specify any decisions/findings were overturned.</p>	
<p>Potential Policy Issues: indicate whether there are any specific policy issues, concerns or recommendations. 1) Areas where policy not followed or quality concerns; 2) Policy followed but still bad outcome or concern identified (may need to re-evaluate or modify the policy); 3) Issue not addressed in the policy.</p>	
<p>Exemplary Practices: note any practices that should be shared to encourage the continued practice.</p>	
<p>Other: note any known circumstances that you believe may have impacted the outcome (e.g. lack of services, support services, case load size, training). Document any barriers outside the CPS agency that impacted the agency's ability to ensure a continuity of consistent, timely and adequate services.</p>	
<p>What actions does the Panel believe could have been taken to prevent/avoid this event:</p>	
<p>Recommendations:</p>	

Demographics

Age of Child: _____ **Race:** _____ **Hispanic/Latino:** _____

Prior CPS involvement: _____ **Number of prior complaints:** _____ **Number of substantiated complaints:** _____

Age of Parents/Gender (e.g. 43F 51M): _____ **Marital Status:** _____

Does mother work out of the home? ___Yes ___No

If Yes, was perpetrator primarily responsible for caring for Target Child during mother's absence? ___Yes ___ No

Birth Order of Target Child: _____ Number of Children Under Age 5: _____

Was substance abuse a risk factor for this family: ___Yes ___ No Identify
substance(s): _____

Was the target child identified as having a behavioral health disorder? ___Yes ___No If yes,
specify: _____

APPENDIX E:

**POLICIES EXAMINED THROUGH
CASE RECORD REVIEWS**

APPENDIX E

Practice Improvement Case Review Instrument		
Item	Chapter	Sections
1-Timeliness of Investigation of reports of Child Maltreatment	1	Section 3 Prioritizing Reports and Response Section 4 Disposition of Reports Section 1 Interviews With The Child, Family And Collateral Contacts Section 3 Efforts To Locate The Child Victim And Family
2-Initial Child Safety Assessment	2	Section 2 Conducting The Child Safety Assessment
3-Safety Planning to Protect Child(ren) in Home and Prevent Removal	2	Section 2 Conducting The Child Safety Assessment Section 3 Safety Planning
4-Initial Strengths & Risk Assess. Provision of services to Reduce Risks	2 3 5	Section 13 Assessing the Risk of Future Harm: Using the Family Centered SRA Section 2 Providing Emergency Intervention Section 1 Determining Whether to Open the Case for Ongoing Services
5-Determining Whether Maltreatment Occurred	2 2	Section 12 Determining Whether Maltreatment Occurred Section 3 Efforts to Locate the Child Victim and Family Exhibit 11-Substantiation Guidelines
6-After Care Planning	9	Section 19 Accessing Services Required by the Case Plan: Provision of Aftercare Services
In Home or Out of Home Tool		
Item	Chapter	Sections
1-Ongoing Safety and Risk Assess. and Safety Management	2 2	Section 2 Conducting The Child Safety Assessment Section 13 Assessing the Risk of Future Harm: Using the Family Centered SRA
2-Permanency Goal for Child	9 11 12 15 15	Section 2 Determining the Permanency Goal for a Child Section 5 Changing the Permanency Goal from Family Reunification Section 3 Petitioning for Termination of Parental Rights Section 1 Selecting Guardianship as a Permanency Goal Section 8 Long-Term Foster Care as a Planned Permanent Living Arrangement
Item	Chapter	Sections
3-Concurrent Permanency Planning	9	Section 3 Developing and Implementing Concurrent Permanency Plan
4-Independent Living Services	16 6	Independent Living Services and Supports Section 20 Locating Children on Runaway Status
5-Visiting with Siblings in Foster Care	7	Section 1 Ensuring Visitation Between Children in Out-of-Home Care and Their Family Exhibit 26 Visitation Supervision Continuum

6-Relative Placement	6	Section 4 Assessing the Placement Needs of Children Who Require Out of Home Care Section 5 Selecting an out of Home Caregiver Section 6 Providing Kinship Foster Care Services Section 2 Finding Missing Parents, Relative, and Other Significant Persons
7-Needs and Services of Child, Parents, and Foster Parents	6 9 16	Providing Out-of-Home Services Under a Dependency Petition Developing the family-Centered Case Plans Independent Living Services and Supports
8-Case Plan Development	9	Developing the Family-Centered Case Plan Exhibit 27 Ensuring a Meeting with the Family is Family-Centered Exhibit 39 Cultural Competence: Starting Where the Family Is At
9-Worker Visits with Child	6	Section 8 Providing Supervision of Children in Out-Of-Home Care Exhibit 23 Supervision and Contacts with Children in Out-Of-Home Care
10-Worker Visits with Parents	9	Section 4 Planning and Implementing Services and Supports Necessary to Achieve the Permanency Goal
11-Educational Needs of the Child	6	Section 10 Meeting the Educational Needs of the Children in Out-Of-Home Placement
12-Physical Health of the Child	6	Section 11 Meeting the Medical Service Needs of the Children in Out-Of-Home Placement
13 -Mental/Behavioral Health of the Child	9	Sections 12-14 on accessing behavioral health services

APPENDIX F:

**ARIZONA CITIZEN REVIEW PANEL
PROGRAM BROCHURE**

Are you interested in promoting positive change in the lives of abused and neglected children in your community and in Arizona?

