

A PARENT'S GUIDE TO ARIZONA'S DEPARTMENT OF CHILD SAFETY



ARIZONA
DEPARTMENT
of CHILD SAFETY



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PURPOSE OF THE GUIDE

Welcome to a Parent's Guide to the Arizona Department of Child Safety. If you are reading this, you are most likely involved with the Department of Child Safety (DCS), or perhaps you would like to know more about Arizona's Department of Child Safety. We are glad that you are reading this guide, as we hope it helps you better understand Arizona's Department of Child Safety, and will guide you in your journey to strengthen your family. The child welfare system in Arizona is administered by the Department of Child Safety.

Think of this guide as a tool to help you learn about:

- Laws within Arizona and policies within DCS that direct the actions and decisions of DCS Specialist and the juvenile court system
- People whom you will meet, the service systems they work in, and their roles with your child and family
- How to support your family's rights (your own and your children's)
- Your responsibilities as a parent when involved with Arizona's Department of Child Safety
- Practical tips on navigating the Department of Child Safety

HOW DO I FIND INFORMATION IN THE GUIDE?

The guide is designed to follow a family's path through the Department of Child Safety from the time of first contact with a DCS Specialist. The common questions people have regarding the Department of Child Safety are listed in the table of contents with the page numbers.

SECTION 1: Describes what the Department of Child Safety (DCS) is about, what it does, and what happens when families become involved with the Department of Child Safety.

SECTION 2: Describes the Department of Child Safety. This section describes what the different parts of DCS do, and what families can expect when they become involved with the Department of Child Safety.

SECTION 3: Describes case planning. This process is meant to help everyone (you, your child, the Department of Child Safety, and others involved with your family) to come up with a plan for making changes so that your child will be safe and can live in your home.

SECTION 4: Describes the Arizona juvenile court system. This section is designed to help you understand how the court systems work, if your family becomes involved in the dependency process.

SECTION 5: Describes how you and your family can participate in services in your own home including the services offered by the Department of Child Safety and in the community that will help your child remain at home.

SECTION 6: Discusses how out of home placements work. If your child needs to leave your home for a period of time, this section will help you understand where your child might live, how the foster care system works, and what may happen after your child leaves out of home care.

SECTION 7: Discusses the kinds of services and choices for permanent living arrangements that are available to children and families. Most children who are placed outside of their own homes are there temporarily, and they return to their own home. This section will help you understand the circumstances that may result in a different permanent living arrangement for your child. Information about efforts to identify relatives for placement of the child are also discussed.

SECTION 8: Describes the Indian Child Welfare Act (ICWA). This section explains how the laws are different when your child is an enrolled member of a tribe or is eligible for membership.

SECTION 9: Provides a summary of your rights and responsibilities as a parent when you are involved with the Department of Child Safety.

SECTION 10: Introduces approaches that are taken by the Department of Child Safety to work along with families and their children.

Glossary of Terms You May Want to Know: Following Section 10 we have included a list of terms that are commonly used by DCS, the courts, and in this guide. If you do not know a term, you can look at the list to find out what it means.

Resources: Finally, a section on resources describes where you can get more information or help.

PRACTICAL TIPS FOR FAMILIES

The guide includes Practical Tips for Families in most of the sections. These tips give examples of questions you can ask, and positive actions that you can take to help you and your family. Depending on where you live in Arizona, programs, services, and processes may look different. If you have a question specific to your geographic area, your DCS Specialist can assist you in better understanding how the Department of Child Safety works in your local area.

HOW CAN I USE THIS GUIDE TO HELP MY FAMILY?

There are many different ways to use this guide. Some of these include:

- You can use it on your own
- You can talk about it with other members of your family and friends
- You and your DCS Specialist can review it together
- You can review it with your attorney
- You can review it with other families who are involved with DCS

PRACTICAL TIPS FOR FAMILIES

- You do not need to read the entire guide cover to cover. You might find some sections more useful than others.
- You can use the table of contents to find the questions or content areas that are most important to you.
- If you have questions while reading the guide you can ask for clarification from your DCS Specialist, service providers who are working with your family, or your Attorney (if you have one).

SECTION 1: WHAT IS THE PURPOSE OF ARIZONA'S DEPARTMENT OF CHILD SAFETY?



HOW DOES ARIZONA'S DEPARTMENT OF CHILD SAFETY WORK?

Arizona's child welfare system was developed to respond to concerns about children who may be abused or neglected. The "child welfare agency" responsible for child safety in Arizona is the Department of Child Safety (DCS). Families, private community agencies, and other service providers that work in mental health, substance abuse, healthcare, education, and domestic violence are all partners in the child welfare system serving the needs of children and families. When children are not able to be safe at home, the courts also become partners.

Arizona's child welfare agency (DCS) is responsible for:

- Responding to reports from individuals in the community who think that children are being abused or neglected
- Helping families solve problems that may result in abuse or neglect
- Helping children to be safe and secure
- Preventing separation of children from their families, whenever possible
- Working with families so their children can return home (when children have been separated from their families)
- Ensuring that children receive what they need while they are away from their families
- Exploring options for permanent caregivers of children who cannot safely return home

To accomplish these goals, the agency works with families to identify their strengths and needs. While working together with families, the agency helps to find the services and supports families need to keep their children safe and protected.

WHY DOES THE DEPARTMENT OF CHILD SAFETY (DCS) GET INVOLVED WITH FAMILIES?

To ensure the safety of children: The major role of the Department of Child Safety is to ensure safety, permanency, and well-being of children. The law in Arizona gives the Department of Child Safety the responsibility for responding to and investigating reports that a child in Arizona is unsafe or at risk of harm due to abuse or neglect by a parent or other caregiver in the child's home.

To provide services: If a child is not safe, or is at risk to be neglected or harmed at home, the Department of Child Safety will provide services and strengthen the parents' protective capacities.

PRACTICAL TIPS FOR FAMILIES

- The Department of Child Safety can be complicated. You should feel free to ask questions, even the same questions multiple times, if you need to.
- Check to see if there is a family organization in your community that can help support you or your family during involvement with the Department of Child Safety.
- If there is not a family organization, try to find other parents to talk to who have successfully navigated the child welfare system.

Every state in the United States has their own child welfare agency, in Arizona it is the Department of Child Safety. While each state receives guidance from the federal government, child welfare agencies in each state (or jurisdiction) can look very different in their approach to protecting children and supporting families.

SECTION 2: LEARNING ABOUT THE ARIZONA DEPARTMENT OF CHILD SAFETY



WHAT IS THE DEPARTMENT OF CHILD SAFETY (DCS)?

The Arizona Department of Child Safety works with families when a child has been identified as a possible victim of child abuse or neglect. The Department of Child Safety works to protect children and support families across the entire state of Arizona, with satellite offices in both rural and urban communities. Specifically, federal law and Arizona state laws require the Department of Child Safety to do the following:

1. Take reports from community members who believe a child has been abused or neglected
2. Find out if abuse or neglect has taken place
3. Ensure that there is a plan in place to keep children safe
4. Provide services to families to ensure the safety of children and stability of families

WHAT IS CHILD ABUSE AND NEGLECT?

Definitions of child abuse and neglect are determined by federal and state law. A federal definition of child abuse and neglect is "any recent act, or failure to act, on the part of a parent or caregiver which results in death or serious physical or emotional harm, or sexual abuse/exploitation, or presents an imminent risk of serious harm." Federal and Arizona state laws define four types of child maltreatment, which include:

1. **Physical Abuse:** Injury caused to a child by beating, kicking, biting, burning, shaking, or other ways of harming a child. Sometimes even when a parent does not intend to hurt the child, a child's injuries may be legally labeled as abuse. For example, a child's injury may have been the result by over-discipline of physical punishment.
2. **Child Neglect:** Failure to provide for a child's physical, medical, and emotional needs. Sometimes neglect of a child happens when a parent uses drugs or alcohol or has an untreated mental health disorder. Not having enough money to take care of a child's basic needs does not mean a parent is being neglectful, but may mean that the parent needs support and connection to community resources.
3. **Sexual Abuse:** Any type of sexual activity or sexual contact by a parent or other caregiver with a child. This can include exposing a child to sexual activity, or pornography. Taking advantage of a child through sexual trafficking, exploitation or pornography is also considered sexual abuse.
4. **Emotional Abuse:** Actions of a caregiver that can hurt a child's emotional health, such as verbally assaulting a child by screaming hysterically, name-calling and humiliation. Other acts such as rejecting, isolating, terrorizing or withholding affection are also forms of emotional abuse.

REPORTING CHILD ABUSE AND NEGLECT

The Arizona Department of Child Safety operates in all 15 counties in the state of Arizona. DCS obtains information pertaining to the safety of children through the Arizona Child Abuse Hotline. In Arizona, the Child Abuse Hotline receives calls 24 hours a day, 7 days a week, and 365 days a year. Prior to making contact with a family, the Department of Child Safety must receive information alleging that a child has been abused or neglected or is unsafe in the home, and the information must be determined to meet requirements for initiating an investigation.

HOW WOULD DCS GET A REPORT ABOUT MY FAMILY?

Anyone who might suspect that a child is being abused or neglected may call DCS to report the concern. Any member of the community, parents, or child victims themselves can call and make a report of suspected child abuse or neglect. In public settings, individuals who work with children and families such

When child abuse and neglect occurs within a family, DCS makes every effort to involve the entire family system in order to ensure the safety of children and provide support to parents.

*Reports of concerns regarding the safety of a child can be made to the Arizona Department of Child Safety **Child Abuse Hotline** at **1-888-767-2445**, or online at **www.azdcs.gov***

as professionals in medical care, childcare, social services, law enforcement or mental health are legally required to report suspected abuse or neglect. These individuals are called “mandated reporters.” In Arizona parents, stepparents, or legal guardians, as well as any other person who has responsibility for the care or treatment of children is required to report suspected abuse or neglect.

PRACTICAL TIP FOR FAMILIES

- Department of Child Safety Specialists are trained to understand that reports of abuse and neglect are only one piece of the larger picture of a family’s life. It is the job of the Department of Child Safety Specialist to work with families to gather information pertaining to the truth of the allegations, the safety of your children, and the overall functioning of your family.

DOES DCS RESPOND TO ALL REPORTS OF SUSPECTED ABUSE AND NEGLECT?

In the state of Arizona, the Department of Child Safety responds to reports of abuse or neglect in which the child’s parent, guardian, custodian or an adult member in the child’s household is suspected of involvement in the alleged maltreatment. Abuse or neglect by someone (i.e.: babysitter, teacher, or other adult not living in the home) is investigated by law enforcement. When reports are made to the Arizona Child Abuse Hotline, Hotline Specialists gather enough information from the person who is making the report to determine if the report meets the legal guidelines for a report and response, and if so, how quickly a Department of Child Safety Specialist should respond.

WHAT LAWS GUIDE THE DEPARTMENT OF CHILD SAFETY?

Many state and federal laws guide the work of the Department of Child Safety. An important piece of federal legislation involving child welfare is the Child Abuse Prevention and Treatment Act (CAPTA), which was passed in 1974. This law was intended to improve public child welfare systems, and make them more comparable across the country. The United States Congress has amended CAPTA several times since it was first passed.

The Indian Child Welfare Act (ICWA) protects the rights of American Indian families involved in the child welfare system by directing procedures with families whose children are enrolled or eligible for enrollment in a federally recognized tribe.

The Adoption and Safe Families Act promotes timely permanency planning for children who have been removed from their families.

Some of the many ways that laws affect families involved in the Department of Child Safety include:

- Child welfare laws allow parents to appeal a finding of abuse and neglect
- Child welfare laws define what abuse and neglect is
- Child welfare laws require health care providers to notify child welfare agencies of all newborn infants who have been exposed to drugs not administered by a health care professional prior to birth, or who have withdrawal symptoms that resulted from drugs used by their mother before their birth
- Child welfare laws encourage the Department of Child Safety to have materials and provide services in the language spoken by the children and families involved.
- Child welfare laws encourage states to provide prevention services, such as parent education, respite care, voluntary home-visiting, and family support programs
- Child welfare laws require child welfare workers to refer any child under the age of three, who has been abused or neglected, for early intervention services.

PRACTICAL TIPS FOR FAMILIES

- If your child is a registered (or eligible) member of a tribe, it is important to let your Department of Child Safety Specialist know this information.
- If you need an interpreter to translate or need information written in a language other than English or Spanish, speak to your Department of Child Safety Specialist and request this accommodation.

Additional information on federal child welfare laws and Arizona state statutes can be found on the U.S. Health and Human Services Child Welfare Information Gateway website. www.childwelfare.gov

HOW CHILD ABUSE AND NEGLECT INVESTIGATIONS WORK

Once information regarding abuse or neglect of a child is reported to the Child Abuse Hotline, the report is assigned to a DCS Specialist for assessment. This Specialist will request to meet with every member of the family in order to gather information about the reported concern, hear the family's perspective and to identify supports or services the family may need.

ARE ALL TYPES OF CHILD ABUSE AND NEGLECT INVESTIGATIONS TREATED THE SAME?

All assessments of reports of child abuse or neglect must meet specific guidelines. In some instances, the Department of Child Safety is required to work with additional professionals who gather information regarding the report allegations. In Arizona, the following partners may work collaboratively during the investigation process:

- **Office of Child Welfare Investigations (OCWI)** - This specialized investigative unit is part of the Department of Child Safety. The investigative specialists with OCWI are highly skilled and trained in assessing families when law enforcement is also involved.
- **Local Jurisdiction Law Enforcement Officers** - In instances when the alleged child abuse or neglect is a crime the Department of Child Safety Specialist will coordinate the investigation with law enforcement.

Although the Department of Child Safety cooperates with law enforcement agencies, the focus of the Department of Child Safety assessment and support is different. The Department of Child Safety and the Office of Child Welfare Investigations assess whether the child is safe, seek to protect the child, and provide services to stabilize the family. The Department of Child Safety does not make decisions to arrest or prosecute parents.

WHO CONDUCTS AN INVESTIGATION? WHAT ARE THEIR QUALIFICATIONS?

Department of Child Safety, law enforcement, and the Office of Child Welfare Investigations employees have skills and training to work with you, your child, other family members, community agencies, and the courts. In Arizona, Department of Child Safety Specialists have a college degree in social work or a similar field. In addition to college training, Department of Child Safety and Office of Child Welfare Investigations employees engage in extensive new employee training and participate in on-going trainings throughout their careers.

IF DCS RESPONDS TO A REPORT ABOUT MY FAMILY, WHAT HAPPENS DURING THE INVESTIGATION?

When information is received at the Child Abuse Hotline and a report is generated, the information is assigned to a Department of Child Safety Specialist to conduct an investigation and Family Functioning Assessment (FFA). The Department of Child Safety Specialist will contact the person who provided the information to the Child Abuse Hotline to clarify the information provided, and gather additional information regarding the safety of the children in the home. The DCS Specialist will then interview the child or children who the report is about; either at your home, their school, or in child care.

Information about how your family functions is gathered through interviews, observations, and a review of documents (medical, police, school, behavioral health, etc.). The DCS Specialist will complete the Family Functioning Assessment by:

- Gathering information about 1) the extent of the maltreatment to the child, 2) the circumstances surrounding the maltreatment of the child, 3) the child's functioning on a daily basis, 4) the functioning of all the adult's living in the home, on a daily basis, 5) the general parenting practices, and 6) the discipline and behavior management by the parents and caregivers;
- Identifying whether there is a threat of danger to any child in the home;
- Assessing each household members' Protective Capacity to control any threats of danger to the child;

During the investigative process, families can request to have anyone participate in the process who may have important information about the safety of the children in the home and the well-being of the family.

Department of Child Safety staff including both DCS and OCWI Investigative Specialists receive on-going training on assessing family strengths and needs, and supporting families through the Department of Child Safety

- Determining whether each child in the home is safe or unsafe due to an impending danger.

The Caregiver Protective Capacities are personal qualities or characteristics that contribute to attentive parenting and child protection. They are strengths associated with your ability to perform effectively as a parent to provide and ensure a consistently safe environment. The Family Functioning Assessment assesses each of the parents/caregivers in the household for:

- Behavioral Protective Capacity
- Cognitive Protective Capacity
- Emotional Protective Capacity

BEHAVIORAL PROTECTIVE CAPACITIES

- Has a history of protecting
- Takes action
- Demonstrates impulse control
- Sets aside her/his needs in favor of the child
- Has and demonstrates adequate skill to fulfill caregiving responsibilities.
- Is adaptive and assertive as a caregiver

COGNITIVE PROTECTIVE CAPACITIES

- Plans and articulates a plan to protect the child
- Is self-aware as a parent/caregiver
- Is intellectually able to fulfill caregiving responsibilities and tasks
- Is able to accurately identify threats to child safety or recognize danger
- Has an accurate perception of the child's needs
- Understands his/her protective role

EMOTIONAL PROTECTIVE CAPACITIES

- Meets own emotional needs
- Is resilient as a parent/caregiver
- Is tolerant as a parent/caregiver
- Is emotionally stable
- Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings
- Is positively attached with the child and is clear that the number one priority is the well-being of the child.
- Is aligned with and supports the child

If a threat of danger to a child is identified, the DCS Specialist will determine whether the child is in danger by applying the following five threshold safety criteria:

- Are there observable family conditions that endanger the child?
- Is the child vulnerable to the identified safety threat?
- Is the situation unmanaged by any adult in the home?
- Is the effect to the child likely to be severe?
- Is harm to the child imminent?