Would you like to participate on a volunteer panel that addresses important issues related to Child Protective Services (CPS) and that develops recommendations for improvement?

Can you devote two hours for preliminary training and approximately three hours once every three months to participate in Citizen Review Panel meetings?



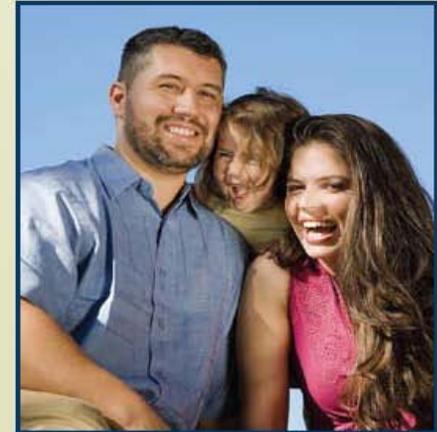
“The promise of citizen review panels is realized when vulnerable children are better protected as a result of new perspectives on old problems.”

— Panel Member

BACKGROUND: The Arizona Citizen Review Panel Program began in 1999 in response to a 1996 amendment to the Child Abuse Prevention and Treatment Act (CAPTA) that required states to establish Citizen Review Panels. The three regional panels are located in Phoenix, Tucson and Flagstaff.

OBJECTIVES: The objectives of the Citizen Review Panels are to review Child Protective Services state policies, current practices, pertinent data, and case file information on CPS-involved children and families. The panels evaluate the extent to which Child Protective Services is fulfilling its child protection responsibilities, including coordination with foster care and adoption programs. The panels make recommendations to Child Protective Services for system changes and improvements and submit annual reports of activities and goals.

VOLUNTEERS: Panels are comprised of 12 to 15 volunteers of diverse backgrounds and experience. Members may include private citizens or professionals such as: educators; child advocates; attorneys; law enforcement professionals; health care, mental health and social service providers; adoptive and foster care parents; and foster care alumni.



DESIRED QUALITIES:

- ♦ Compassion for children and families
- ♦ Ability to work, listen and cooperate with other team members
- ♦ Ability to think independently and impartially
- ♦ Sensitivity to ethnic, cultural, economic diversity and mental and physical disabilities
- ♦ A high standard of confidentiality
- ♦ Ability to participate in quarterly panel meetings
- ♦ Willingness to make a commitment of two years

APPENDIX G:
QUARTERLY ACTIVITIES

APPENDIX G

CITIZEN REVIEW PANEL 1ST QUARTER ACTIVITIES

In early February 2009, the office of the Assistant Director of the Division of Child, Youth and Families mailed letters to all ACRP members introducing CABHP as the coordinators for the statewide Panels. The ACRP Program Coordinator followed up with personal phone call to members. CABHP staff centralized logistical and staff support of three regional Panels in Central, Southern, and Northern Arizona, and developed an annual 2009 calendar of meetings.

Meeting facilities were established at Arizona State University School of Social Work in Phoenix, La Paloma Family Services in Tucson, and Catholic Charities Community Services in Flagstaff. The 1st Quarter Panel meetings were held on March 13th, 16th and 23rd respectively. Agendas, policies, presentations and other materials were emailed to members prior to each meeting. Mileage reimbursement was offered to Panel members who are former CPS' clients, family members and family advocates. Attendance included 15 participants on the Central Panel, 11 on the Southern Panel, and 9 on the Northern Panel.

DCYF staff provided a program report on the CAPTA plan and the DCYF budget. CABHP presented an overview of CPS and engaged the Panels in discussion of case record and policy review procedures. Panels established terms of membership, training and orientation plans for new members and revisions to the ACRP Manual. The Panels were involved in redesigning the case record review tool. Initial considerations on how to examine coordination between state and local child protection systems and state and local foster care and adoption system was also introduced. Strategies were briefly discussed with Panels on how to develop collaborative relationships with the ACRP's and foster care, adoption and other related agencies. Recruitment to target a diverse community representation for each regional Panel was begun through Panel members' referrals, networking, and advertising.

The Panel meetings were tape recorded, formal meeting minutes were transcribed and posted, along with other meeting materials, to a newly created ACRP Intranet website.

CABHP staff began discussions with DCYF staff on collecting information in preparation for conducting data analysis activities, including the mining of informatics from the CHILDS and ADES CPS Child Fatality databases.

CITIZEN REVIEW PANEL 2ND QUARTER ACTIVITIES

CABHP continued to centralize logistical and staff support for the three regional Panels. Members were notified in advance of the 2nd Quarter meeting via email, intranet and personal phone calls by the CABHP Program Coordinator. Members who were not in attendance at the 1st Quarter meeting were personally contacted. Meeting materials were emailed to members in advance and provided at the 2nd Quarter meetings held in Phoenix on June 12, Tucson on June 15 and Flagstaff on June 22. The Central Panel had 19 participants; the Southern Panel had 17 participants; and the Northern Panel had 11 participants. Recommendations from 1st Quarter meetings and Action Items were compiled and presented to the Panels for their comments.