All five criteria must be met for at least one identified safety threat in order to determine a child is unsafe. The DCS Specialist will determine what actions will be taken based upon the outcome of the Family Functioning Assessment.

Your family is an integral part of the DCS investigation. The DCS Specialist will involve your family as much as possible during the investigative process. The DCS Specialist can answer your questions during the assessment and help your family understand the next steps.

WILL THE DCS SPECIALIST TELL ME WHO MADE THE REPORT?

No. According to Arizona Statute you will be told about the report, but not the identity of the reporter. Department of Child Safety Specialists are trained to recognize that a report is only an allegation, and is only one small piece of information. During training, DCS Specialists learn to gather available information that confirms or denies the allegations from a wide range of sources, including your child, siblings, you, and others who may have information about the allegation. The Department of Child Safety recognizes that families have the primary responsibility for raising their children and keeping them safe. Families are the experts regarding their own strengths and needs and will have a voice and decision-making role regarding decisions that affect them and their children. This means that when there is concern or confirmed abuse or neglect that the family will be asked to help identify solutions to keep the children safe.

CAN I BE PRESENT WHEN MY CHILD IS INTERVIEWED?

The DCS Specialist has the legal authority to talk to your child and any other children living in the home without your consent and outside of your presence. If the report allegations state that you or someone else responsible for your child's care has hurt your child, the law allows your child to tell what has happened without family members present. Therefore, the DCS Specialist decides who should be present during the interview. Although your child can be interviewed and physically examined without your permission, your cooperation may be requested.

DO I HAVE TO ALLOW THE DCS SPECIALIST INTO MY HOME?

No. You do not have to let a Department of Child Safety Specialist into your home or answer their questions. The DCS Specialist is still legally required to investigate reports of suspected child abuse and neglect. If there is reason to believe your child is in danger and you deny access to your child, The Department of Child Safety may request assistance from law enforcement to check on your child.

WHAT ARE THE POSSIBLE OUTCOMES OF A DCS INVESTIGATION?

After the Department of Child Safety Specialist gathers information from all necessary sources, the following next steps may occur:

- The agency may determine that your child is safe and no further action will be taken.
- If the DCS Specialist believes that there is evidence to support that your child was abused or neglected they will propose that the allegations be "substantiated." The parent, guardian or custodian involved will receive a letter explaining how an appeal of the decision of the DCS Specialist may be requested. The letter will also provide information explaining how a request of the DCS report and the information reported to DCS alleging abuse or neglect can be obtained.

IF THERE IS EVIDENCE THAT MY CHILD WAS ABUSED OR NEGLECTED, WHAT COULD HAPPEN?

Depending on what happened to your child, and your ability to keep him/her safe now and in the future, any of the following might happen:

1. If Your Child is Determined to be Safe

The investigation is closed if no additional needs are identified by DCS or the family. If services are offered to prevent future problems an aftercare plan will be developed and supports will be made available to ensure continued safety of your children.

2. If Your Child is Determined to be Unsafe

A plan will be developed with your family to reduce safety threats to the child. Your child may be removed from the home and placed with a relative or in foster care.

Removal of a child during, or as a result of, an investigation is a very serious and difficult outcome for both the child and family. This action is reserved for situations in which the child's safety is at high risk, and the Department of Child Safety Specialist and the family are unable to develop a plan to protect the child.

Having your family become involved in an investigation with DCS can be quite overwhelming. It is okay to ask questions about the process, or request any support your family may need. Department of Child Safety Specialists make every effort to work together with families to make sure children are safe and families are supported.

The decision to remove a child is not made by a single person. The Department of Child Safety Specialist discusses each case with a DCS Supervisor. When removal of a child is required or the removal of a child is being considered, an application for removal is submitted to the Initial Appearance Court by the Department of Child Safety Specialist or the Supervisor of the Specialist, seeking approval for a Temporary Custody Notice (TCN). Specific reasons detailing why the child is being removed must be given. The Initial Appearance Court will act on the application as soon as possible and make a determination to provide authorization for removal or deny the request. The only situation when a child is to be removed without court authorization is when exigent circumstances exist.

Exigent circumstances exist when there is probable cause to believe that the child is likely to suffer serious harm in the time it takes to obtain a court order for removal and either of the following is true:

1. There is no less intrusive alternative to taking temporary custody of the child that would reasonably and sufficiently protect the child's health or safety.
2. The child is suspected to be a victim of a sexual offense or an offense involving a serious physical injury that can be diagnosed only by a physician or a health care provider who is licensed and has specific training in forensic evaluations of child abuse.

WHAT HAPPENS IF MY CHILD IS REMOVED FROM MY HOME DURING AN INVESTIGATION?

Very few of the children are removed from their homes during a DCS assessment. In most situations the families and the Department of Child Safety work together cooperatively to resolve any dangers and risks of harm. However, when a child is in danger and a plan cannot be developed that protects the child, the law does allow a Department of Child Safety Specialist or a Law Enforcement Officer to remove a child from the home. A child can be removed from the home and placed into temporary custody when:

- The parents or guardian agrees to placing the child into the temporary custody of the Department;
- A dependency petition is filed and temporary orders from juvenile court place the child into temporary custody of the Department;
- A court order authorizing temporary custody is obtained from the Initial Appearance Court;
- Exigent circumstances exist and temporary custody is clearly necessary to protect the child.

Any child taken into temporary custody must be returned to the parent or guardian within 72 hours, unless a dependency petition is filed or the parent or guardian enters into a Voluntary Placement Agreement with the Department of Child Safety.

PRACTICAL TIPS FOR FAMILIES

- During the investigative process, it is important for you to provide as much information as possible about your family situation in order to assist the Department of Child Safety Specialist in making the best possible decision for your family.
- If it has been determined that your child is unsafe in your home, tell the Department of Child Safety Specialist about family members or others who can be a resource to you and your child. This is especially important if your child has been removed for safety reasons.
- It is important to provide the Department of Child Safety Specialist with as much information about your child (their likes, dislikes, allergies, medical problems) as possible if they are removed from your home. This allows alternative caretakers to meet the needs of your child and make your child feel more comfortable while he or she is away from you. Packing items for the child, including items that bring comfort can make the separation easier for your child.
- Having your child removed from your home is a very difficult outcome for the child and their families. This process can be very stressful and overwhelming. It is okay to ask clarifying questions about what is occurring, and what will happen next.

WHAT HAPPENS AT A TEAM DECISION-MAKING (TDM) MEETING?

A Team Decision Making (TDM) Meeting such as a Safety Planning TDM is held within 14 days. The purpose of the meeting is to discuss the child's safety and where the child will continue to live. If a child is removed from the parent, guardian, or custodian's custody, the following outcomes at the TDM Meeting may occur:

- Child is returned to the parent, guardian or custodian's custody

- Dependency petition or In-Home Intervention is filed in the juvenile court
- Voluntary foster care agreement is made

All TDM meetings will be facilitated by a trained TDM Facilitator, whose role is to guide group discussion surrounding the safety of the child involved in the DCS case. The facilitator will try to gain agreement from everyone that the plan developed is the least restrictive and least intrusive to the child and family, while being in the best interest of the child.

By the end of the Team Decision Making meeting, a decision will be made pertaining to on-going involvement of DCS in the life of your child and your family.

PRACTICAL TIPS FOR FAMILIES

- The Team Decision Making Meeting is an opportunity for the agency to have an open discussion with your family regarding concerns for your child’s safety. It is important to come prepared to the meeting, willing to discuss the strengths and needs of your family system.
- The voice of your family is an important component of the Team Decision Making Meeting. Speak to your Department of Child Safety Specialist about inviting members of your support system or community.

WILL THERE BE A COURT HEARING IF MY CHILD IS REMOVED FROM MY HOME DURING A DCS INVESTIGATION?

If a child is taken into temporary custody by the Department of Child Safety, a dependency petition will be filed with Juvenile Court within 72 hours of the allegation.

WILL I HAVE AN ATTORNEY IF THE JUVENILE COURT BECOMES INVOLVED WITH MY FAMILY?

Yes. The court will automatically appoint an attorney to represent you in the case. The cost of this attorney depends on your income and is most often low or no cost to you. The attorney will contact you prior to the first hearing or at the court prior to the first hearing. You can also retain an attorney on your own if you would prefer to do that.

WHAT IS MY ROLE AS A PARENT WHEN DCS TAKES CUSTODY OF MY CHILD?

Your involvement in the care of your child is very important.

- The DCS Specialist assigned and the people providing care for your child will continue to look to you regarding your child’s health and other needs, likes and dislikes, as well as educational, psychological, medical, and social history.
- You will continue to influence many decisions about your child unless the court directs otherwise.
- Your continued participation and active engagement at court, with DCS, and with the services identified in the case plan, are ways for you to have influence.
- You should be able to visit regularly with your child unless the court determines that this would endanger his/her safety or well-being.

IF THERE IS EVIDENCE THAT MY CHILD WAS ABUSED OR NEGLECTED, IS A RECORD KEPT?

Arizona law (ARS §8-804) requires the Department of Child Safety to maintain a central registry of reports of child abuse and neglect when the allegations are substantiated. If an allegation is substantiated, this means that there is reason (probable cause) to believe abuse or neglect did take place. Access to this information is limited by law and the information can only be used in limited circumstances, such as to complete background checks for individuals applying to work with the state, or agencies that contract with the state in positions that provide direct services to children, vulnerable adults, or families applying to be licensed as a foster family, adoptive parent, or child care provider.

Prior to a person being identified in the central registry, they will receive a letter explaining how to request an appeal of the decision. This letter also provides information about how

If an appeal of the allegation is requested, the DCS Protective Services Review Team (PSRT) will review the information and determine if there was sufficient evidence to substantiate the allegation. If the DCS PSRT agrees, that there is sufficient evidence to substantiate, and the family asks for a hearing, one will be granted. A hearing will be scheduled before an Administrative Law Judge who will hear the evidence and make a decision about the allegation and the finding.

they can request a copy of the Department of Child Safety report containing the information reported to the Department of Child Safety alleging abuse and/or neglect.

IF THERE IS NO EVIDENCE THAT MY CHILD WAS ABUSED OR NEGLECTED, IS A RECORD KEPT?

If an allegation is unsubstantiated, meaning there was not probable cause to believe that abuse or neglect took place, or there was insufficient evidence to determine that abuse or neglect took place.. The Department of Child Safety maintains information regarding unsubstantiated as well as substantiated allegations in a confidential automated system only accessible to the agency. For unsubstantiated allegations the information is held for five years. In the state of Arizona, only the information for substantiated reports is placed in the central registry.

WHAT HAS TO HAPPEN FOR DCS TO NO LONGER BE INVOLVED WITH MY FAMILY?

The Department of Child Safety should no longer be involved with your family when the following occur - please see Figure A.

PRACTICAL TIPS FOR FAMILIES

- It is your responsibility to participate in the services provided to you by DCS, follow recommendations, and work towards accomplishing established goals. It is important that you understand expectations, and that you and your DCS Specialist are able to communicate about problems facing your family, and brainstorm solutions together.
- Request to review your progress towards your family’s case plan goals at every monthly meeting with your DCS Specialist, or more frequently if you need additional support.
- Attend every scheduled court hearing in order to ensure that you are involved in the process, and are able to provide information to the courts about how your family is doing.
- If you are struggling to meet the basic needs of your family, ask your DCS Specialist for referrals to community resources that can assist you with housing, electricity, food, clothing, and household furnishings.

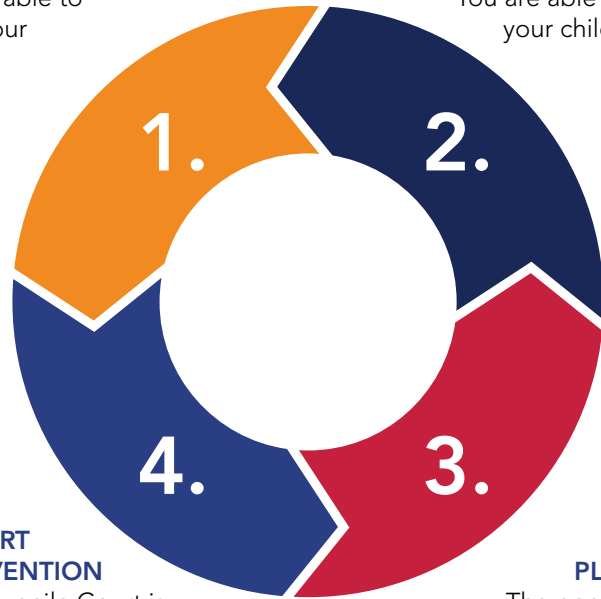
Figure A

1. BASIC NEEDS

You are able to meet your child's needs.

2. SAFETY

You are able to ensure your child's safety.



4. COURT INTERVENTION

If the Juvenile Court is involved, the judge must order the case be dismissed.

3. CASE PLANNING

The goals of your case plan have been met.

SECTION 3: THE NUTS AND BOLTS OF DCS CASE PLANNING



WHAT IS A CASE PLAN?

When you become involved with the Department of Child Safety, and it has been determined your case will remain open, you will be asked to participate in creating a written case plan along with the DCS Specialist. This case plan is an agreement between your family and the Department of Child Safety during your involvement with the agency. The case plan is created in a meeting called a case plan staffing. The DCS Specialist provides support and monitors your family's progress and the child's safety as you work toward your case plan goals.

Case plans should describe the following:

- The permanency goal and target date for achievement
- The reason why DCS is involved with your family
- The desired family behaviors
- The services to assist the family
- Child's needs, supports and services
- Educational stability needs and services
- Young Adult/Extended Foster Care, if applicable
- A visitation Plan

The case plan will describe the reason your child was removed from your home. It will describe what needs to happen for the Department of Child Safety to no longer be involved with your family. Case plan staffings provide an opportunity for all participants to discuss progress, exchange ideas and suggestions, and work together cooperatively to resolve family problems. Your involvement in the creation of the case plan is very important, you know your family best, and know what supports you will need to achieve positive changes.

At the conclusion of the case plan staffing, you and your team will be asked to sign the case plan. You will receive a copy of the case plan to keep. Your case plan must be reviewed, in a case plan staffing at least every 6 months, and at specified key decision points in the life of the case; for example, when a decision needs to be made about whether your child can return home. It is important for you to always remain in contact with your DCS Specialist in order to track your progress towards accomplishing the goals that have been outlined in the case plan.

WHEN WILL MY CASE PLAN BE DEVELOPED AND REVIEWED?

The initial case plan will be created between you, your DCS Specialist and other team members:

- Within 60 days of the case being identified to receive in-home services; or
- Within 60 days of the child's removal from the home; or
- Within 10 working days of a child's placement with a Voluntary Placement Agreement.

All parties involved with your family, including service providers and DCS Specialists should meet to discuss the progress being made on the case plan goals, as well as to identify and resolve any barriers to progress. The case plan staffing should be scheduled with at least two weeks' notice to allow attendees to make arrangements to attend.

WHAT ARE THE BENEFITS OF A CASE PLAN?

Case plans can be used like a road map. Your family's case plan will tell you where you are going during your involvement with the Department of Child Safety (for example: trying to keep your child at home, helping your child return home, or planning another permanent home for your child). It also gives directions on how to get there. A case plan can help you focus on what needs to change to help your family's situation improve by letting you know how far you have come and by keeping track of the progress that is being made.

Case plan staffings are an opportunity for you to discuss your accomplishments with your entire team, and advocate for your family if the goals and services are not helping to move you forward.

WHO IS INVOLVED IN DEVELOPING A CASE PLAN?

A parent/guardian should always be involved with the Department of Child Safety Specialist in developing, writing, and signing the case plan. It is also important to include children who are old enough to participate (usually over the age of 12).

Often an entire team helps you and the Department of Child Safety Specialist develop the case plan during the case plan staffing. This team should include people that you know such as:

1. Service Providers
2. DCS Specialist & Supervisor
3. Parents
4. Foster Family
5. Attorneys Representing the Parents
6. GAL/Child's Attorney

Your participation in the case planning process is very important, as you are the expert on your child and family. Working cooperatively on the case plan with your Department of Child Safety Specialist gives you the chance to do the following:

- Explain the types of help you and your child may need
- Set goals that are important to you
- Ask for specific services
- Ask questions of your entire team
- Have a say in the type of care your child will receive
- Clarify your rights and responsibilities as a parent
- Understand the responsibilities and tasks of all of the members of the team

PRACTICAL TIPS FOR FAMILIES

- Let your DCS Specialist know about important scheduling conflicts with your family such as your work schedule or visitation, in order to plan appointments in a way that does not interfere with other obligations.
- It is important that all members of the team hear your voice about your child and family. Some families find it helpful to write letters to the team or bring pictures to a staffing. Talk from your heart and say what you can.
- When you are ready to sign the case plan you should feel comfortable that it reflects what you, the DCS Specialist and your team have agreed upon.
- Request a copy of your case plan.
- You can have an advocate or someone you trust be present with you when the case plan is developed. Let your DCS Specialist know if you want someone else present.

WHAT KIND OF SERVICES CAN BE INCLUDED IN A CASE PLAN?

A case plan staffing will be scheduled by the DCS Specialist to develop a written case plan at a time and location that is convenient for the family. The family and service team should include in the case planning:

- Assessment and identification of family strengths and protective capacities;
- Identification of behavioral changes necessary to enhance protective capacities and/or protective factors;
- Identification of services and supports recommended to achieve the identified behavioral changes; and
- Assessing the family's progress.

The DCS Specialist will provide, or refer the family for services and supports identified in order to enhance diminished caregiver protective capacities, strengthen family protective factors and reduce the likelihood of future abuse or neglect. Many of these services can be obtained through referrals to community organizations and agencies, faith-based and family support networks, and DCS contracted services.

Types of services:

1. Individual, Marriage or Family Counseling
2. Mental Health Services
3. Substance Abuse Services
4. Parenting Education
5. Job Training
6. Community Resources & Concrete Supports

CAN MY FAMILY HAVE MORE THAN ONE CASE PLAN?

You can only have one case plan with the Department of Child Safety; however, you may have service plans with community partners. If you or your child is involved with several different agencies and/or the school system, you and your family could have multiple service plans. All of these service plans should support the goals identified in the case plan. Always ask for clarification about how the service plan is connected to the case plan if you have questions. Some examples of service plans may include:

- If you participate in mental health or substance abuse treatment, you might have a "treatment plan"
- If you participate in individual, marriage, or family counseling services, you might have a "treatment plan" or a "service plan"
- If you participate in parenting education or in-home support services, you may have a "service plan"
- If your child is under the age of three, has or is at risk of having a disability, and receives early intervention services, you might have an "Individualized Family Service Plan" (IFSP)
- If your child is over the age of three and needs special education services, your child might have an "Individualized Education Program" (IEP)

HOW DO I MANAGE HAVING MORE THAN ONE SERVICE PLAN?

It is often the case that a family may have multiple service or treatment plans. It is important that your DCS Specialist be aware of all the providers and service agencies you are working with. Additionally, the services and treatment plans must all support the goals in your case plan. When assessing progress in your case plan, at least every 90 days, you and your DCS Specialist should meet with all of your providers and service agencies to determine if positive change is occurring within the family and to reevaluate the protective factors. The protective factors are:

- Social and emotional competency of children;
- Social connections;
- Concrete support in times of need;
- Knowledge of parenting and child development; and
- Parental Resilience

WHAT WILL MY CASE PLAN LOOK LIKE?

You, as the parent, should be actively involved in your case plan. The case plan is an agreement between you, the Department of Child Safety, and the juvenile court (if they are involved) as to what needs to happen. It is your opportunity to voice what kind of help you need to reach the identified goals for you and your family.



The case plan is intended to identify and help you work on both **immediate and long-term issues that cause stress in your family.**

Remember to communicate with your DCS Specialist about all of the different programs and services your family is participating in. Your DCS Specialist can assist you in streamlining services, avoiding duplication of expectations, coordinating appointments and ensuring all are in support of your case plan.

Your family's case plan should be **reviewed regularly, at least every 6 months** by you and the Department of Child Safety Specialist. The plan will be flexible as your family's needs and progress change.

Your case plan should be written clearly in simple, straightforward language. If you do not understand what is written in your case plan, you can request that the case plan be written in a manner that makes sense to you.

Goals in your case plan should be reasonable and achievable. Steps for achieving each of these goals should be spelled out clearly, and timeframes will be understood by everyone.

Your family's case plan should include an understanding of your family's important values and beliefs. It will include services that will best fit your family's culture.

Your case plan should be individually designed to fit your family. Each identified goal and service will be tailored to meet your family's needs.

PRACTICAL TIPS FOR FAMILIES

- If English is not your first language, and you are not comfortable reading or speaking English, ask your Department of Child Safety Specialist to have an interpreter available while you are creating the case plan. Ask for a written copy of your case plan in your first language.
- Keep track of your responsibilities and the agency's responsibilities so that you can show the court the responsibilities that you have fulfilled. You may want to keep all of this information in a journal, so that it is all in one place.
- If you have any questions or concerns about your case plan you are encouraged to discuss this with your DCS Specialist, the DCS supervisor, your attorney or service providers.

ARE THERE ANY OTHER TYPE OF PLANNING PROCESS THAT I MIGHT BE INVOLVED IN?

Yes. Some families whose children are in an out of home placement become involved in a planning process called "concurrent planning."

WHAT IS CONCURRENT PLANNING?

Concurrent planning means that DCS and the juvenile court work on two different permanency goals at the same time. The primary plan is to get a child and parents back together, reunification. However, at the same time, there may be a back-up plan for the child to live in another permanent home if he/she cannot return home to his/her own family. Sometimes the parent is not able to apply the lessons learned from the services offered in the case plan, and a back-up plan is needed. This is one way that DCS and the juvenile court try to shorten the amount of time it takes for children to find permanent homes, giving children stability in their living arrangements and day-to-day lives. When it seems that it will be difficult for a child to return home within a year of removal, concurrent planning often occurs.

DO ALL FAMILIES WHOSE CHILDREN ARE IN OUT-OF-HOME CARE HAVE A CONCURRENT PLAN?

No. Concurrent planning is appropriate for many children in out-of-home care, but not for all.

HOW WILL I KNOW IF MY FAMILY HAS A CONCURRENT CASE PLAN?

If concurrent planning occurs with your family, it will be stated in the case plan. As the parent, you will be fully advised that there is a concurrent plan.

PRACTICAL TIPS FOR FAMILIES

- If you are uncertain of what this process means for you and your child, be sure to get answers from the Department of Child Safety Specialist assigned to work with your family, your attorney, and/or the court.
- It is important to help your child understand how concurrent planning may affect them.

A child in foster care lives with a family who is willing to work closely with the parents to help the child return home. This family also is willing to become the child's permanent family, through adoption or legal guardianship, if he/she cannot return home.

SECTION 4: NAVIGATING THE JUVENILE COURT PROCESS



WHO IS INVOLVED IN MY CASE WITH THE JUVENILE COURT?

Parents have the right and responsibility to participate in the juvenile court process. In addition to yourself and your assigned Department of Child Safety Specialist, any other parent or guardian may also be involved in the court hearings. The parents, children and DCS are referred to as the parties to the case. An attorney represents each of the parties. The Department of Child Safety is represented by an attorney who works for the Attorney General's office, each parent is represented by an attorney who is identified for them by the court or by the parent directly. Although children can participate in the court hearings if they desire, generally they are represented by an attorney, called a Guardian Ad Litem (GAL), whose job is to represent the child's best interests. Children may also be represented by their own attorney. Often children over the age of 12 will have an attorney to represent their individual interests, which may differ from the representation of the GAL.

In addition to the parties (parents and children) and their attorneys, in some instances foster parents, relatives caring for the involved children and others may participate in hearings. In most cases, they are not considered parties and are not represented by attorneys at the hearings. A judge oversees each hearing and makes all of the final decisions about custody, placement and visitation.

WHAT HEARINGS WILL BE HELD AFTER MY CHILD IS PLACED IN OUT-OF-HOME CARE?

The juvenile court becomes involved when a dependency petition is filed by the Department of Child Safety. This will occur if your child is removed from your home. Court involvement can also occur if the Department of Child Safety files an in-home intervention to request the court assist in monitoring a family's progress towards in-home services, the children remain in the parents physical and legal custody. The Court will be involved in an in-home dependency, where DCS takes legal custody of the involved children, but they remain in the physical custody of their family.

The juvenile court process can seem overwhelming. There are several court hearings that occur on a regular basis, and there are many individuals involved. All of whom play a role in ensuring the safety of a child.

WHAT ARE THE TYPES OF COURT HEARING?

You will be required to attend several court hearings so that the judge and others may listen to all sides and decide what is best for your child. In dependency cases there are several different types of hearings that will occur, it is important for you to appear at all court hearings. Court hearings may frighten you and make you uncomfortable, but they benefit you, protect your rights and allow you to present your side of the story to the court. Don't be afraid.

Preliminary Protective Conference (PPC) and Hearing (PPH)

The Preliminary Protective Conference (pre-hearing conference) and Preliminary Protective Hearing will be your first contact with the juvenile court system in the dependency process. They are both held within five to seven days after a child has been removed from the home. The pre-hearing conference is not held in a courtroom and occurs immediately before the Preliminary Protective Hearing, which is held in front of the court and a judge. The following individuals will also attend the Preliminary Protective Conference:

1. DCS Attorney (AAG)
2. DCS Specialist
3. Facilitator
4. Attorneys for the Parents
5. Parent(s)
6. Guardian Ad Litem (GAL) /Attorney for the Child

The Pre-hearing conference is a mandatory meeting of all parties to the dependency, and other interested persons as permitted by the court. The purpose of the meeting is to attempt to reach an agreement about temporary custody and placement of the child, and the services that will be provided to the child, the parents or guardians and visitation. The health and safety of the child is the most important concern to all.

The pre-hearing conference will give you an opportunity to discuss what you think your child needs and how the Department of Child Safety can help your family. You will also have an opportunity to state where you want your child to live temporarily and who should have visitation and contact with your child.

The Preliminary Protective Hearing takes place right after the Preliminary Protective Conference. The purpose of the hearing is to determine whether temporary custody of the child is clearly necessary to prevent abuse or neglect while awaiting for the hearing on the dependency petition. The judge will review any agreement reached at the pre-hearing conference. Additionally, the judge will advise the parents or guardians of their rights. The judge will determine if reasonable efforts were made to prevent or eliminate the need for removal of the child, and if services are available that eliminates the need for continued removal. The judge will enter orders for the child's placement and visitation, and order DCS to make reasonable efforts to provide reunification services unless they are contrary to the best interests of the child.

The judge will ask you to admit to or deny the allegations in the dependency petition.

Initial Dependency Hearing. The initial dependency hearing must be held within 21 days of the date the dependency petition was filed regarding the parent or guardian who was not present at the preliminary protective hearing. An initial dependency hearing is not held as to a parent or guardian who denies the allegations at the preliminary protective hearing.

MEDIATION OR SETTLEMENT CONFERENCE

A settlement conference or mediation is set when the parent or guardian denies the allegations in the petition, and the mediation must occur prior to the pre-trial conference or dependency adjudication hearing. All parties to the contested dependency petition must participate in the mediation. The purpose of the mediation is to attempt to settle the issues in the dependency petition and resolve the petition in a non-adversarial manner, and avoid a trial. Any agreement that is reached will be prepared in writing and submitted to the court. The following people will attend the mediation or settlement conference:

1. DCS Attorney (AAG)
2. DCS Specialist
3. Mediator (Facilitates Meeting)
4. Attorneys for the Parents
5. Parent(s)
6. Guardian Ad Litem (GAL) /Attorney for the Child

If an agreement can be reached during mediation, the trial will not occur. The next court hearing you will have in this instance is the Report and Review Hearing. Report and Review hearings are held, in most cases, every 6 months for periodic review of the case.

CONTESTED DEPENDENCY ADJUDICATION HEARING

This hearing must be completed within 90 days of serving the dependency petition to the parents or guardians. The court will determine whether the allegations in the petition are valid due to the weight of the evidence presented by DCS. If the allegations are deemed valid the court may either move forward with a disposition hearing or set the disposition hearing within 30 days.

DISPOSITION HEARING

The disposition hearing is held at the same time of, or within 30 days of the dependency adjudication hearing. The purpose of this hearing is to obtain specific court orders for the child's placement, services and appropriateness of the case plan. The judge will review the services that have been offered to reunify the family, and the efforts made to evaluate or plan for permanent placement options. The judge will determine whether one of these options, reunification, adoption or guardianship is in the best interest of the child.

REPORT AND REVIEW HEARING

Within 3 to 6 months of either the disposition hearing or the Preliminary Protective Hearing (whichever one applies to your family), there will be a review hearing in court. The judge will review your family's case plan to make sure that changes are being made to correct issues that caused the Department of

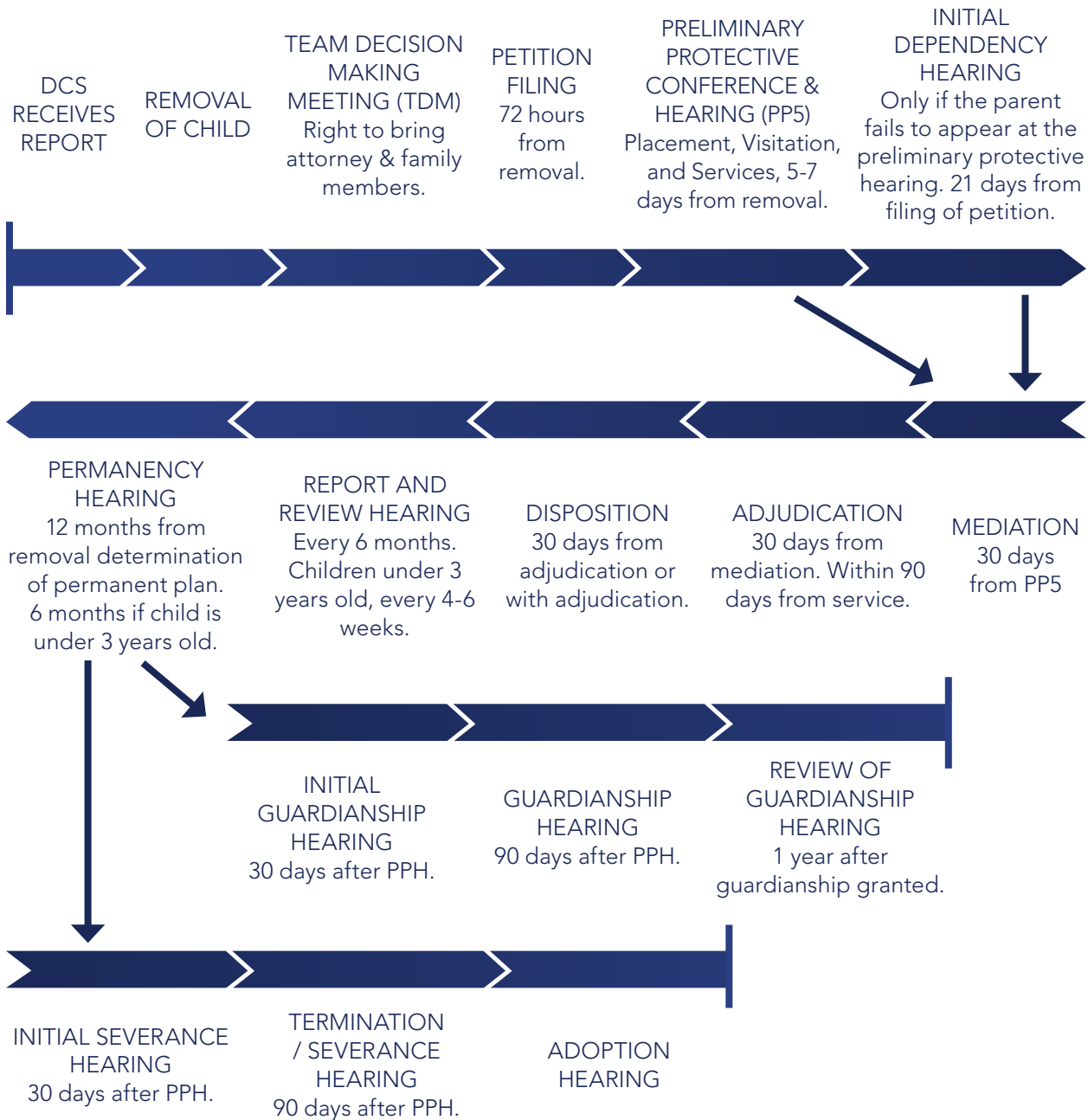
Your voice is important in the courtroom. Come prepared to all court hearings with any questions or concerns you have regarding services being offered to you or your child.

Child Safety to become involved with your family. The judge will ensure that the DCS Specialist and others are providing the necessary services to you and your family to overcome identified concerns. If changes need to be made to the case plan, the judge will order those changes.

PERMANENCY HEARING

When a child is removed from the home, a permanency hearing will be held within twelve (12) months to determine if the permanency plan is to remain reunification, or change. When a child is under the age of three (3) years old, a permanency hearing will be held within six (6) months of the child's removal from the home. The court will determine the permanency plan for the child and order the plan to be accomplished within a specified time period.

VISUAL REPRESENTATION OF THE ARIZONA DEPENDENCY PROCESS



PRACTICAL TIPS FOR FAMILIES

- Be sure to let your assigned DCS Specialist and your attorney know about the progress you are making in the services and supports you are receiving. For example, if you receive mental health or substance abuse treatment, how are you doing?
- If you have not received the services listed in your case plan, let your assigned DCS Specialist, your attorney, and the court know this. This will make a difference in permanency decisions for your child.
- If you have difficulties and need mental health or substance abuse treatment, the decision to participate in treatment is yours alone. However, be aware that if you do not get treatment, it will probably affect whether your child can return home.
- No one can force you to take your child back home. You have to want to do it, make the decision yourself, and do what is necessary to have your child returned. You have to make this decision quickly however, as legal mandates require the court to make permanency decisions for children within designated time-frames.
- Form a support system around yourself such as friends and family members to help you get through the tough times. Take care of yourself so you can be there for your children.

WHAT ARE MY RIGHTS WHEN I AM INVOLVED WITH DCS?

During the juvenile court process, you have many rights as a parent. Some of your rights include:

- Be treated with dignity and respect
- Have your wishes and interest heard and considered
- Maintain contact with your child unless it is determined harmful to the child's safety and/or well-being by the Department of Child Safety or the court
- Be involved in gathering information and making decisions
- Have culturally sensitive services provided for you and your family
- Participate in the development of a case plan designed to meet your needs
- Receive a copy of the case plan
- Obtain a copy of your case record
- Confidentiality as stated in Arizona Revised Statute §8-807
- Have information provided to you in a different format, if needed or requested
- Have an attorney. If you cannot afford to pay for an attorney, the judge will appoint an attorney to represent you
- Admit or deny the allegations made about you and your family
- Be notified of all court hearings
- Have an interpreter appointed by the court if you do not understand English or are hearing impaired

WHAT ARE MY RESPONSIBILITIES DURING THE COURT PROCESS?