CABHP staff meets once a week or more often, if needed, for planning and discussion around the ACRP. CABHP staff also attended a training workshop in April on the investigation of child physical abuse crimes and homicides offered by Childhelp Children's Center of Arizona. In addition, staff registered for a teleconference on evidence based practice in child welfare sponsored by the National Child Welfare Resource Center for Organizational Improvement in May.

CABHP staff held a meeting with DCYF data specialists to discuss CHILDS and other databases with information on child fatalities and near fatalities, as well as criteria for case selection and review. CABHP staff completed required DCYF computer based training and CHILDS training. CABHP staff also met with an ADES Child and Family Services Manager for instruction on CHILDS and Practice Improvement Case Review Instruments and other assessment

tools. At each of the 2nd Quarter Panel meetings two cases were presented on child fatalities and near fatalities under age two, followed by Panels' discussions. Chronic child neglect data and characteristics of substantiated vs. unsubstantiated reports for children under age five were also presented and discussed. A refined case record review protocol was implemented with recommended mechanisms to examine current policies, procedures and practices of CPS.

A Confidentiality Agreement was signed by all Panel members. Consensus guidelines were provided in draft form at the Panel members' request. Recruitment efforts targeted at diverse populations in all three regions resulted in a gain of three new members to the Central Panel, six new members to the Southern Panel and three new members to the Northern Panel. An application form was made available, along with the ACRP brochure and orientation Power Point.

CABHP utilized the National Citizen Review Panel listserv to request information from other states' ACRP on their public outreach and education experiences. CABHP and DCYF also coordinate responses to the National Panel's requests for information that will be incorporated into various research projects and publications on Citizen Review Panels.

CITIZEN REVIEW PANEL 3RD QUARTER ACTIVITIES

A meeting with DCYF was scheduled on July 10, 2009 to discuss policy development related to chronic child neglect which is an area of concern to Panels. CABHP offered a variety of resources to the CPS Policy and Program Development Specialist for research purposes including literature reviews, numerous articles, and pertinent websites.

Meeting materials were emailed to members in advance and provided at the 3rd Quarter meetings held in Phoenix on September 11, Tucson on September 21 and Flagstaff on August 31. The Central Panel had 12 participants; the Southern Panel had 14 participants; and the Northern Panel had 9 participants. Guest speakers from High Intensity Drug Trafficking Areas (HIDTA) program presented *Methamphetamine and Drug Endangered Children (DEC) Protocols*. A DCYF Child and Family Services Manager presented a report on *IV-B Safety Outcomes* and CABHP presented *Joint Investigations and Statutory Mandates*.

Two case records were reviewed at each Panel meeting with a focus on methamphetamine abuse. A case record document checklist was included in the request for case record copies to CPS. The checklist identifies the documents that CPS includes in the file copies and reasons that other documents are missing. Genograms clarifying complex family relationships in CPS case investigations were provided to Panels with copies of the seventeen safety factors and *Six Fundamental Questions for Information Collection and Assessment to Identify and Understand Possible Safety Threats*, to assist in following the case record review and safety assessments.

A survey link was emailed to Panel members on July 14, 2009 asking for comments on the ACRP and suggested areas for improvement. The survey closed on July 31st. Panel members who completed the survey were entered into a drawing to receive a copy of *Interventions for Children Exposed to Violence*. See Citizen Review Panel Survey section.

CABHP incorporated consensus guidelines requested and approved by the Panels. CABHP continues to explore opportunities to utilize faith-based and social service organizations to stimulate public outreach and the solicitation of public input. The National Citizen Review Panel Virtual Community provides a listserv, through the University of Kentucky College of Social Work, to request information from other states' ACRPs on their public outreach and education experiences. The National ACRP gathers information from states Panels that will be incorporated into various research projects and publications on Citizen Review Panels.

Arizona provider network listserves are utilized to promote the ACRP and recruit new volunteers and brochures are distributed at key meetings and local conferences.

CITIZEN REVIEW PANEL 4TH QUARTER ACTIVITIES

The 4th Quarter Citizen Review Panel meetings were held on November 30, 2009 with the Northern Panel, December 7 with the Southern Panel, and December 11 with the Central Panel. The Northern Panel meeting location was changed to the United Way of Northern Arizona. The Southern Panel added a new member, while the Central Panel gained six new members representing education, health care, behavioral health and private citizenry.

Maria Hoffman, Director of the Legislative Office of Family Advocacy, and Kara VanHise, Assistant Ombudsman with Citizen's Aid (also a member of the Central Region Panel) presented information on grievance and complaint processes within their respective agencies. Ms. Hoffman provides a communication bridge between constituents, who have been referred by legislators, children and Child Protective Services. Ms. VanHise mediates solutions to complaints that her office receives from Child Protective Services' clients through various forms completed at the time of initial investigation of a report. Other sources are legislators, other agencies, the Governor's Office and Ms. Hoffman. Ms. VanHise and Ms. Hoffman work collaboratively in resolving multi-faceted issues. They offered to provide updates to the Panels every three months. CABHP will also chart the advocacy organizations for Panels.

Vicki Staples presented *Key Constituent Groups and Role of Panels in Outreach and Education*. Panel members discussed various ideas for outreach such as distributing the Arizona Citizen Review Panel Annual Report to statewide professional organizations, educational institutions, law enforcement, medical and behavioral health communities, court judges and the general public. Members suggested linking the Annual Report with the release of the Arizona Child Fatality Report, agencies concerned with child welfare. Other public outreach ideas included development of a program video and appearances on radio talk shows.

Two Child Protective Services case records were presented and discussed at each Panel meeting for a total of six cases. In response to Panels' requests to clarify the case record reviews, CABHP staff included redacted copies of the Child Safety Assessments, Safety Plans and Family Strengths and Risk Assessments from CHILDS. Genograms were improved to understand complex family relationships, and timelines of the target child's significant events were attached to each case summary. Members requested that future timelines also reflect any changes in CPS staff during investigation. In addition, a Medical Examiner with child maltreatment experience from the Maricopa County Forensic Science Center agreed to be a consultant to the Panels on questions regarding autopsy reports.

The Southern Panel requested that CABHP conduct a survey of agencies to gather information on types of training currently available regarding mandatory reporting. The Central Panel was interested in learning more about CPS' Team Decision Making (TDM) process at a future meeting. The Northern Panel would like to invite a speaker from the Foster Care Review Board and obtain additional information on CPS reports around the Colorado City area of Arizona.

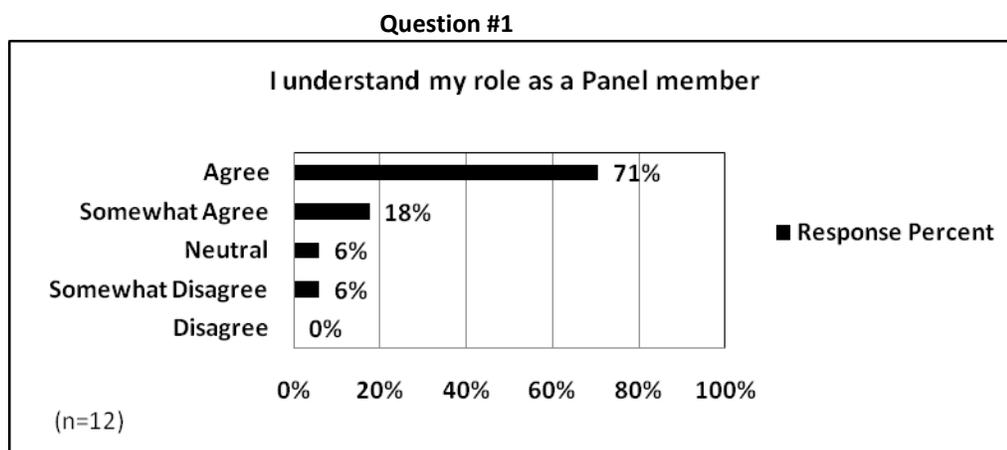
The DES Program Report on the CAPTA Implementation Plan and Update on Panels' Recommendations was rescheduled for the first quarter meeting in 2010 at the request of DES staff.

CABHP drafted the Arizona Citizen Review Panel 11th Annual Report and reviewed it with the Panel members at the 4th quarter meetings and with DES staff on December 14, 2009. CABHP received responses to the recommendations in the draft report from DES. On January 13 and 19, 2010, CABHP will conduct meetings via telephone and in office to discuss the report with participating Panel members and DES staff. The final version of the report is due to DES on January 22, 2010.

APPENDIX H:
CITIZEN REVIEW PANEL SURVEY

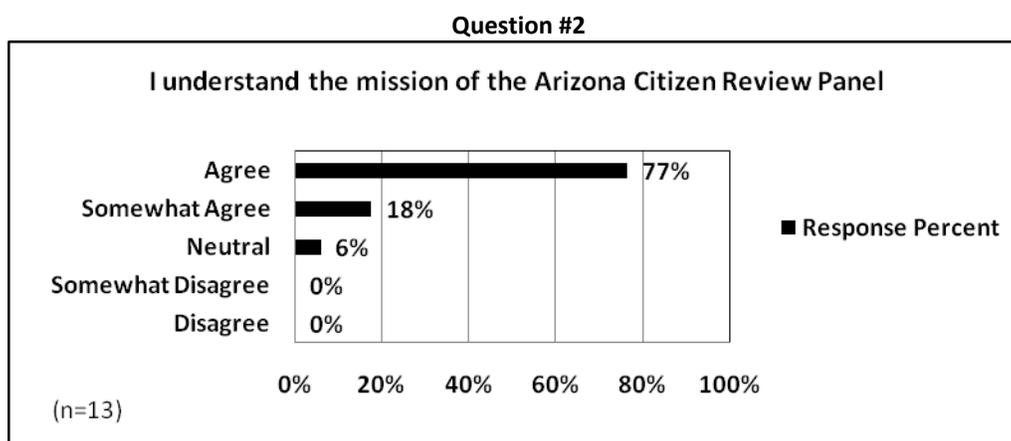
APPENDIX H

On July 14, 2009 Panel members received an email request from the Citizen Review Panel Program Coordinator asking them to complete a short Survey Monkey to provide CABHP staff information on Panels' level of satisfaction and suggestions for improvement in the program. Nineteen (19) Panel members completed the survey with 6 responses from Central, 11 from Southern and 2 from Northern Panels. The majority of the respondents were satisfied with the performance of CABHP administrative support and understood the Citizen Review Panel mission and members' roles. Most of the comments and/or recommendations concerned the case review process. The survey results are summarized as follows:



Comments:

- I have a better understanding now. To my recollection, I had not had any orientation to the role until the ASU Center began conducting the meetings.
- As a member I have received written and verbal information about my role on the Panel.
- I was very impressed with the Panel and looking forward to working with the group.
- I want to be involved, however, I am not getting the information in enough time to participate.