- Work with DCS so your child can be returned home in the shortest time possible
- Visit and maintain contact with your child while he/she is in out-of-home care
- Provide information to your DCS Specialist to arrange for care for your child
- Let DCS know what your needs are and work with the DCS Specialist to develop your case plan
- Attend and participate in case staffings, and court hearings
- Keep appointments with DCS, your attorney, therapists, and others working with your family
- Stay in contact with your DCS Specialist, and make sure they always have a correct address and phone number for you
- Ask your attorney or DCS Specialist for an explanation if you do not understand your case plan or other responsibilities
- Ask for help when you feel discouraged or overwhelmed

- Notify your DCS Specialist and attorney in advance if you cannot attend an appointment or court hearing

WILL I BE ABLE TO HAVE A SAY IN THESE HEARINGS? CAN I PRESENT MY SIDE?

Yes. As a parent, you have the right to present your side of the story in ALL hearings related to your child. Generally, your attorney will speak for you.

WHAT DO I DO IF I CANNOT COME TO A HEARING?

You should make every effort to come to the hearings at the time that they are scheduled. If you are in need of transportation or assistance in getting to the hearing, contact your DCS Specialist, in advance for assistance. If you are homebound, hospitalized, or are in jail/prison, speak to your attorney, and contact the court to request to appear by telephone. If you fail to attend a hearing, you will need to provide written proof of the reason.

WILL I BE ABLE TO HAVE AN ATTORNEY? DO I HAVE TO PAY FOR AN ATTORNEY?

You are allowed to have an attorney represent you. It is important for you to have an attorney from the beginning. In the State of Arizona, if you cannot afford an attorney, one will be appointed to you.

PRACTICAL TIPS FOR FAMILIES

- Speak to your attorney before and during all hearings to let it be known what you want to be said in the hearing. If you want to speak yourself, be sure that your attorney knows this and arranges for you to have your say.
- It is important for you to stay in contact with your attorney. If you move or get a new telephone number, it is important to let your attorney know this new information.
- Your attorney can assist in advocating for you between and during hearings. It is important that you communicate with your attorney about any barriers or problems you are having achieving your case plan goals.
- Keep a journal of meetings, phone conversations and attempted phone calls.

WHAT IS MY ATTORNEY'S JOB?

Your attorney should do the following:

- Meet with you before every hearing and represent your interests in court
- Gather information that supports your position
- Help you understand your rights
- Provide you information about each hearing
- Tell you what to expect at each different type of hearing
- Explain child welfare laws that apply to you and your family

Your attorney's primary concern is your rights, your interests and keeping your family together. Your attorney is not the one who advocates for the best interests of your child.

WHO ADVOCATES FOR THE BEST INTEREST OF MY CHILD?

Someone will be appointed to represent your child's best interests. This could be any or all of the following:

- A guardian ad litem (GAL)
- A separate attorney for your child
- A court appointed special advocate (CASA)

WHO IS A GUARDIAN AD LITEM (GAL)?

Federal law requires states that receive federal funds for preventing child abuse and neglect to provide your child with a guardian ad litem (GAL) during dependency cases. This person is usually, but not always, an attorney. The GAL will be a different attorney from yours. The GAL's job is to meet with your child and to tell the court what they believe is in the best interest of your child. The GAL may ask you questions about yourself, your child, or your family.

If at any time the court or other parties believe that what you want is not in your best interest the court can also appoint you a guardian ad litem to represent your best interests. You will still have your attorney to represent what you want.

WILL MY CHILD HAVE A SEPARATE ATTORNEY IN ADDITION TO THE GUARDIAN AD LITEM?

Not usually, but it is possible that your child might have their own attorney if they are over the age of 12 and the court finds that this is necessary. Sometimes when a child disagrees with what the GAL believes to be in the child's best interests, an attorney will be appointed to represent the child's wishes.

WHAT ARE THE COURT APPOINTED SPECIAL ADVOCATES (CASAS)? HOW WILL THEY RELATE TO MY CHILD AND ME?

Arizona has a Court Appointed Special Advocate (CASA) program. CASA programs use trained volunteers to speak up in court for what they believe to be in the best interest of children involved in a court case with DCS. The CASA usually is not an attorney. The CASA will meet with you and your child, as well as others involved with your family. Like the guardian ad litem, the CASA is charged with gathering information and telling the judge what they believe is in the best interest of your child.

CAN I GIVE INFORMATION TO, OR ASK QUESTIONS OF THE JUDGE?

Yes. If you have an attorney, you and your attorney should discuss what you want to say at each hearing and whether you want to speak for yourself or have your attorney represent your point of view. You cannot speak directly to the judge or send the judge written information (for example a letter) outside of court hearings unless other parties to the hearing (DCS, other attorneys) are present.

PRACTICAL TIPS FOR FAMILIES

- If you are unsure what to say to the GAL/CASA, talk to your attorney or DCS Specialist. It is okay for you to ask many questions. It is important for you to understand what is happening, and what it means for you and your child.
- If you believe that someone is saying things in court about you or your family that are not true let your attorney know.
- If you are confused about what took place in court, be sure to ask your attorney or the DCS Specialist to explain it to you.

SECTION 5: LEARNING ABOUT SERVICES FOR YOUR FAMILY IN YOUR OWN HOME



WHAT ARE IN-HOME SERVICES? WHAT IS THEIR PURPOSE?

The main purpose of in-home services is to help you stay together as a family while providing services to support your family. In-home services are different from traditional office-based services because they take place in your own home, not in and around your community. In-home services help you learn the skills you need to provide care and protection for your children, and prevent out of home placement. If your child is already placed away from your home, in-home services can help you and your child live together again.

In-home services have many goals to assist in supporting your family

1. Improve the safety & well-being of your child & family
2. Enhance family functioning
3. Increase competence in parenting skills
4. Foster a sense of self-reliance
5. Reduce risk factors
6. Increase protective factors
7. Stabilize your family

WHILE ENGAGING IN IN-HOME SERVICES, YOU CAN EXPECT THE FOLLOWING:

- Your family will be encouraged to take charge of your own lives
- Your family will be an active partner in all of the services referred by DCS
- Services will be in your own language and respectful of your culture
- Your family's basic needs will be addressed, such as food, shelter, clothing, health care, childcare, training for employment, etc.
- Services to meet your family's individual needs, such as parenting skills, and counseling.
- In-home services vary in length (number of weeks or months) and intensity (number of hours per week or month) depending on the individual needs of your family.

ARE THERE DIFFERENT TYPES OF INTERVENTION IN IN-HOME SERVICES?

Yes. There are different levels of intervention that can occur with in-home services. They include:

Voluntary In-Home Services

Voluntary in-home services are services offered to you and your family in your own home. During voluntary in-home services, there is no court involvement, and your child remains in the home. You have an assigned Department of Child Safety Specialist who will visit with you and the service providers working with your family at least once a month.

In-Home Intervention

In-home interventions are offered to you and your family when court oversight is recommended while your family participates in voluntary in-home services. During an in-home intervention the court becomes involved, however only a judge is assigned, there is no court case unless concerns about the safety of the child develops. During an in-home intervention, the parent/guardian keeps both physical and legal custody of their child while the parent/guardian participates in voluntary in-home services. These services are outlined in the family's case plan and are short term (up to one year), designed to enhance caregiver protective capacities present within the family's system.

In-Home Dependency

During an in-home dependency, DCS has legal custody of the child; however, the child remains in the home with their parent/guardian. During an in-home dependency, the court becomes involved, and a

The decision to participate in an in-home intervention, or in-home dependency is not made in isolation. These decisions are made after the family meets with DCS at a Team Decision Making Meeting, and the team decides together which option will work best for your family.

dependency petition is filed. The court sets hearings to review the family's progress, usually every six months. During the in-home dependency, the parent/guardian engages in services, in their own home, and outlined in the case plan. DCS will provide services or refer the family to services that address the risk factors that prevent the family from ensuring the child's health and safety without DCS involvement.

ARE THERE DIFFERENT TYPES OF PROGRAMS OFFERED DURING IN-HOME SERVICES?

Yes. There are several different types of in-home services offered to families who are involved with the Department of Child Safety.

Family Preservation - The focus of Family Preservation is to improve the safety and well-being of families, strengthen the family functioning, increase the protective factors, and enhance parental/caregiver protective capacities through a set of family-centered services. These services are provided by an In-Home Team consisting of a therapist and a family support worker. There are two levels of service:

- Intensive Family Preservation is needed when a child is at immediate risk of being removed from the home. These services are provided for four months.
- Moderate Family Preservation is provided when moderate conditions exist within the home and there is no safety threat, but there is a risk of future abuse or neglect. These services are provided for three months.

When a referral for Family Preservation Services is made, the family will be contacted within 24 hours, and an intake will be scheduled within 48 hours after the first contact. Once the family agrees to services, and a comprehensive assessment has been completed, a family service plan will be developed. The family preservation In-Home Teams will assist families to handle many issues that may be causing stress within the family, such as conflict resolution and anger management, applying problem solving skills and developing positive parenting techniques, counseling, budgeting, nutrition and managing the household, in addition to many more services, including connecting families to community resources for ongoing support. If concrete services are needed such as utility payments, food, and household items, the In-Home Team can provide the family with flexible funds available through the program.

Family Support – Building Resilient Families is a program designed for families whose children are assessed as safe, but the families need assistance and guidance to strengthen family protective factors: parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, and social and emotional competence of children. The Building Resilient Families services are available for cases that are closing after an investigation; non-dependency cases that remain open for DCS oversight or additional assessment; and young people with a goal of Extended Foster Care. The main goal is to help families stay together, and avoid further involvement with DCS.

Family Reunification/Placement Stabilization - The focus of this service is to support and enhance the family unit during the process of reunifying children with their parent/caregivers or while stabilizing children in out-of-placement living arrangements. There are two service levels:

Family Reunification: Services for families with complex needs or intensive behavioral health challenges requiring therapeutic intervention to safely reunify a child with their family once the Conditions for Return are met. Services are provided for 90 days, by a Team Lead/Therapist and a Family Support Worker. They will each visit the family once a week. Aftercare services may be provided for an additional three months.

Placement Stabilization: Services for a child or youth and/or the out-of-home caregiver when either is in need of support to maintain and strengthen the relationship between the child or youth and the out-of-home caregiver to prevent placement disruption. These services may also be provided to transition a child or youth from a more restrictive placement, such as from a behavioral health treatment facility to a foster or family home. Services are provided for 90 days, by a Team Lead/Therapist and Family Support Worker. During the first 60 – 90 days the Therapist will visit twice a week, and in the maintenance phase, from the 91 – 120 day the therapist will visit once a week and the Family Support Worker will visit once a week.

The type of service and level of intensity is different for every family. Not every family needs intensive services or substance abuse treatment. Speak to your DCS Specialist about your family's needs, and together you can decide which programs and services are a best match for the needs of your family.

Substance Exposed Newborn Safe Environment (SENSE) The SENSE program provides services for families referred to the Department of Child Safety after the birth of a substance exposed infant. The program develops and implements a coordinated Family Service Plan with the family and staff from an In-Home Family Preservation Team, Arizona Families FIRST, Healthy Families Arizona, and the Department of Child Safety. A nurse may visit the home to perform their own assessment and evaluations concerning development and overall health of the infant. This program aims to keep infants with their parent while the family works with service providers to achieve or maintain sobriety.

Arizona Families First - This program helps parents address substance abuse issues affecting their ability to care for their children. It provides the opportunity for families to overcome the barrier of substance abuse in order to provide a safe environment for their children. The goal of the program is to provide services and supports to the parent that addresses the reasons for their substance abuse, to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse.

Healthy Families Arizona - Healthy Families is designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate voluntarily in the program. Families that choose to participate receive home visits and referrals from trained staff. Program services are designed to strengthen families during the critical first years of a child's life. Intensity is based on each family's needs, beginning weekly and moving gradually to quarterly home visits as families become more self-sufficient. This service may continue long-term if needed until the child turns five years old.

You or your child may also receive mental health services from your health care plan. These services will be coordinated with any service DCS provides to the family.

HOW CAN I GET IN-HOME SERVICES?

In Arizona, families are referred to in-home services after a report of child abuse or neglect. If your family needs help to stay together and keep your children safe, you should be eligible to receive in-home support services. In addition, if your child is returning from out of home care, services to help you remain together will be available to your family.

Referrals for services may be made by your assigned Department of Child Safety Specialist. There are three ways you can receive in-home services. Your DCS Specialist can refer you, you can be ordered by the court to participate in in-home services, or you can ask for the services yourself.

WHAT HAPPENS IF I REFUSE IN-HOME SERVICES?

If the in-home services are not ordered by the juvenile court, you can refuse to participate, or you can stop participating. If there is a concern for your child's safety, the court can order you to participate and failure to do so could result in your child being removed from your care by the court or DCS Specialist.

ARE THERE ANY CIRCUMSTANCES IN WHICH IN-HOME SERVICES WOULD NOT BE PROVIDED?

Yes. If your child would not be safe at home while your family is involved in services, they would be placed out of the home before services are provided to the family.

PRACTICAL TIPS FOR FAMILIES

- Request that your family and friends be involved in your support system
- Request the appointments for in-home services take place at times that work for your family, for example, after the regular workday or weekends
- Speak to your assigned DCS Specialist about in-home services, and which services you feel might be the best fit for your family based on your unique needs
- If you think you need help, ask for it
- Ask for services in your own language



WHAT IS FOSTER CARE OR OUT OF HOME PLACEMENT?

Foster care or out-of-home care occurs in a situation that requires a child to live, for a period of time with people who are not the child's parents/guardian. If the Department of Child Safety, with the approval of the courts, determine that a child is unsafe in the home, the child will be removed from the home and placed (out of home) where the child can be safe. The Department of Child Safety, representing the State of Arizona is required to place the child in the least restrictive placement that meets the child's needs. If a child is moved into out of home care, they may live in one or more different types of placements such as:

1. Kinship Care (Relatives)
2. Emergency Shelter
3. Family Foster Home
4. Therapeutic Foster Home
5. Group Home
6. Residential Treatment Center
7. Voluntary Extended Foster Care

WHY WOULD MY CHILD BE PLACED IN OUT-OF-HOME CARE?

There are various reasons why your child may be placed in out-of-home care. Several possible reasons include:

The primary reason for out-of-home placement is that the court has determined that a child is not safe remaining in the home, due to the actions of the parent, guardian or someone else living in the home who poses a risk of abuse and/or neglect to the child.

A parent or guardian may decide to place a child in out-of-home care voluntarily in order to keep a child safe. For example, if a parent or guardian is entering into an inpatient substance abuse treatment facility, or will be hospitalized due to an illness or operation, the parent or guardian can agree to a Voluntary Placement Agreement. Usually the placement is with a family member or close family friend. There are certain restrictions on Voluntary Placement Agreements.

Voluntary Placement Agreements shall not:

- Exceed 90 days;
- Be consecutive ("back to back") placement agreements;
- Be utilized more than twice within 24 consecutive months;
- Be accepted for a child without the written, informed consent of the parent, legal guardian, or legal custodian; and
- Be accepted for a child who is age 12 or older and not developmentally disabled without the written informed consent of the child, unless the Department of Child Safety determines that the voluntary placement is clearly necessary to prevent abuse.

If a child has a very serious emotional condition, disability, or behavioral issue (such as substance abuse or uncontrollable impulsive behavior), and a parent or guardian is incapable of keeping the child, or the child's siblings safe, the Department of Child Safety may place the child in out-of-home care.

PRACTICAL TIPS FOR FAMILIES

- If you have, a voluntary agreement with the Department of Child Safety be sure to get the agreement in writing. It should clearly explain your parental rights and agency timeframes.
- Be as open as possible with the Department of Child Safety Specialist regarding your child's needs. This will help ensure that your child is placed in the most appropriate and least restrictive placement to meet their unique needs.

WHAT DO THE TERMS SAFETY, PERMANENCY, AND WELL-BEING MEAN IN THE DEPARTMENT OF CHILD SAFETY?

It is important to know that federal and state laws set three main goals for children involved in the Department of Child Safety:

SAFETY

Safety means that your child must be protected from abuse or neglect. Ensuring your child's safety is the most important goal, and will be the focus of your involvement with the Department of Child Safety.

Federal law requires child welfare agencies (DCS) and courts to think about child safety when they make decisions about where your child will live (for example in your home or with a relative). They also think about your child's safety when they decide what services to provide your family.

The safety of a child is most important to the Department of Child Safety, including when a child is in out-of-home care. Federal and state law requires that child welfare agencies conduct a criminal background check on anyone who applies to be a foster or adoptive parent, or to work in a group home or residential treatment setting. In addition, the Department of Child Safety requires an intensive home study of anyone who applies to become a foster parent, adoptive parent or kinship or relative placement for a child in the State of Arizona.

PERMANENCY

Permanency means that your child will have a safe, stable, and permanent home. It further means that it is very important to continue family relationships and connections with your child while they are living outside of your home.

To achieve permanency, the Department of Child Safety wants your child to return home as soon as it is safe to do so. The majority of children in out of home care return to their own families.