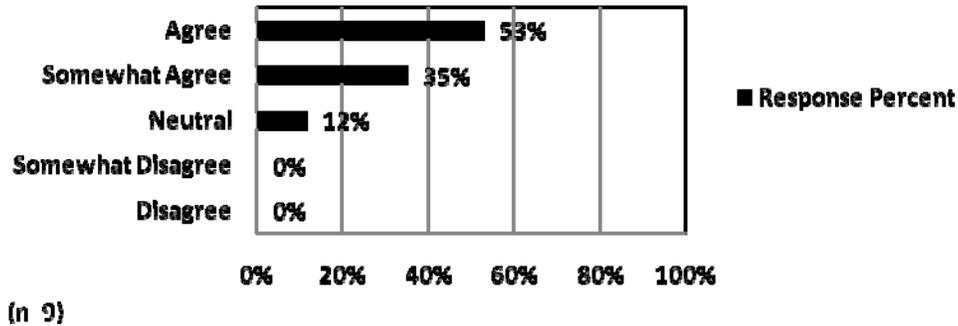


Comments:

- The mission of the Arizona Citizen Review Panel was made clear during my first meeting.
- I have been provided the mission information.

Question #3

My regional Panel is comprised of members with diverse representation

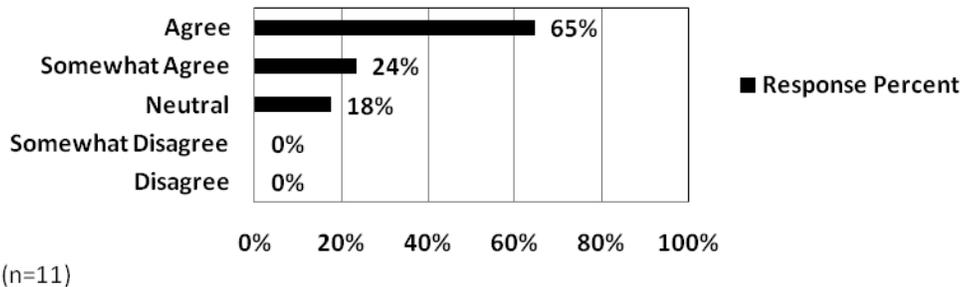


Comments:

- The Panel needs more diversity from community agencies. Also, I would like to recommend an emancipated young adult/older adult who has been in Foster Care to be part of the Panel.
- I enjoy the diversity. However, the reliance on voluntary participation is a potential vulnerability.
- If everyone could attend the meetings, I would likely agree that there is enough diversity. In my limited experience, I am seeing little representation from many sectors, specifically because most of the committee does not attend the meetings.
- Not very diverse.

Question #4

The ASU Center for Applied Behavioral Health Policy provides effective administrative support for my Panel

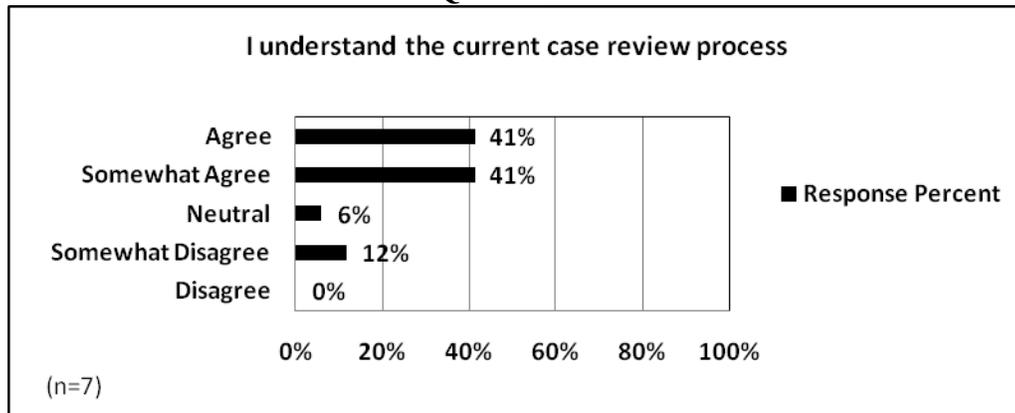


Comments:

- The administrative support has been excellent.
- In the brief time that they have been coordinating, the organization of the meetings has improved. I believe there are also less frequent meetings (which is appreciated, but it also can hinder some interactions among members and the “flow” of the meeting).
- I would like a year of support before making a final judgment.

- Since we have changed administration to the ASU Center, I have not been able to attend one meeting. I do feel as though I am waiting to see how ASU will administer our program.
- Certainly good administrative support, but I think that we are all learning through this new process.

Question #5



Comments:

- As the process is new, we are still learning. However, I see a lot of potential regarding its effectiveness.
- In the past, one of the members reviewed the cases which was time consuming and also burdensome. On the other hand (in my opinion), it gave the person who reviewed the case a much better idea of the processes involved.
- I think it’s still somewhat under development. There is always room for improvement in this time consuming and detail-oriented process.
- At the last meeting we did review a case. However, we had a number of gaps in the information that we needed to discuss the case fully.
- Certainly good administrative support (assuming you mean notifications, meeting, set-up, etc.). I think we are all learning through this new case review process.

Question #6

What additional information would be helpful in the case review process?

- Times and dates of occurrences within the case, clarify regarding who made decisions and points in time when collaboration occurred with other entities, agencies, etc.
- Often times, very important information is not available, like medical records. In some instances, the records have not been provided or are not available. However, the more information available at the time of the review, the better the members can evaluate whether policies were followed and the quality of the process and documentation. However, information “gaps” also point out the constraints and conditions that the case workers often have to deal with.
- Better clarity on priors and family relationships.
- Basic information: police and pathology reports; a more detailed summary of the case.

- More time with each case. I'm confused on which part we are reviewing – the actions that lead up to the incidents or CPS' actions afterward.
- Input from County Attorney's Office.
- Review more cases.
- I can't think of any additional information I would want.
- No additional information is needed.
- None at this time.
- Getting the information on how to be involved.

Question #7

My Regional Panel meetings would be more productive if (please specify):

- I feel the meetings are very organized and productive.
- We could compare to other states' "best practices" and track trends either in Arizona or nationally.
- Definite improvements by ASU in bringing literature and evidence-based practices to the attention of members.
- Would like more frequent meetings to help us be more cohesive, more detailed summary of cases, and a more thorough presentation and better understanding of cases.
- We are getting off the ground with the new format but I believe it is more productive.
- I have a hard time committing 3 hours of time; condense the material into 2 hours. For reviews involving law enforcement or medical reports, have the reviewer consult with someone on the Panel before the meeting to make sure material is complete.
- Make sure that case documentation is complete before presentations.
- Reviewing the cases is rushed.
- Perhaps provide some of the case specific information prior to the meeting.
- Re-evaluate long-standing members and either have them re-commit to attending or allow them to be removed from Panels.
- I don't think enough meetings are scheduled to be able to review an adequate number of cases.
- Review more cases and want to see the results or an update on the ones that were reviewed.
- I have no suggestions for increased productivity.

To obtain further information, contact:

Arizona Citizen Review Panel Program
Center for Applied Behavioral Health Policy
College of Public Programs
Arizona State University
500 North 3rd Street
Suite 200
Phoenix, Arizona 85004-2135
Tel: (602) 496-1480
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Information about the Arizona Citizen Review Panel Program can be found on the Internet through the Center for Applied Behavioral Health Policy at:

<http://www.cabhp.asu.edu/>

This publication can be made available in alternative format.
Please contact the Arizona Citizen Review Panel Program
at (602) 496-1480.

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AGENCY RESPONSE TO THE 2009 ARIZONA CITIZEN REVIEW PANELS' 11TH ANNUAL REPORT RECOMMENDATIONS

The following is a summary of the findings and recommendations by the Regional Citizen Review Panels in an effort to improve the CPS system:

Recommendation 1: DCYF should seek opportunities to work collaboratively with the Arizona Attorney General's Office to expand the Office of Drug Endangered Children's programs across counties.

Response: The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The Governor's Office for Children, Youth and Families is now providing administrative support for the Drug Endangered Children's programs (DEC). DCYF will continue to be supportive of expanding the DEC programs and will work collaboratively with Drug Endangered Children's Alliance to achieve expansion of this program statewide. DCYF will continue to be an active participant in the Alliance, which includes the Governor's Office for Children, Youth and Families, Attorney General's Office, the Law Enforcement Community, County Attorneys, and other key stakeholders. The focus of the Alliance is to:

- *develop a statewide safety assessment tool for use by the law enforcement communities; this tool will be congruent with the Division's Child Safety Assessment model;*
- *develop and enter into a Memorandum of Understanding with all Alliance partners;*
- *review and revise as necessary existing DEC protocols; these protocols will be expanded to include children of incarcerated parents and Level 2 drug endangered children; and,*
- *review, revise and expand current training.*

Recommendation 2: DCYF should explore opportunities to work in partnership with the Federal Regional Office to advocate for a national registry and central depository that would aid CPS efforts to access information in a timely manner on adults who have a history of maltreatment reports in other states, especially those with multiple allegations of chronic abuse and neglect.

Response: The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The Adam Walsh Child Protection and Safety Act of 2006 required that the U.S. Department of Health and Human Services conduct a study to assess the feasibility of establishing a national child abuse and neglect registry and present the results in a report to Congress. The Interim Report to the Congress on the Feasibility of a National Child Abuse Registry (May 2009) describes key issues regarding the feasibility of establishing a national child abuse registry and concludes that implementation is not feasible under the statutory limitations of the authorizing legislation. It would also require enabling state legislation including funding for a project of this magnitude.

It should be noted that department policy provides guidance to staff regarding obtaining and use of prior CPS history in assessing child safety. Policy states that the CPS supervisor "will complete the review of prior reports and case history in the Child Protective Services in the Central Registry including out-of-state reports." Information (such as when CPS history was requested, whether records exist, barriers in obtaining the information, and a summary of the

information, etc.) is documented in the automated Child Safety Assessment. CPS staff are also required to contact other states when they learn a parent may have history in that state.