If, after a certain amount of time in out of home care, the Department of Child Safety and the court determine that you are unable to safely care for your child, DCS must look for a safe and permanent home for your child. It is in the best interest of your child to be placed with a relative, or someone who knows your family and/or your child well. This person(s) could be appointed by the court to be your child's legal guardian. The need for permanency may necessitate that your child be adopted by the guardian or another family member. If there is no family member, or person who knows your family and/or child well, who would be willing and able to adopt your child, the foster parents, who the child has been living with may adopt the child. The Department of Child Safety will always seek to permanently place a child in the least restrictive environment, with a family member or friends of the family in order to retain familial relationships and contact.

Your participation in services for your child while they are in out of home care is an important aspect of reunification. Speak to your assigned DCS Specialist about regularly attending medical or behavioral health appointments for your child.

WELL-BEING

Your child's needs are taken care of while in out of home care. This includes physical health, mental health, and developmental/educational needs. If your child is receiving services in their out of home placement, these services will likely continue upon their return home. Your family should be given an opportunity to engage in additional services that can assist you in meeting your child's well-being needs.

HOW IS IT DECIDED WHERE MY CHILD WILL BE PLACED?

The Department of Child Safety will determine where your child will be placed when he/she enters out of home care. The Department of Child Safety seeks to provide every child who requires out of home care with a placement that addresses the unique needs of the child. The major factor in the selection process is that the Department of Child Safety shall place a child in the least restrictive type of placement available, consistent with the best interest of the child. Federal child welfare law requires state agencies to find out first if your child can live safely with a relative such as a parent, grandparent, adult sibling, aunt, uncle or someone they know and have a close relationship with. You can suggest a relative or close friend who might be able to care for your child. Kinship care is the term used when your child is placed with a relative or another person who you or your child knows.

If placement with a relative is not possible, your child will likely be placed in a licensed family foster home. The Department of Child Safety makes every effort to place the child in a home-like setting, and strives to keep children close to their own homes and communities.

If your child has very intensive needs, a family foster home or kinship home might not be able to care for him/her. If this is the case, your child could be placed immediately in a place where his/her needs will be met. This could be a therapeutic foster home, a group home, or a residential treatment home.

WILL ALL OF MY CHILDREN BE PLACED TOGETHER?

If more than one of your children is removed from the home and placed out of home, the Department of Child Safety will make every effort to place the children together. Sometimes this is not always possible for a variety of reasons. For example, there might not be a foster home large enough for all of your children, or one of the children may need more specialized care, and thus the children may need to be placed separately.

WHO ARE THE PEOPLE THAT WILL TAKE CARE OF MY CHILD?

Your child might be placed with a **relative (kinship care)** or a close friend. This can happen if you have suggested it, and the relative and the Department of Child Safety agree that it is a safe placement for your child.

Your child might be placed with a **licensed foster family** that you may not know. All foster parents must meet certain standards set by the state to ensure that children placed in their care will be safe and cared for properly. Foster parents have been trained to understand the special needs of children who live away from their families.

Your child may be placed in a **licensed group home** with other children. The staff who work in a group home or residential setting will care for your child. Group home facilities must be licensed, and the staff must meet standards set by the State of Arizona.

WHAT INFORMATION DO I NEED TO GIVE THE DEPARTMENT OF CHILD SAFETY ABOUT MY CHILD?

You know your child better than anyone else. When your child is being placed in out of home care, it is very helpful for you to share important information with the Department of Child Safety and the out of home caregiver. It is important to share information about the following:

- Your child's routine and special needs
- School placement and progress
- Your child and family's medical history
- Special care your child has received or needs
- Upcoming medical appointments
- Names of your child's health care providers
- Allergies/sensitivities your child has
- Medications your child is taking or medical equipment your child needs
- Special treatment for development or behavior problems
- Information about your child's close friends
- Name of family members or close friends that can help
- Anything else that might help your child's needs to make the adjustment to a new home easier

PRACTICAL TIPS FOR FAMILIES

- When your child moves into an out of home placement, be sure that they take some things from home to help them feel comfortable in the placement, for example, some special toys, pictures or other treasured items.
- For many children it is important to keep ties with friends and neighbors. You can ask your assigned DCS Specialist to place your child near your home and neighborhood if it is possible.
- Let the DCS Specialist and caregiver know what works to help calm and reassure your child, especially during this difficult time.

- Make sure you give the DCS Specialist and caregiver as much information as possible about your child to ensure that all needs will be met.

WILL I BE ABLE TO VISIT MY CHILD IN OUT OF HOME CARE?

Yes. Unless the court orders you not to visit, rarely does this happen, the Department of Child Safety is responsible for developing a plan with you that allows you to visit your child regularly. This visitation schedule will be part of your case plan. The visitation plan is intended to help you stay in touch with your child and to help your child return home to a safe environment as soon as possible. Visitation shall take place in the most natural, family-like setting possible and with as little supervision as possible while still ensuring the safety and well-being of the child. How often you visit your child depends on many factors, often the only limitation is the availability of people to transport children to visits, and your and your child's schedule. If you have any family or friends who would be willing to assist with visits, you should share that information with your DCS Specialist.

Each family's plan for visiting will be different. Your plan will be based on your and your child's needs and desires. It will also consider the needs and desires of the foster family or the staff in a group home where your child might be placed. Most likely, the agency workers schedule and resources will be considered, as well. If your child is placed in a group home or residential treatment center, you may be encouraged to visit there.

If the placement of siblings together is not possible for all or any of the siblings in your family, the Department of Child Safety shall make efforts to maintain frequent visitation or other ongoing contact between all siblings in your family.

Most families have *supervised* visitation. This means that a representative from the Department of Child Safety or service provider will stay with you while you visit with your child. This is done with children to ensure that they are safe at all times. After a family has progressed through their case plan goals, they can visit together without supervision.

WHERE CAN I VISIT WITH MY CHILD?

Where you and your child visit depends in part on where you live. Visits can happen in a number of different places. This could be at the DCS office, a visitation center, a treatment center, a public location, or a recreation center. As you progress through your case plan, visits may be able to occur at your home. Deciding where you will visit with your child is part of the case planning process.

PRACTICAL TIPS FOR PARENTS

- Work closely with your DCS Specialist to develop a visitation schedule that will work for you and your family. If your children have been placed in different homes, make sure that the plan also explains how the children will be able to visit with each other.
- Visit consistently, try not to miss any visits. This will be very important to your child.
- Ask your DCS Specialist to arrange phone contact with your child between visits.
- By following the visitation plan you let the Department of Child Safety and your children know that you care.
- Ask your DCS Specialist what you are to do and who you are to call if you cannot make a scheduled visit.
- If you need help with transportation for the visits, talk to your DCS Specialist for assistance with transportation.
- Try to develop a positive connection and relationship with the caregiver or the group home staff where your child lives.
- You may feel strange or find it difficult to be visiting with your own child, therefore you might want to talk with someone (therapist or close friend) who can help you cope with those feelings.
- When you visit with your child, try to understand how difficult it is for them to have more than one caregiver right now. Your child might think that they must choose between you and the foster parent. Let your child know they do not have to choose.

SECTION 7: WHAT HAPPENS AFTER MY CHILD IS PLACED IN OUT OF HOME CARE?



WHAT RESPONSIBILITY DOES THE DEPARTMENT OF CHILD SAFETY HAVE TO HELP ME SO THAT MY CHILD CAN RETURN HOME?

Federal law requires that DCS make “reasonable efforts” to do the following:

1. Keep children in their own homes
2. Provide services so that children can return safely
3. Help children achieve other permanent placement

A variety of services such as counseling, substance abuse treatment, mental health services, parent training, transportation, crisis intervention, and others can be provided. These services should meet your needs as well as the needs of your child. These services will be discussed at the case plan staffing, and documented in your family’s case plan.

WHAT DOES “REUNIFICATION” MEAN?

Reunification means that a child returns home to their family after being in an out of home placement. Reunification is the preferred goal for children who have been placed out of home.

HOW CAN I MAKE REUNIFICATION HAPPEN?

You can help by fulfilling your responsibilities to do the following:

- Visit and communicate with your child
- Participate in the services described in the case plan
- Stay in contact with your DCS Specialist
- Provide information about your progress and changes in your life to your DCS Specialist and your attorney
- Reach out to your Department of Child Safety Specialist and Attorney if you need help or are in need of additional support

DOES DCS HAVE TO PROVIDE SERVICES FOR ME AND MY FAMILY?

Yes, for most families. In very rare circumstances, a judge can decide that the the Department of Child Safety does not have to make reasonable efforts to help your child return home if there are “aggravated circumstances.” <https://www.childwelfare.gov/pubPDFs/reunify.pdf#page=4&view=Summaries> of State laws Child Welfare Information Gateway 2020. Reasonable efforts to preserve or reunify families and achieve permanency for children. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.

HOW WILL THE DECISION BE MADE FOR MY CHILD TO RETURN HOME?

The decision concerning your child’s permanent placement will be determined by your actions and ability to provide for the safety and well-being of your child. That determination will be made by the court, and based upon your family’s progress in achieving the goals outlined in your case plan. Your DCS Specialist will provide updates to the court on your progress at each court hearing. When the court has determined that you can provide for the safety and well-being of your child, your child will return home.

WILL I GET CUSTODY BACK OF MY CHILD ONCE HE/SHE RETURNS HOME?

It depends. You might get full custody back when your child returns home, and you will no longer be involved with the Department of Child Safety, if the court has dismissed the dependency. Or you might have only physical custody of your child. This means your child would be living with you, but DCS would still have legal custody. Often this occurs while your family is completing reunification services, and the court wants to continue to monitor your progress while your child is back in your home.

Open communication with your Department of Child Safety Specialist and the Juvenile Court is a key component to reunification. It is important to communicate about not only your successes but also your struggles.

If the Department of Child Safety keeps legal custody, and your child has been returned home, dismissal of the dependency will be based on the successful completion of your case plan goals, and the services associated with the case plan. When successful completion occurs, the court will be notified by the DCS Specialist, who will request that the dependency be dismissed. Once the dependency has been dismissed you will regain full legal and physical custody of your child. After you have regained custody, the Department of Child Safety may refer you to voluntary community based supports and services to assist you in ensuring that your child remains safe and your family remains stable.

WHEN WILL THE DEPARTMENT OF CHILD SAFETY AND THE COURT NO LONGER BE INVOLVED WITH MY FAMILY?

Once your child is at home with you, and the court has dismissed the dependency, and all monitoring activities by the Department of Child Safety have ended. Full custody has been returned to you, and you are no longer required to participate in services, your Department of Child Safety case can be completely closed. The timing of case closure is unique to every family's circumstances.

PRACTICAL TIPS FOR FAMILIES

- Participate in all services that you are offered to assist you to overcome the deficiencies in the caregiver protective capacities that brought your child into care. Your diligent efforts will help bring your child home.
- Make sure you know and understand the "conditions for return", which describe your behaviors and the family circumstances that need to exist for your child to return home. You need to know what is required and the time frame to do it in. This information will be located in your case plan.
- If you think you will need on-going support services after your child returns home, talk with your DCS Specialist about how to get them.

WHERE COULD MY CHILD GO AFTER OUT OF HOME CARE IF HE/SHE DOES NOT RETURN HOME?

If it is determined that your child cannot be safely returned to your home with you, there are several permanency options available. If your parental rights have been terminated by the court your child will become legally free to be adopted by a family member, their foster parent, or another unrelated family. Depending on the age of your child and your family circumstance, a family member, the foster parent or a family friend may be appointed as your child's legal guardian. Older youth may choose to be enrolled in independent living services, which will teach the skills necessary to live independently when they reach adulthood (18 years of age). If your child is unable to return home the following permanency options are available:

ADOPTION

WHAT DOES ADOPTION MEAN?

Adoption is a legal process whereby a person(s) assumes parenting and all parental rights and responsibilities for a child born to another family. An adoption occurs only when the birth parents or legal parents of a child have voluntarily relinquished their parental rights, or a court has terminated the parent's right to the child. This may occur when the birth parents or legal parents are unable to care for and protect the child.

UNDER WHAT CIRCUMSTANCES CAN A CHILD BE ADOPTED?

A child cannot be adopted unless the parental rights and responsibilities have been terminated permanently. There are two ways that can happen.

Permanent Voluntary Relinquishment of All Parental Rights - A parent can agree to surrender all parental rights permanently to their child if they want someone else to adopt the child. When someone voluntarily surrenders all parental rights, it is a permanent decision. This means that the parent willingly agrees to have someone else become the child's parent. If a parent decides to permanently surrender their parental rights, they will sign a document, stating that they are knowingly relinquishing their parental rights, and this document will be presented to the court. When a parent voluntarily relinquishes their parental rights to a child, it is because they believe this decision to be in the best interest of the child.

Your involvement in permanency decisions is key to ensuring that your child has positive outcomes in their permanent placement. If you have any questions about the process, it is important to speak to your DCS Specialist and your Attorney.

There are several reasons why a parent might choose voluntary relinquishment instead of an involuntary termination by a court. **Here are two examples:**

1. If a parent believes that adoption is the best plan for their child, signing a voluntary relinquishment agreement may allow the parent to be involved in planning for the child's adoptive placement.
2. If a child is old enough to understand what an adoption plan is, and the parent explains their decision to support the adoption plan, the child may adjust to the adoptive family more easily by relieving that child of the burden of believing that the family is rejecting them, or that they are to blame for the adoption.

PRACTICAL TIPS FOR FAMILIES

- If you are thinking about signing a voluntary relinquishment so that your child can be adopted, make sure that you understand your rights and any alternatives to this. It is important that you speak to your assigned DCS Specialist and your attorney about this option.
- If English is not your first language, you can ask to have the agreement translated into your own language and for an interpreter to be present.
- Signing a voluntary relinquishment can be a scary, since it is a permanent decision. Speak to your support network about whether this decision is best for you and your family.

IF MY PARENTAL RIGHTS ARE TERMINATED, WILL MY CHILD BE ADOPTED?

Not all children of parents whose parental rights are terminated are adopted. Some children are adopted immediately, and others remain in foster care while an adoptive family is found. A child over the age of twelve (12) years old must agree to an adoption, and state so in open court. The Department of Child Safety makes every effort to identify a permanent placement for your child as soon as possible.

WHO MIGHT ADOPT MY CHILD?

Many children are adopted by their foster parents. In many families children are adopted by relatives, and some children are adopted by families that have no relationship to the child.

IF MY CHILD IS GOING TO BE ADOPTED, WILL MY CHILD HAVE A SAY IN THE DECISION TO BE ADOPTED?

It is good practice for adults involved in planning for adoption to include the child or youth in the decision making process. During the adoption planning, include the Guardian Ad Litem, an attorney appointed by the court will consult with the child or youth and present what they believe to represent the best interest of the child. The child may have a Court Appointed Special Advocate (CASA), <http://www.azcourts.gov/CASA>) who will speak to the child about their wishes regarding adoption, and will provide information to the judge. The parents/guardian and other family members or foster parents may also be involved in the planning, in addition to the assigned DCS Specialist. Arizona law states that an adoption cannot occur for a child twelve years of age or older unless the child gives consent. A child who is twelve years of age or older, must give consent in open court, A.R.S. – §8 -106. If a child who is twelve years of age, or older disagrees with any decisions being made, they can also have legal representation by an attorney other than the Guardian Ad Litem, who will represent what the child believes is in their best interest.

WILL I BE ABLE TO HAVE A RELATIONSHIP WITH MY CHILD AFTER THE ADOPTION?

It depends on several factors, including the age of the child at the time of the adoption. If your child has an open adoption, you will be able to have contact. An open adoption is an agreement reached between the birth parents and adoptive parents that allows contact between the birth parents, sometimes with other members of the birth family, the adoptive parents, and the child after the adoption is final. Contact with your child is more likely to occur with kinship adoption.

IF MY CHILD IS ADOPTED, WILL THERE BE ANY SERVICES AND SUPPORTS PROVIDED TO THE ADOPTIVE FAMILY?

Adoptive families can receive adoption subsidy for children with special needs who were in foster care. Federal law requires states to provide health insurance for children who are adopted with special needs, regardless of the adoptive families income.

GUARDIANSHIP/KINSHIP CARE

WHAT DOES GUARDIANSHIP MEAN?

Legal guardianship for a child is a relationship between the child and a caretaker that is created by the court. In Arizona there are two types of guardianships.

The first is Title 14 Guardianship, which is voluntary, with the consent of both parents, and meant to be temporary. The Title 14 Guardianship is usually established for a short time, in situations where the legal parent(s) are working out of town, vacationing or during a military deployment, or it can continue until the child reaches the age of 18. The legal parents can revoke consent at any time, without providing a reason. There is no involvement by the Department of Child Safety.

The second type is the Title 8 Guardianship, which is a permanent guardianship, established through the Juvenile Court, and the guardian remains responsible for the child until the child reaches the age of 18 years. This permanent guardianship cannot be easily terminated. Parents would have to petition the court, and must provide good cause for the revocation of the guardianship. Revocation is rare. The court, with the assistance of the Department of Child Safety reviews the status of a Title 8 Guardianship annually.

The guardian undertakes the role similar to a parent. The following parental rights are usually transferred to the guardian:

- Protection
- Decision-Making
- Custody
- Care and Control
- Education
- Medical Care

WHY WOULD LEGAL GUARDIANSHIP BE SELECTED AS A PERMANENT PLAN FOR MY CHILD?

Legal guardianship is a legally established permanency plan. In certain situations guardianship may be preferable to adoption, by allowing for the familial bond between you and your child to remain. The court would need to determine that the following were true before appointing a guardian for your child:

- You will never be able to provide for your child
- Adoption is either not possible or is not appropriate for your child
- The person proposed to be the guardian is suitable and able to provide a safe and stable permanent home
- Permanent guardianship is in your child's best interests

CAN I SELECT MY CHILD'S GUARDIAN?

You can suggest someone who might be your child's legal guardian. It is important to tell your Attorney and your child's Department of Child Safety Specialist about a friend or relative that you believe is willing and able to become your child's guardian. The agency will conduct a home study and criminal background check. They do the same for all people who apply to be adoptive and foster parents. After hearing all of the information about the guardian, the court makes the final decision as to who will be your child's guardian.

CAN A RELATIVE BECOME MY CHILD'S LEGAL GUARDIAN?

Federal law encourages states to consider choosing an adult relative, over a nonrelated person. The relative caregiver must meet the state's standards for child protection. When a relative becomes a child's legal guardian, it is called kinship care. If kinship guardianship is possible, it is always preferable to an unrelated person becoming the guardian.

HOW WOULD MY FAMILY BENEFIT FROM A GUARDIANSHIP ARRANGEMENT?

Guardians are often relatives or close family friends. This arrangement can provide children with a sense of permanency, a sense of having a place to call home, a feeling of belonging and connectedness, and

Legal guardianship arrangements are best utilized as an alternative to adoption. The decision to establish a legal guardianship arrangement is not made by a single person, and it is a collaborative decision amongst the entire team involved with your family.

an identity linked to family, tradition, culture, and community. It allows children to define themselves as belonging to a family. It can help them feel cared for by adults with whom they are bound by ties of family heritage and long-term relationships.

Unlike adoption, a guardianship arrangement allows your child's custody to be transferred to the legal guardian without permanently terminating all of your parental rights. This usually allows you, the parent, to have on-going contact with your child, if it is in the best interest of your child. Guardianship is sometimes selected as the plan for older youth in foster care who cannot return home, do not want to be adopted, and wish to maintain ties with their family.

YOUNG ADULT PROGRAM

WHAT IS THE YOUNG ADULT PROGRAM?

The Young Adult Program refers to the array of supports and services the Department of Child Safety has that support young people ages 14 – 21 successfully transition to adulthood. The Program focuses on the ability of youth to examine alternatives and make informed decisions to direct their own life. This ability requires the youth to have the availability of information, financial resources and peer group support systems to provide for their basic needs. All youth 14 and older will be provided with opportunities to participate in programs and services that will help to prepare them for adulthood, or living on their own.

Extended Foster Care: When young people reach the age of majority, eighteen years old, they can choose to remain in the Extended Foster Care program with the Department of Child Safety. Even though young people are legal adults, they continue to receive case management, housing assistance, and supports from the Department of Child Safety until their twenty-first birthday. Young people can elect to end their Extended Foster Care Voluntary Placement Agreement at any time between their eighteenth and twenty-first birthdays. Young adults in Extended Foster Care can remain in a foster home, group home, kinship placement or in an apartment on their own.

It is important that young people ages fourteen and older have a robust and comprehensive transition plan. Parents are encouraged to be part of the young person's transition plan, as supportive adults can be the best supportive factor for young people. Transition plans should include goals related to education, career exploration, mental health needs, financial literacy, health, relationships, transportation and more. It is important that young people are the drivers of their transition planning and have knowledge of:

1. Financial Literacy
2. Transportation Options
3. Career Exploration
4. Educational Opportunities
5. Formulating Relationships
6. Health and Mental Health Care
7. Communication Skills
8. Community Resources

WHEN IS A YOUTH CONSIDERED AN ADULT AND ABLE TO LEAVE FOSTER CARE?

When a youth in foster care reaches their eighteenth birthday they are considered an adult. Therefore, if a young person is under the care of the Department of Child Safety on their eighteenth birthday, the Department of Child Safety is no longer responsible for them. At eighteen years old, the youth is free to make their own decisions. A youth who is eighteen years old, but not yet twenty-one years old can choose to remain in the care of the Department of Child Safety by signing a voluntary agreement, whereby the youth agrees to continue to be supervised by a DCS Specialist, even though the Department of Child Safety is no longer legally responsible for the youth.

WILL DCS HELP PREPARE YOUTH FOR ADULTHOOD?

Yes. In Arizona, the Department of Child Safety begins transition planning for adulthood at age fourteen. A federal program, the Chafee Foster Care Program for Successful Transition to Adulthood makes resources available to states to support youth ages fourteen and older prepare to successfully transition to adulthood.

WHAT ARE THE YOUNG ADULT PROGRAM CASE MANAGEMENT UNITS?

In 1999, the U.S. Congress passed the Chafee Foster Care Independence Program, since updated to provide federal funds to states for services to help four groups of young people:

- Children and youth in foster care between the ages of 14 - 21.
- Youth who aged out of foster care and are between 18-21 (or up to 23 in states that extend foster care to 21).
- Children and youth who left foster care at 16 or older for kinship guardianship or adoption, until they reach 21 (or up to 23 in states that extend foster care to 21).
- Children and youth who had been in foster care between 16 - 21 and left foster care for some other reason besides aging out of foster care, kinship guardianship or adoption.

Young people who were in foster care on their eighteenth birthday may be eligible for:

- Medicaid (AHCCCS) Coverage
- Payment Towards Room and Board Costs

IF A CHILD'S CASE PLAN CHANGES TO INDEPENDENT LIVING DOES IT MEAN THE DEPARTMENT OF CHILD SAFETY WILL NO LONGER TRY TO FIND A PERMANENT HOME FOR THEM?

No. A change to an independent living case plan does not relieve the Department of Child Safety from trying to make reasonable efforts to find a permanent home for any youth.

IF A YOUTH RECEIVES INDEPENDENT LIVING SERVICES, CAN THAT YOUTH STILL RETURN HOME?

Yes. The law says that independent living services should be seen as services to help young people transition to adulthood regardless of where they live when they leave foster care.

SECTION 8: HOW CHILD WELFARE WORKS WITH AMERICAN INDIAN FAMILIES



WHAT IS THE INDIAN CHILD WELFARE ACT (ICWA)?

The purpose of the Indian Child Welfare Act (ICWA) is "...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture..." (25 U.S. C. 1902). ICWA provides guidance to States regarding the handling of child abuse and neglect and adoption cases involving Native children and sets minimum standards for the handling of these cases.

WHAT DOES THE INDIAN CHILD WELFARE ACT DO FOR TRIBES?

Under ICWA the tribe is the authoritative source on whether a child is a member, or the parent is a member and if the child is eligible for membership, and the rule directs the State court to defer to the Tribe as a source in determining whether the child is an Indian child for purposes of the child-custody proceeding. (Final Rule: Indian Child Custody Proceedings – 25 CFR 23) Tribes, state agencies, and state courts do not always agree on what the best plan is for American Indian children in foster care.

HOW DOES THE DEPARTMENT OF CHILD SAFETY KNOW WHEN ICWA APPLIES?

To find out if you or your child is an American Indian, the DCS Specialist working with your family will ask you if you are a member of a federally recognized tribe, or if you believe your family has American Indian ancestry. Sometimes, when parents are not available to give this information, the DCS Specialist may decide that the ICWA applies to your family if they learn that your family has connections to an American Indian tribe, if the child's residence is on a reservation where the Tribe exercises exclusive jurisdiction, if you belong to an Indian organization, or receive Indian Health Services. ICWA defines an "Indian child" as:

- Unmarried;
- Under age eighteen; and
- Either a member of an Indian tribe OR is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe (25 U.S.C. Section 1903)

However, individual tribes have the right to determine eligibility, membership or both in the Tribe.

The best information about your tribal enrollment comes from you. Without your help, DCS Specialists will have to look for clues about your American Indian heritage, and it will delay the notice to your tribe about your family's situation.

WHAT RIGHTS DOES THE INDIAN CHILD WELFARE ACT GIVE INDIAN TRIBES AND FAMILIES, AND WHAT RESPONSIBILITIES DOES IT GIVE THE DEPARTMENT OF CHILD SAFETY?

ICWA requires that the Indian child's Tribe (and parents or Indian custodians) must receive clear and understandable notice, by registered or certified mail, return receipt requested, of an involuntary proceeding. The court clerk will check to ensure there is proof that the notice was given and will not hold a foster-care-placement or TPR (Termination of Parental Rights) proceeding until at least 10 days after receipt of the notice of that particular proceeding (with extensions allowed at the option of the parent or Tribe). The Indian child's Tribe has the right to be granted, upon request, up to 20 additional days to prepare for the child-custody proceeding.

Before DCS can remove an Indian child from their families, the state requires the agency to make "active efforts" to help keep the Indian child at home. "Active efforts" requires more effort than a "reasonable effort". For example, instead of giving an Indian family contact information for parenting classes, the DCS Specialist signs the family up for parenting classes at a local Native American health center and arranges transportation to and from their classes.

It is very important that you notify your DCS Specialist as soon as possible if you are a member of a federally recognized tribe or have reason to believe ICWA applies to your family. The sooner your DCS Specialist is aware of your family's circumstances, the sooner notification can occur.

Additionally, the Indian child's Tribe (and parents or Indian custodians):

- May request a transfer to Tribal jurisdiction at any time.
- Have the right to intervene in State-court proceeding at any time.
- Have a qualified expert witness testify before a foster-care placement or TPR can be ordered.
- Establish placement preferences.
- Have the right to examine documents.
- Have the right to request access to accommodations, alternative methods of participation.
- Have the right to petition to invalidate an action in a state court.
- Have the right to obtain placement records within 14 days of a request.

If your tribe decides not to intervene, ask your DCS Specialist about services and programs available in the area for American Indian families that can help you and your family.

As an American Indian parent or custodian, you, and your tribe, must receive "notice" by registered mail of all of the legal proceedings involving your child. If your child must be removed from the home for safety reasons, the Department of Child Safety and state court must notify you and your child's tribe(s). This must occur whenever a tribal member is involved in a child welfare proceeding. The notice must be sent to you and your tribe by registered mail. No hearings can be held until 10 days after you and your tribe receive the notice. Then you and the tribe can request up to 20 additional days to get ready for the proceeding.

If you are not able to afford legal counsel, under ICWA, you have the right to legal counsel appointed by the court.

WHAT HAPPENS IF AN INDIAN CHILD IS PLACED IN OUT-OF-HOME CARE?

If your Indian child is placed into foster care, the first priority is that your child be placed with a relative. If a relative is not available, the Indian child must be placed with a foster family who is a member of the child's tribe. If no foster family from the child's tribe is available, DCS will then seek placement with an American Indian foster family who is a member of another tribe. The Indian child's Tribe may establish, by resolution, an order of preference for placements that is different from the list in ICWA and which will then supersede the ICWA order of preference. Tribes may assist in identifying placements for the child. American Indian children are sometimes placed with non-Indian foster families while the tribe works towards identifying an American Indian foster family.

WHAT HAPPENS IF MY TRIBE GETS INVOLVED?

ICWA gives the Tribe the right to intervene, at any time, in a State court proceeding for the foster-care placement of, or TPR to an Indian child. It is required that DCS will cooperate with the tribe.

The Tribe may also request to transfer a child's case to tribal court, even if the Tribe is in another state. A transfer to Tribal jurisdiction will not occur if either parent objects, the Tribal court declines the transfer, or good cause exists for denying the transfer. The reasons for denying a request to transfer must be on the record.

WHAT HAPPENS IF MY TRIBE DOES NOT GET INVOLVED?

Sometimes the child's Tribe does not become involved in Indian Child Welfare Act cases. The child's Tribe may choose not to transfer jurisdiction of the child's case to Tribal court. The child's Tribe may also decide not to intervene at all.

Whether or not the child's tribe becomes involved in your situation, the Indian Child Welfare Act will still apply if your child is enrolled or eligible for membership with the tribe. DCS must still comply with all requirements of the Indian Child Welfare Act described earlier in this section.

PRACTICAL TIPS FOR FAMILIES

- Tell your DCS Specialist immediately if you are a member of a federally recognized tribe.
- Ask the DCS Specialist if they have notified the child's Tribe about your family's situation.
- Contact your Tribe's social service program to find out if they know about your involvement with the Department of Child Safety.

- If you are not sure of your tribal heritage, give the DCS Specialist as much information as possible about your family heritage: your parent's names, where they live and what you know about tribal connections.
- If your child is to be placed in foster care, give the agency worker the names of family members who might be able to care for your child.
- If you do not have relatives nearby, ask if your child will be placed with an Indian foster family.
- Attend all court hearings for your child.
- Ask to visit your child regularly while they are in foster care.
- Ask for help if you need assistance in following your case plan. This plan will describe why your child is involved with the Department of Child Safety, your family's strengths and needs, your child's and family's goals, actions you and the Department of Child Safety are to take, services you and your child are to receive and participate in, and a time period of working on these things.
- Make sure you get a written copy of your case plan.
- The Department of Child Safety must make an "active effort" not a "reasonable efforts" to prevent the breakup of the Indian family.
- If available, seek help from tribal or off-reservation Indian programs to help you with your case plan.

SECTION 9: SUMMARY OF YOUR RIGHTS AND RESPONSIBILITIES AS A PARENT IN THE DEPARTMENT OF CHILD SAFETY



The rights and responsibilities of parents have been mentioned throughout the guide. This section provides a summary of the rights and responsibilities of parents involved with the Department of Child Safety, and is divided into three key areas. In addition, this section includes a description of rights of children and youth who are placed in out of home care. These children/youth rights are included to help you understand and advocate for your children's rights.

WHAT ARE MY RIGHTS RELATED TO DCS?

If your family is investigated by the Department of Child Safety, you have the right to the following:

- Not be discriminated against based on disability, race, sex, religion, ethnic origin, economic status, or sexual orientation
- Know about the report and why the investigation is happening, but not the name of the person who made the report
- Know the outcome of the investigation
- A hearing with the juvenile court if your child is moved out of your home
- Request in-home services to strengthen and support your family
- Participate in services to help your family without admitting that the allegations against you are true
- Notify the DCS Specialist, or your attorney if you have any concerns or problems with services
- Be present, bring witnesses, and have your say in all hearings about your child
- Choose to have a attorney represent you during juvenile court proceedings (and be provided one if you cannot afford one)
- Appeal an agency finding of abuse and neglect
- Make a complaint or raise any concerns you may have

PRACTICAL TIPS FOR FAMILIES

- If you need accommodations during your involvement with DCS for translation or other support services, you can request this support from your DCS Specialist.
- Support services that strengthen families are offered free of charge to parents and children involved with DCS
- Before, during, and after juvenile court hearings maintain contact and open communication with your attorney who can assist in advocating for the needs of your family during all hearings.

IF YOUR CHILD IS REMOVED FROM YOUR HOME, YOU HAVE THE RIGHT TO THE FOLLOWING:

- Know the reasons your child was removed and placed out of home
- Know exactly what behavioral changes need to take place for your child to return home
- Know the protective capacities, and which areas you are deficient in; behavioral, cognitive or emotional and how you can improve them
- Provide the names of relatives who might care for your child
- Have your child placed with a relative if there is a relative who can care for him/her safely
- Develop a visitation plan, visit and consistently communicate with your child
- Be informed about your child's development while out of home
- Be consulted and make decisions about things such as your child's religion, health care, and education
- Be informed about the people and/or services involved with your child such as the school, teacher, medical doctor, and therapist
- Go with your child to a medical or dental appointment
- Be notified of any medical emergencies your child may have
- Inform your DCS Specialist about any problems with your child's placement

- Receive the needed services and supports that will help your child return home
- Report to the hotline if you suspect your child is being abused or neglected by their caregiver
- Inform the agency, your attorney, and the court if the agency has not provided you with the services outlined in your case plan and agreed upon by your team
- Know why a concurrent case plan has been established
- Have your child return home after the conditions to return outlined in your case plan have been sufficiently met

PRACTICAL TIPS FOR FAMILIES

- Your DCS Specialist is an advocate for you and your child while your child is out of your home. Express your needs and ask questions as they arise to ensure you get the support you and your family need.
- Use your case plan as a crosswalk to success, ensuring that you review your progress with your DCS Specialist during every monthly visit, or in between monthly visits if necessary
- Send a copy of certificates of completion from classes or services to your DCS Specialist and your attorney

WHAT ARE MY RIGHTS RELATED TO CASE PLANNING?

You have the right to do the following:

1. Actively participate in case planning
2. Sign the case plan and be given a written copy
3. Receive services that are described in the plan
4. Be informed of the services your child is receiving
5. Ask your DCS Specialist to coordinate your case plan with other services or service plans that your family is involved in
6. Review proposed changes to your case plan and approve them
7. Have the case plan written in your own language if English is not your first language
8. Have someone present that can help you understand what is taking place and support you in advocating for yourself and your family

PRACTICAL TIPS FOR FAMILIES

- Your family's case plan is your roadmap to success. Participate in any case plan staffing meetings, and invite any members of your support system that can help provide a voice for your family.
- You know your family and your child the best. If you feel as if the right services are not being offered, speak to your DCS Specialist about what you feel will work best.

WHAT ARE THE RIGHTS OF MY CHILD OR YOUTH IN OUT OF HOME CARE?