Recommendation 3: Additional guidelines should be provided to assist DCYF staff in strengthening and assessing the appropriateness of safety monitors. Provide staff with the types of charges on the Department of Public Safety background checks that would preclude someone from being a safety monitor. Currently, DCYF staff is expected to conduct background checks, but there is some discrepancy in how decisions are made and what type of criminal arrest, charge and/or conviction would prevent a person from becoming a safety monitor.

Response: *The Division of Children, Youth and Families (DCYF) agrees with this recommendation. Current department policy provides guidance to assist CPS Specialist in identifying appropriate safety monitors. The CPS Specialist must consider the following in assessing the appropriateness of a safety monitor:*

- *current or prior CPS history;*
- *criminal history;*
- *whether the home is physically safe (if child will be staying there);*
- *an understanding of the safety threats and that the threats must be controlled;*
- *ability to prevent contact with those who pose threats;*
- *availability at times needed to ensure child safety;*
- *accessible when threats are or are likely to be present;*
- *ability to meet the child's basic needs;*
- *is physically able to protect child;*
- *is aligned with CPS in carrying out the safety plan; and*
- *any substance abuse, mental health or personal issues that may interfere with keeping the child safe.*

The DCYF will ensure that the criminal history requirements for safety monitors are more closely aligned with the criminal history guidelines for unlicensed caregivers. These guidelines note the following:

- *If the prospective relative caregiver including a person who has a significant relationship with the child or any adult household member is awaiting trial on or has been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more specific criminal offenses prescribed in A.R.S. § 41-1758.03, he/she is precluded from placement.*
- *If a criminal records background check or a self-disclosure statement reveals a conviction or indictment for any other criminal offense, the decision to place a child in that home will be based upon the safety threats presented by that crime. In assessing the safety threats, the CPS Specialist, in consultation with the CPS Supervisor, must consider the following:*
 - *the extent of the person's criminal record including whether the criminal offense was an isolated incident or indicative of a pattern of criminal activity;*
 - *the length of time that has elapsed since the offense was committed,*
 - *the nature of the offense;*
 - *any applicable mitigating circumstances including whether the victim was a child or a vulnerable adult;*
 - *the degree to which the person participated in the offense;*
 - *the extent of the person's rehabilitation, including:*
 - ⇒ *completion of probation, parole or community supervision,*
 - ⇒ *evidence of positive action to change criminal behavior, such as completing of drug treatment program or counseling, and*
 - ⇒ *personal references attesting to the person's rehabilitation;*
- *the vulnerability of the child needing placement including the child's age and special needs.*

Recommendation 4: The Arizona Citizen Review Panels recommend that DCYF reinforce current policy and documentation requirements on cases involving criminal conduct allegations. The Arizona Citizen Review Panels are concerned about the lack of adequate information gathered and/or documented which indicate a thorough safety assessment was completed for children remaining in the home when a criminal investigation has ended and a determination to close the case was made.

Response: *The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The DCYF will continue to reinforce compliance with the policy and documentation requirements for completing a thorough investigation including the assessment of child safety in all cases including reports alleging criminal conduct behavior through:*

- *instructional tips and model examples:*
 - *of documentation, and*
 - *on who to interview, what documents to review, review of criminal history information, and obtaining and reviewing court orders that restrict or deny custody, visitation or contact;*
- *case record reviews that evaluate whether or not the required interviews occurred, whether required documents were obtained and reviewed, whether sufficient relevant information was gathered to confirm the presence or absence of each of the 17 safety threats, and whether there is documentation of an analysis of the information in relation to 17 safety threats and the safety threshold;*
- *real-time feedback to staff about their documentation following each case review to clarify and reinforce the practice standards for staff at all levels in the district and to improve consistency and accountability;*
- *employee performance evaluation; and*
- *Case Manager and Supervisory CORE training, and refresher and advance training opportunities including development of a seven-hour documentation training which focuses on the fundamental foundation for documentation (e.g., the importance of documentation, how to record important tasks and events in the life of a case, and who/what/when/where/how).*



TERRY GODDARD
ATTORNEY GENERAL

OFFICE OF THE ATTORNEY GENERAL
STATE OF ARIZONA

CIVIL AND CRIMINAL
LITIGATION AND ADVICE
SECTION

June 22, 2010

Debra Samples, Acting Regional Program Manager
DHHS/ACF Region IX
90 Seventh Street – 9th Floor
San Francisco, CA 94103

RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws

Dear Ms. Samples:

The Office of the Arizona Attorney General has reviewed the child welfare law changes that have been made during the regular Legislative Session of 2010. These changes become effective on June 29, 2010. None of the changes impact CAPTA eligibility; however, all of the changes will strengthen the ability of the Arizona Department of Economic Security to protect children, to serve families, and to promote permanency.

The major substantive statutory changes passed in **2010** in the child welfare area are:

- SB 1009 DEPENDENCY; GUARDIAN AD LITEM; ATTORNEY:** This bill requires a guardian ad litem or attorney for a child in a dependency proceeding to meet with the child before the preliminary protective hearing, if possible, or within fourteen days after the preliminary protective hearing. The preliminary protective hearing is required to be held within 5-7 days of a child's removal from the home. The bill also requires the guardian ad litem or attorney to meet with the child before all substantive hearings.
- SB 1091 CPS WORKERS; INVESTIGATIONS; GROUP HOMES:** This bill requires Child Protective Services (CPS) to accept, screen and assess reports of child abuse or neglect in residential treatment centers and behavioral health residential agencies that are licensed by the Arizona Department of Health Services (ADHS). Allegations of child abuse in residential treatment facilities were previously investigated by the Office of Behavioral Health Licensing (OBHL) within DHS and also by law enforcement (if the allegation involved criminal conduct). Now that CPS will also be investigating the allegations, any allegations that are substantiated will be included on the child abuse central registry.