If your child is in out of home care, he or she has the right to the following:

- Be treated with dignity and respect
- Live in a setting that is safe, healthy, nurturing, and comfortable
- Be provided care that is developmentally and culturally appropriate
- Receive a thorough assessment of their strengths and needs
- Practice their own religion
- Participate in plans for his/her own well-being and their own future
- Have regular and appropriate health care provider visits and prompt treatment for any illness, physical or emotional or physical disability
- Receive services from a counselor or therapist if they want or need to
- Have appropriate educational placement and be provided assistance needed to succeed
- Visit with siblings, parents, and other family members (unless the court has ordered otherwise)
- Have regular contact with the DCS Specialist, their attorney or an advocate and in private

- For a complete list with more detailed explanations you can obtain the Notice of Rights for A Child in Out-of-Home Care (form – CSO-1141a) from the DCS website at: <https://dcs.az.gov/content/cso-1141a> or from your DCS Specialist

WHAT ARE MY RESPONSIBILITIES AS A PARENT INVOLVED WITH THE DEPARTMENT OF CHILD SAFETY?

You have the responsibility to do the following:

- Participate in creating your family's case plan
- Share information about your child
- Participate in services that are offered
- Keep appointments you have agreed to
- Make the agreed upon behavioral changes
- Consistently visit and communicate with your child as agreed upon
- Stay in contact with your DCS Specialist
- Provide information to your DCS Specialist about your progress, class completions and changes in your life, such as a new address or telephone number, new job
- Communicate any concerns that you have to your DCS Specialist and your attorney
- Attend all court proceedings

PRACTICAL TIPS FOR FAMILIES

- Your involvement in your family's case plan is very important in meeting the goals outlined for your family to be reunified. Your participation in all case plan activities is essential to your success.
- If you have to miss an appointment or a visit with your child, communicate to your DCS Specialist, and the provider, in advance, preferably twenty-four (24) hours, so alternative arrangements can be made.
- Your DCS Specialist is an advocate for your family. If you are experiencing any difficulty achieving your case plan goals or need additional services, communicate this with your DCS Specialist and your Attorney.

SECTION 10: WORKING COLLABORATIVELY WITH DCS TO REACH YOUR GOALS



WHAT ARE THE VALUES AND PRINCIPLES OF DCS?

- Parents identify the support they need to strengthen their families and protect their children, and the agency listens. Services are “family centered.”
- Families are involved in case planning and identifying the services they will need to achieve their goals.
- Services emphasize each family’s strengths and remedy the the deficiencies in their protective capacities. Building on strengths, aids to keep children at home or reunify when children have been placed out of the home.
- Services are provided as close to home as possible. The services provided or referred by DCS are “community based.”
- The entire family is provided the services they need, not just the child(ren) placed in out-of-home care.
- Services are flexible, and can change to fit each individual family.
- Services consider each family’s culture, they are “culturally competent.”
- The family selects the people who may be involved in developing the case plan. This may include extended family members, neighbors, friends, ministers, or others from the community.
- Foster parents and birth parents work together.
- All of the systems supporting the children and families work together to develop and complete the case plan.
- Services from multiple providers are coordinated to reduce confusion for families. Service coordination in support of the case plan ensures everyone is “on the same page.”
- Families and youth who are involved with the Department of Child Safety are encouraged to express their opinions and offer suggestions for improvement.
- Sometimes multiple providers will combine resources, and work together to better serve and help families.

WHAT ARE SOME APPROACHES OF DCS BASED ON THEIR VALUES AND PRINCIPLES?

Some of the approaches being used by DCS include:

1. Family Centered Approach
2. Family Function Assessment
3. Protective & Promotive Factors
4. Trauma Informed
5. Protective Capacities

WHY IS IT IMPORTANT TO WORK COOPERATIVELY WITH DCS?

- Improves communication about goals for you and your child
- Enhances the match between your family’s needs and services offered
- Obtain additional support for your family and your child when needed
- Resolves issues early before they become bigger problems
- Allows your child to feel more comfortable with the family’s situation
- Ensures that DCS is able to communicate with your entire team
- Creates a partnership with DCS towards a common goal.

HOW CAN I RESOLVE A CONFLICT IF I EXPERIENCE ONE WITH MY DCS SPECIALIST?

If you are experiencing a conflict with your DCS Specialist, DCS has a series of steps to assist you in addressing and resolving complaints or disagreements.

Step 1: Attempt to resolve an issue or complaint directly with your DCS Specialist. Contacting your assigned DCS Specialist by phone or scheduling an in-person meeting to attempt to resolve the issue is ideal. Remember to keep a record of your attempts to schedule a meeting, and keep a written document outlining your concerns.

Step 2: If your attempt to resolve your concerns with your DCS Specialist is not successful, contact the DCS Specialist's Supervisor. In the same manner in which you attempted to resolve the issue or problem with your DCS Specialist, you should attempt to resolve the issue or problem with the DCS Supervisor.

Step 3: If your attempts to resolve the issue or complaint with the DCS Specialist or the DCS Specialist's Supervisor is not successful, you can contact the DCS Ombudsman's Office. The DCS Ombudsman, via phone at 877-527-0765 or 602-364-0777 or email Ombudsman@azdcs.gov, assists parents and guardians who are involved with DCS, their families and other interested parties to resolve complaints. The DCS Office of the Ombudsman will review your complaint and determine the type of response needed. Responses may include:

- A referral to the appropriate DCS management staff
 - This occurs when it is determined that the issue or problem can be readily resolved by speaking with the correct management staff.
- A response by the DCS Office of the Ombudsman
 - This response occurs when it is determined that the problem requires a review of the case record and contact with field staff by the DCS Office of the Ombudsman to obtain a needed response or action. DCS Office of the Ombudsman staff can also assist by explaining the DCS process for investigations, mediating disagreements between you and specific DCS personnel, and assisting with the elimination of barriers to services.
- A Client Grievance
 - A client grievance occurs when other conflict resolution methods have been unsuccessful and a more formal process is needed. It must be understood that not all concerns/conflicts are eligible for a grievance. If this is still unresolved, the DCS Office of the Ombudsman, <http://www.azoca.gov/child-safety-dcs/> will provide you with a Level I Client Grievance form and explain the next step in the grievance process. A grievance ensures complaints are addressed at the lowest management level by those most familiar with the situation. It provides for a face to face meeting with the management staff, and requires a specific response within specific time frames with detailed documentation of the complaint and resolution process.

PRACTICAL TIPS FOR FAMILIES

- Your involvement with the Department of Child Safety can be both scary and frustrating. Remember that DCS, the court, and your family have the same goal - to help your family live together safely, successfully, and permanently.
- If you are experiencing a problem or issue with your DCS Specialist, it is important that you address the issue early, before it becomes a much bigger problem.
- While you are attempting to resolve an issue or complaint, follow Steps 1 through 3 above in the order they are presented. It will be helpful to write down important facts related to the issue or problem before you bring it to the attention of your DCS Specialist. Practicing what you are going to say first can help you remain calm and think clearly throughout the process.

**Abandonment or Abandoned**

The failure of a parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision. Abandoned/Abandonment includes a judicial finding that a parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship with the child without just cause for a period of six months constitutes prima facie evidence of abandonment [ARS §8-201(1)].

Abuse

Infliction or allowing of physical injury, impairment of bodily function or disfigurement, or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omission of an individual having care, custody and control of a child [ARS §8-201(2)] Abuse includes: a) inflicting or allowing sexual abuse (ARS §13-1404) sexual conduct with a minor (ARS §13-1405) sexual assault (ARS §13-1406) molestation of a child (ARS §13-1410) commercial sexual exploitation of a minor (ARS §13-3552) sexual exploitation of a minor (ARS §13-3553) incest (ARS §13-3608) child prostitution (ARS §13-3212) b) physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemical are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in ARS § 13-3401. c) unreasonable confinement of a child. A child, who in good faith, is being furnished Christian Science treatment by a duly accredited practitioner shall not, for that reason alone, be considered to be an abused child. [ARS §8-201.01(1)] A child whose parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of a psychiatric medication shall not be considered an abused child for that reason alone. [ARS §8-201.01(2)]

Acquired Immune Deficiency Syndrome (AIDS)

A disorder in which a person's immune system is severely suppressed. It is caused by the HIV virus. AIDS is only one of the severe manifestations of HIV infection. It is not a disease, but a syndrome consisting of a specific complex of symptoms defined by the Centers for Disease Control.

Administrative Case Review

The formal consideration of the status of a child in out-of-home placement. This occurs every six months and is generated and presided over by either the Foster Care Review Board (FCRB) or Department personnel. The latter occurs only when the FCRB cannot schedule its review in conformance with federal guidelines.

Adoption Certification

A judicial determination that a prospective adoptive parent is a fit and proper person to adopt.

Adoption Subsidy

A grant provided to a child with special needs which has been applied for through the Department. [ARS §8-41 (A)(1)]

Adoption Subsidy Agreement

A written agreement between adoptive parents and the Department that identifies special needs of the child for which maintenance payments and/or medical services will be provided by the Department.

Adoption Subsidy Review Committee

A group of three or more members appointed by the Program Administrator to review all adoption subsidy cases for appropriateness of documentation and compliance with regulations.

Adoptive Parents

Any adult or adults who are residents of Arizona, whether married, unmarried or legally separated, who qualify to adopt children or have adopted children

Adult

A person 18 years of age or older

Adult Court

The appropriate justice court, municipal court or criminal division of the superior court that has jurisdiction to hear proceedings concerning offenses committed by juveniles as provided in sections 8-327 and 13-501. [ARS §8-201(4)]

Advocate

To represent the interests of the family with community agencies to participate removing barriers and obtaining services to meet identified needs

Agency

Any organization which provides services; this includes but is not limited to state, private nonprofit, and private for-profit organizations

AHCCCS (pronounced "Access")

The Arizona Health Care Cost Containment System which administers Title XIX medical services for the State of Arizona. The state Department that administers the Arizona Medicaid Program, a managed care system for low income adults and children. AHCCCS distributes federal Title XIX funds for mental health and substance abuse, through the Regional Behavioral Health Authorities (RBHA); it distributes federal dollars for other medical services through the health plans, including Comprehensive Medical and Dental Program (CMDP).

AHCCCS Hospital Reimbursement System

The payment structure used by the Arizona Health Care Cost Containment System to pay for inpatient hospital admissions and outpatient hospital services.

AHCCCS Mental Health Policy Manual

The document published by AHCCCS which defines the policies and procedures applicable to Title XIX mental health and substance abuse services that the AHCCCS health plans, including the Department's Comprehensive Medical and Dental Program, and the Regional Behavioral Health Authorities must comply with and that are not in conflict with

Alleged Abusive Parent

The individual about whom the allegation of abuse, neglect, abandonment or exploitation of a child was made

Alleged Guardian

The individual about whom the allegation of abuse, neglect, abandonment or exploitation of a child was made

Alternative Method of Compliance

The Department, in consultation with the Attorney General's Office, may forgo compliance with a licensing standard required by Department rules, and not otherwise required by law, if it is found to be in the best interests of a particular foster child to be placed in a particular home. The purpose of the standard must be otherwise fulfilled

Any Combination of Special Needs

Children for whom the combination of circumstances rather than the severity of any one problem is the barrier to permanent placement

Approved Adoptive Family

A family who has been certified by the court or approved by an authorized entity as acceptable to adopt a child

Approved Relative Adoptive Family

An individual(s) who is related to the child to be adopted by the whole or half-blood or by marriage or adoption and is the spouse of the natural or legal parent of the child to be adopted or is the adult sibling, aunt, uncle or grandparent; is assessed by the Department as acceptable to adopt a child; and capable of meeting the child's placement needs.

Arizona Department of Education Exceptional Student Services (ADE/ESS)

The state agency which oversees special education programs and issues educational vouchers.

Arizona Department of Health Services (ADHS or DHS)

The state Department mandated to serve the public health needs of all Arizona residents.

Authorized Representative

A person designated by the Department or an agency to perform specific, identifiable work activities and functions

Behavior Management

Services that primarily involve supervision and direction of the individual, but may also include services related to activities of daily living and household services incidental to, and consistent with, the behavioral health needs of the individual.

Behavioral Health Coordinator/ CMDP

The designated person in CMDP who is responsible for the coordination of referrals to the RBHAs, prior authorization for non-Title XIX authorized inpatient hospital and inpatient psychiatric facility services, authorization of non-Title XIX covered psychiatric services and authorization of out of state behavioral health services for CMDP enrolled children.

Behavioral Health Group Home (HGH)

A group care facility which is licensed as a Level III behavioral health facility by ADHS. The HGH provides a supportive, protective environment, with 24 hour supervision. Services are provided to improve or stabilize the child's behavioral health and prevent placement in a more restrictive environment. The HGH will arrange for and support off-site educational services.

Case

A report regarding a child or family that is assigned for investigation or a child or family unit receiving services from DCS

Case Conference

A documented meeting between DCS and at least one other person. Case conferences may be more frequent and informal than case plan staffings

Case Management

The planning and coordination of all services to a client by an individual who, working with members of a service team, provides assessment, identifies and obtains services, monitors, evaluates, records progress and terminates services in accordance with established time frames.

Case Notes

A CHILDS window used to document case activity, primarily contact between Department staff and other persons associated with a case.

Case Opening

The date upon which a case is assigned for initial investigation.

Case Plan

A written document which is a separate and distinct part of the case record. It identifies the permanency goal and target date, desired outcomes, tasks, time frames, and responsible parties. The case manager is responsible for the development and implementation of the case plan in consultation with the family and service team.

Case Plan Staffing

A documented meeting arranged for the purpose of sharing information, the development and/or review of the case plan, and the evaluation of services and case progress. The staffing includes the case manager, the family and members of the service team.

Case Record

The Department's official collection of information regarding a client or family and the services provided. This may include, but is not limited to, case notes, social histories, staffing minutes, medical, psychological and educational information, legal documents, correspondence and DES forms. The case record includes an electronic and hard copy record.

Centers for Medicare and Medicaid Services (CMS)

An agency of the U.S. Department of Health and Human Services, which provides technical assistance, disburses Title XIX funds, and monitors AHCCCS for compliance with federal regulations.

Central Registry

A confidential registry of substantiated reports of child abuse and neglect (ARS §8-804).

Centralized Intake Hotline

The Department shall operate a statewide Centralized Intake "Hotline" 24 hours a day, seven days a week, to protect children by receiving incoming communications/referrals concerning suspected child abuse or neglect. The Hotline encompasses a toll-free telephone number and an electronic reporting service, specifically for the purpose of accepting communications regarding suspected child abuse or neglect.

Child

An individual who is under 18 years of age.

Child Abuse Prevention (CAP) Fund

The CAP Fund was established by the legislature in 1982 to promote child abuse and neglect prevention. Utilizing a Request for Proposal process, CAP Fund dollars are used to contract with community agencies to provide child abuse and neglect services to children and families.

Child Care

The provision of substitute care for a child during a portion of a day, on an ongoing basis.

Child Welfare Agency

Any agency or institution maintained by a person, firm, corporation, association or organization to receive children for care and maintenance; any institution that provides care for unmarried mothers and their children; any agency maintained by the state, or a political subdivision thereof, person, firm, corporation, association, or organization to place children or unmarried mothers in a foster home. This does not include state operated institutions or facilities, detention facilities for children established by law, health care institutions that are licensed by the Department of Health Services pursuant to title 36, chapter 4 or private agencies that exclusively provide children with social enrichment or recreational opportunities and that do not use restrictive behavior management techniques.

CHILDS

The Children's Information Library and Data Source is DCS's' automated child welfare record keeping system.

CHILDS Adoption Registry

Preplacement information on children legally free for adoption, children partially free for adoption, children who have a plan of adoption and are to be placed out-of-state and children who are to be placed in a foster-adoptive home.

CHILDS Provider (Adoption) Registry

A registration maintained by the Department consisting of currently certified adoptive home studies.

Client

A person who receives services from the Department. May also be referred to as a Participant in CHILDS

Clinical Case Management Team

The interdisciplinary team of professionals who are responsible for providing continuous treatment and support to children/clients with serious mental illnesses and for locating, accessing, and monitoring the provision of mental health services. The clinical case management team shall consist of a psychiatrist, case manager, and other mental health professionals as needed, based on the eligible person's need for medically necessary services.

Communication

A telephone, fax or letter contact with the Child Abuse Hotline which may or maynot be a report of child abuse and neglect, a request for services or information sharing.

Communication Agreement

A written agreement, approved by the court, regarding communication with a child adoptee, the adoptive parents and a birth parent.

Community Advisor

An individual who serves as a role-model, mentor and part of the young adult's support system. The community advisor assigned to each young adult provides encouragement, social and emotional support and offers the young adult a link with the community.

Compact

The Interstate Compact on the Placement of Children.

Compact Administrator

The Department employee who shall be general coordinator of activities under the Compact in the State jurisdiction and who, acting jointly with like officers of other party jurisdictions, shall have power to promulgate rules and regulations to carry out more effectively the terms and provisions of the Compact.

Compact State

All states, the U.S. Virgin Islands, the Commonwealth of Puerto Rico and the District of Columbia.

Complaint Management

A method or technique for settling disagreements or disputes among individuals of agencies.

Comprehensive Medical And Dental Program (CMDP)

The AHCCCS health plan under DCS which provides medical and dental services for children in out-of-home care.

Concurrent Case Planning

Actively implementing the case plan goal while also actively pursuing an alternative plan including adoption or legal guardianship for children in out-of-home care through a Voluntary Foster Placement Agreement or dependency action.

Concurrent Permanency Planning

A planned set of activities implemented to ensure that potential alternate caregivers are available and prepared to care for a child on a permanent basis if the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal.

Conditions

For the purpose of a Special Needs Adoption, means a physical, mental or developmental disability that existed prior to the finalization of the adoption.