HB 2224: FOSTER PARENTS; RIGHTS: This bill provides a list of rights for foster parents including the right to be treated with dignity and respect; to be included as a valued member of the team that provides services to the foster child; to receive support services that assist the foster parent to care for the child; to be informed of all information regarding the child that will impact the foster home; to contribute to the permanency plan for the child in the foster home; to have placement information kept confidential when necessary for protection of the foster parent and the foster parent's family; for assistance in dealing with family loss and separation when a child leaves the foster home; to be informed of agency policies regarding the foster parent's role; to receive training to enhance the foster parent's skills; to be able to receive services and reach agency personnel at all times; to be provided reasonable respite; to confidentiality regarding issues that arise in the foster home; to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age or physical handicap; and to receive an evaluation of the foster parent's performance.

HB 2419 SIBLING VISITATION RIGHTS: This bill requires the Arizona Department of Economic Security (ADES) to make reasonable efforts to place a child with the child's siblings when placing a child in an out-of-home placement, guardianship or adoptive placement. The bill also requires that ADES make reasonable efforts to maintain visitation and contact among siblings when placement is not possible.

There were a number of child welfare related bills that were pending on June 30, 2009 when last year's notification letter regarding changes in Arizona's laws was submitted. As noted in last year's letter, the passage of those bills would not impact CAPTA eligibility but would also strengthen child welfare in Arizona. Following is a list of the child welfare related bills that eventually passed in **2009** and a summary of each bill:

SB 1047 Child Safety: This bill expanded the defined categories of *abuse* and *neglect* relevant to child safety to include: causing a child to suffer from fetal alcohol syndrome or fetal alcohol effects, as determined by a healthcare professional on an infant less than one year of age and deliberately exposing a child to visual sexual conduct and/or contact that includes oral sexual contact, sexual intercourse, bestiality, and sexual materials. Once an investigation has been conducted by a CPS worker all findings must be submitted to the department's case management information system within 45 days, previously 21 days, which will then be kept in the ADES central registry. The court must consider that information as evidence of abuse and/or neglect and determine the child's dependent state. If a request for a hearing is made by the person accused of abuse or neglect and that person fails to appear in court, all allegations must automatically be determined as true by the court. However, if good cause is shown for failing to appear in court, the court may reschedule another hearing if a request is made within 15 calendar days after the date of the first hearing.

- SB 1016 Adoption; Consent:** This bill allows the court to waive the Department of Economic Security's consent to an adoption if the court determines it is in the child's best interest.
- SB 1209 Children; foster care:** This bill established a new section regarding rights of children in foster care. In pertinent part, gives a child in foster care the right to attend the child's hearing. A child has the right to speak privately to the judge at any hearing which may affect the child's placement, including a status, permanency or placement hearing.
- SB 1246 CPS information:** This bill required the court to open to the public any proceeding involving a child that has either died or almost died as a result of child abuse, abandonment, or neglect. The court can close the hearing for good cause shown. If the court orders a proceeding closed, any party may request a transcript of the proceeding. Before the court may release a transcript, it must reconsider the same factors that were considered at the initial closing of the hearing, such as the child's best interest. Any transcript released may contain redacted information in an effort to protect the privacy, well-being or safety interests of the child or any other person. Court records of these proceedings that involve the disclosure of Child Protective Service (CPS) information are also open to the public, however, the court may review the records in camera and redact any information that may hinder the protection of the child's privacy, well-being or safety.
- SB 1285 CPS information; redactions; challenges:** This bill provided a legislator with authority to appeal through a special action the court's denial to release Child Protective Service (CPS) information or CPS information that was redacted and released involving the death or near death of child as a result of abuse, abandonment or neglect.
- SB 1326 Safe haven providers; placement protocols:** This bill allowed private adoption agencies to take custody and terminate the parental rights on babies left with a safe haven provider if certain conditions are met.
- HB 2375 Foster parents; participation:** This bill expanded the list of interested parties who have a right to participate in periodic review hearings of dependency proceedings to include any foster parent or shelter care facility that provided residence for a dependent child for more than 10 days. Previous law set this time frame at more than 30 days.

HB 2622 Dependent children; relatives disclosure: This bill required the written notice provided to a parent when CPS takes a child into temporary custody to direct the parent to provide ADES and the court the names and current addresses of the child's relatives who might have an interest in the child's placement. The parent must provide this information to ADES and the court as soon as possible, but no later than 30 days after the child is removed. At the preliminary protective hearing, the court must direct the parent to within 30 days after the child is removed, provide ADES and the court with the names and current address of the child's relatives and, if known, indicate whether or not the relative has an interest in placement.

Please feel free to contact me if you have any questions or would like to discuss either the 2009 or 2010 legislation.

Sincerely,

Gaylene Morgan
Assistant Attorney General
Child and Family Protection Division
Arizona Attorney General's Office