Consent to Place a Child for Adoption

A document that, once signed by the parent, gives the Arizona Department of Economic Security permission to place a specific child for adoption and is irrevocable unless obtained by fraud, duress or undue influence. See also, relinquishment

Contact

Face-to-face meetings, telephone calls, correspondence and any other means of communication between case participants and associates, providers, Department staff, service team members, and any other person regarding the case.

Contact and Visitation Plan

The arrangement for providing contact between a child in out-of-home placement and his parent/caregiver, siblings, family members, other relatives, and other significant persons such as friends and former foster parents. This is accomplished as a cooperative effort among these persons, the case manager, the out-of-home care provider and the child, if age appropriate.

Continuity of Care

The provision of services with minimal or no interruption of time, provider, location, or modality, as appropriate for the welfare of the DCS eligible child/client, including transitioning that person between service categories or mental health systems.

Contract Personnel

Individuals employed by contract providers to deliver services under the terms of the contract.

Contract Provider

Any private agency, institution, public agency or vendor which has executed an agreement with the Department to furnish services for monetary reimbursement.

Counseling

Professional guidance of a nonmedical nature which assists individuals and families in dealing with a wide range of personal, situational and functional problems.

Court

The Juvenile Division of the Superior Court

Courtesy Supervision

Supervision by a receiving district for a child who is placed outside of his or her home district.

Criminal Conduct Allegation

An allegation of conduct by a parent, guardian, custodian of a child or adult member of the child victim's household, that if true, would constitute any of the following: a) A violation of section 13-3623 involving child abuse. b) A felony offense that constitutes domestic violence as defined in section 13-3601. c) A violation of section 13-1404 or 13-1406 involving a minor. d) A violation of section 1405, 13-1410 or 13-1417. e) Any other act of abuse that is classified as a felony. f) an offense that constitutes domestic violence as defined in section 13-3601 and that involves a minor who is a victim or was in imminent danger during the domestic violence

Cross Over CYPM

1. Youth between the ages of 8-17 involved in the delinquency system that are subsequently referred to the Department of Child Safety, who fall within the definition of child abuse and/or neglect
2. Youth who have an open DCS case (services only, voluntary foster care, in-home intervention/dependency or out of home dependency) and are subsequently referred to the juvenile court for an alleged delinquency, whether placed in diversion or referred for court involvement

Custodian

A person, other than a parent or legal guardian, who stands in loco parentis (a person who has been treated as a parent by a child and who has formed a meaningful parental relationship with a child for a substantial period of time) to the child or a person to whom legal custody of the child has been given by order of a court of competent jurisdiction [ARS §8-201(8)].

DCS

The Department of Child Safety

DCS Information

Includes all information the Department gathers during the course of a an investigation, from the time a report is opened and until the report/case is closed. DCS information does not include information that is contained in child welfare agency licensing records. [ARS §8-807(U)(1)]

DCS Specialist

A person who has been selected by and trained under the requirements prescribed by the Department and who assists in carrying out the provisions of child safety services. [ARS §8-801(1)]

DDD

The Division of Developmental Disabilities, Department of Economic Security

Delay of Placement

Placement of a child in an adoptive home more than 90 days after the Home Study Case Conference resulting in the identification of the placement

Delinquency Hearing

A proceeding in the juvenile court to determine whether a juvenile has committed a specific delinquent act as set forth in a petition. [ARS §8-201(9)]

Delinquent Act

An act by a juvenile that if committed by an adult would be a criminal offense or a petty offense, a violation of any law of this state, or of another state if the act occurred in that state, or a law of

the United States, or a violation of any law that can only be violated by a minor and that has been designated as a delinquent offense, or any ordinance of a city, county or political subdivision of this state defining crime. Delinquent act does not include an offense under section 13-501, subsequent A or B if the offense is filed in adult court. Any juvenile who is prosecuted as an adult or who is remanded for prosecution as an adult shall not be adjudicated as a delinquent juvenile for the same offense. [ARS §8-201(10)]

Denial of License

The act of refusing to issue a license to an applicant.

Department

The Arizona Department of Child Safety (DCS)

Dependency Petition

The formal legal petition requesting the Court to adjudicate a child dependent

Dependent Child

A child who is adjudicated one or more of the following: · in need of proper and effective parental care and control and has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control. · destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care, or whose home is unfit for him by reason of abuse, neglect, cruelty or depravity by either of his parents, his guardian or other person having his custody or care. · under the age of 8 years who is found to have committed an act that would result in adjudication as a delinquent or incorrigible child if the act was committed by an older child. · Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in Section 13-604. [Applies to delinquent children under ARS § 8-201(11)] A dependent child does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described above exists. [ARS §8-201(13), ARS §8-201.01(1)] A child whose parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of a psychiatric medication shall not be considered a dependent child for that reason alone[ARS §8-201.01(2)]

DES

The Arizona Department of Economic Security.

DES Fee Schedule

Allowable amounts established by the Department to pay for the provision of medical, dental, psychological and psychiatric care for client children.

Detention

The temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation. [ARS §8-201(14)]

Detoxification Services

Treatment services that are provided to reduce physical dependence on alcohol, drugs or other substances through the use of therapeutic procedures, including medications, rest, diet, counseling or medical supervision.

Developmental Disability

Either a strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled, as determined by a test performed pursuant to ARS §36-694 or by other appropriate tests, or a severe, chronic disability which is: •attributable to mental retardation, cerebral palsy, epilepsy, or autism; •manifested before age 18; •likely to continue indefinitely; •results in substantial functional limitations in three or more of the following areas of major life activity: Self-care Receptive and expressive language Learning Mobility Self-direction Capacity for independent living Economic self-sufficiency •reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services which are lifelong or extended in duration. [ARS §36-551(15)]

Disposition

Policy Upon receipt of a Department of Child Safety (DCS) report by a local office, a DCS Program Supervisor, OCWI Manager, or other designated staff acting in a supervisor role shall assign one of the following dispositions: •Field investigation; •Field Investigation Unknown Report; or •No jurisdiction.

Dually Adjudicated Child

A child who is found to be dependent or temporarily subject to court jurisdiction pending an adjudication of a dependency petition and who is alleged or found to have committed a delinquent or incorrigible act.

Educational Voucher

The mechanism for transferring funds for a child's education from the state's public school system to an approved private school in a residential facility (RTC). Vouchers cover funding for both special and nonspecial education.

Electronic Record

Maintained in CHILDS and includes window data and electronically created documents.

Eligibility

The requirements an individual or family must meet to receive services funded by the Department.

Eligible Person(s)

An individual or family who meets all the requirements for receiving a service

Emergency Intervention

Services provided in coordination by the Department to protect a child who is at imminent risk of maltreatment.

Emotional Disturbance

A condition which impedes the ordinary developmental progress of the child as defined by accepted psychiatric or psychological standards and as diagnosed by one or more psychiatrists or psychologists approved by the Department. [ARS §8-141(A)(7)]

Entity

The Department of Child Safety, Department of Juvenile Corrections or a Child Welfare Agency that has been granted legal care, custody and control of a child by order of the juvenile court and that is responsible for securing inpatient psychiatric acute care services or residential treatment services for a child. Entity includes a probation Department or juvenile detention center that either recommends or is ordered by the court to provide inpatient psychiatric acute care services or residential treatment services for a child.

EPSDT

A 1972 amendment to Title XIX (Medicaid) requiring screening, diagnostic, and treatment services at periodic intervals and as medically necessary to be offered, upon request, to all eligible children. A 1989 amendment to Title XIX expanded EPSDT to include additional medical services, mental health and substance abuse services.

Evaluation

A study of a home for an identified purpose which describes family members, the home and community, and relates its findings and recommendations to the needs of the child or children for who the study is requested.

Explain (CHILDS)

A CHILDS window function that allows for narrative entry for further details.

Exploitation

Use of a child by a parent, guardian or custodian for material gain which may include forcing the child to panhandle, steal or perform other illegal activities.

Family

Persons, including at least one child, related by blood or law, or who are legal guardians of a child, or who reside in the same household. Where persons related by blood or law do not reside in the same household and where adults other than spouses reside together, each may be considered a separate

family when it is to the benefit of the child. Family includes both parents regardless of whether they are living together for case planning purposes.

Family Care Provider

Any person providing out-of-home care in a family home. Includes relatives, significant persons and licensed foster homes.

Family Care Settings

Includes relative, significant person/other, family foster home, and treatment foster homes.

Family Foster Home

A home maintained by any individual or individuals having the care or control of minor children, other than those related to each other by blood or marriage, or related to such individuals, or who are legal wards of such individuals [ARS §8-501(A)(4)].

Family Functioning Assessment (Investigation)

The assessment and management of child safety is initiated during the initial contact with the family and is continued throughout the investigation. The purpose of the Family Functioning Assessment is to gather sufficient and relevant information to make an informed decision about whether the child is safe or unsafe. The Family Functioning Assessment and analysis of information guides the DCS Specialist's decisions about the child's safety and what, if any, actions should be taken to protect the child

Family Group Foster Home

A family foster care facility licensed for placement of more than five minor children but not more than ten minor children.

Family Preservation Services (Federal funds)

Family Preservation services are directed to reduce risk factors and stabilize a family unit in response to a crisis event when there is significant risk to the family. These services include an intensive level of intervention to successfully meet the crisis needs of the family or to reunify children who are in non-permanent placement. The services are provided through contracts with private providers.

Family Support Services (Federal funds)

Family Support Services are preventative services provided on a proactive basis to improve the well being of families, enhance family functioning, and foster a sense of self reliance. The services are provided through contracts with private providers.

Field Investigation Unknown Report

Disposition a report as Field Investigation Unknown Report when the family name is unknown but there is other identifying information, such as an address or location. The DCS Specialist or OCWI Investigator is required to respond to the DCS report based on the information provided and within the report response time frame. When the name of the family is determined, search CHILDS to determine if the family already has a history with DCS. •If there is a case history or a case ID for the family, the DCS Program Supervisor will link the current report to the existing case and change the disposition to Field Investigation. •If there is no case history or case ID for the family, the DCS Specialist or OCWI Investigator will update all unknown participants with their correct names and identifying information, and the DCS Program Supervisor or OCWI Manager will create a new case and change the disposition to Field Investigation.

Findings

Result of an investigation stated as proposed substantiated, proposed substantiated pending dependency adjudication, proposed substantiated perpetrator unknown, proposed substantiated perpetrator deceased, unable to locate, or unsubstantiated.

Fiscal Year

The period of time from July 1st through June 30th.

Foster-Adoptive Placement

The placement of a child whose case plan goal is adoption and who is not legally free for adoption, in a home of a family that is certified as acceptable to adopt and licensed as a foster home by the Department.

Foster Care

Alternative care for children in non-parent relative placements, family foster homes, group homes or child welfare agencies. See also Out-Of-Home Care.

Foster Care Facility

A setting licensed to provide out-of-home care to children, including licensed relative placements, foster homes, group homes and child welfare agencies.

Foster Care Provider

Any person or agency licensed to provide out-of-home care for children.

Foster Child

A child placed in a foster home or child welfare agency. [ARS §501(A)(3)]

Foster Parent

Any adult individual or individuals maintaining a licensed foster home. [ARS §8-501(A)(5)]

Foster Parent Adoption

The adoption of a child by his or her current foster parents who became certified to adopt after the child was placed in the home for foster care purposes

Foster/Adoptive Applicant

A person who requests consideration as a prospective foster or adoptive parent by completing the required application forms. Foster Care licensing includes both spouses of the adult household, if caregivers are married.

Group Care Setting

A licensed, agency-administered group home, therapeutic group home, residential treatment center (RTC) or mobile program.

Group Home

A group care facility that provides 24 Hour supervision within a group setting. Therapeutic services are generally provided off site.

Guardian

A person who has qualified as a guardian of a minor pursuant to testamentary or court appointment, but excludes one who is merely a guardian ad litem. [ARS §14-5201 et seq. and ARS §8-531(9)]

Guardian-Ad-Litem (GAL)

A person appointed by the court to protect the interest of a minor or an incompetent person in a particular case before the court. [ARS 8-531(7)]

Guardianship

With respect to a minor, means the duty and authority to make important decisions in matters affecting the minor including but not necessarily limited either in number or kind to: a) The authority to consent to marriage, to enlistment in the armed forces of the United States and to major medical, psychiatric and surgical treatment, to represent the minor in legal actions, and to make other decisions concerning the child of substantial legal significance. b) The authority and duty of reasonable visitation, except to the extent that such right of visitation has been limited by court order. c) The rights and responsibilities of legal custody, except where legal custody has been vested in another individual or in an authorized agency. d) When the parent-child relationship has been terminated by judicial decree with respect to the parents, or only living parent, or when there is no living parent, the authority to consent to the adoption of the child and to make any other decision concerning the child which the child's parents could make. [ARS §8-531(8)]

Hard Copy Record

A paper file that is maintained at the local office and includes: Documents generated outside DCS; Documents that require signatures from individuals outside DCS; and Hard Copy forms not maintained electronically.

Health Professional

A person who is certified or licensed pursuant to section 32-3201. Health professionals include physicians and nurses.

Health Professional for Substantiation of SEN or FAS/FAE

While the legal definition of “health profession” includes many different profession associated with the healthcare industry, CPS will accept a SEN determination or FAS/FAW diagnosis only from the following health professional -Physicians/Surgeons; -Nurse Practitioners; or -Physician Assistants acting under the direction of a Physician/Surgeon

Health Service Provider

A practitioner licensed by the State of Arizona or other state to provide physical or mental health services, or others approved by the Department as having the appropriate credentials to carry out the service, practicing within the scope of such credentials.

Healthy Families Arizona

Healthy Families Arizona (HFAz) is a community-based, multi-disciplinary program serving families of newborns, and is designed to reduce stress, enhance family functioning, promote child development, and minimize the incidence of abuse and neglect within a multi-cultural environment. Family Support Specialists visit new parents in their home anywhere from weekly to quarterly according to their level of need. Participation may continue until the child reaches five years of age.

High Risk of Physical or Mental Disease

A potentially debilitating condition, as defined by accepted standards of the health service profession, as certified by one or more health service providers approved by the Department. [ARS §8-141(A)(9)]

High Risk of Severe Emotional Disturbance if Removed from the Care of Foster Parents or Relatives

The development of significant emotional ties to the foster family as documented by the child’s case manager and as diagnosed by a psychiatrist or psychologist approved by the Department [ARS §8-141(A)(10)]. These ties include: · Identification of the child as a member of the foster family or relative family · Identification by the foster family or relative family of the child as belonging to that family · The likelihood that the child will not establish significant emotional ties to another family if denied permanent placement with the foster family, or relative family. [ARS § 8-141(A)(8)]

HIV

Is the acronym for human immunodeficiency virus. This is the name for the virus which causes AIDS. The virus causes a deficiency in the human immune system, the body’s natural defense against disease. HIV progressively damages the immune system and leaves its victims unable to fight off even small infections.

HIV Positive

Means that a blood test has indicated the presence of antibodies to the HIV virus. This means that at some point the person has been infected with the virus and the immune system has responded by producing antibodies. People who have the antibody but are otherwise asymptomatic for AIDS are referred to as “HIV positive only”. This condition does not inevitably begin a progression to AIDS, although it may. These people are capable of transmitting the virus through high risk behaviors.

HIV/AIDS Field Representative

the person in each district designated to be a resource person regarding HIV/AIDS issues. This person is to be included in all decisions regarding HIV/AIDS testing, should be made aware of test results, and should be consulted regarding placement of children who are HIV positive or diagnosed with AIDS.

HIV/AIDS Risk Factors

Are those behaviors and/or reasons that put an individual at risk for contracting the AIDS virus: a. Voluntary risk behaviors i. The sharing of needles and syringes (“works”) for the purpose of intravenous drug use since 1978. ii. Unprotected sexual activities with single or multiple partners who are infected or whose HIV status is unknown. b. Non-behaviorial reasons that put an individual at risk i. Children of mothers who are infected and/or whose mothers engaged in high risk behaviors ii. Children and youth who have been involuntary sex partners (victims of sexual assault, rape, sexual abuse, etc.) of individuals who are infected. iii. Hemophiliacs, because of their need for transfusions or blood products; the risk to this population, however, has been greatly reduced since the testing of all blood and blood products was instituted in March, 1985.

HLCI

The High Level Client Index Number. A unique identification number assigned to each participant in CHILDS who is the recipient of a service.

Home Management Tasks

Training and/or instruction in activities related to routine household maintenance and family functioning.

Impending Danger

An observable family condition or specific behavior, emotion, attitude, perception or situation that may not be occurring now in the present, but is likely to occur within the next 30 days and will likely result in serious or severe harm to a child

In-Home Intervention

A program of services provided while the child is still in the custody of the parent, guardian or custodian. (ARS §8-891)

In-Home Placement

The placement of a child in the home of the child's parent or legal guardian.

In-Home Respite Care

Respite care provided by a licensed foster parent in a home that is not that individual's own home.

In-Home Voluntary Child Protective Services Case

A case in which all children remain within the family home while the Department provides services and in which a dependency petition has not been filed.

Incoming Communication

Verbal, written, or in-person contact to Child Protective Services.

Incorrigible Child

A child who is: a) Is adjudicated as a child who refuses to obey the reasonable and proper order or directions of a parent, guardian or custodian and who is beyond the control of that person. b) Is habitually truant from school as defined in section 15-803, subsection C. c) Is a runaway from the child's home or parent, guardian or custodian. d) Habitually behaves in such a manner as to injure or endanger the morals or health of self or others. e) Commits any act constituting an offense that can only be committed by a minor and that is not designated as a delinquent act. f) Fails to obey any lawful order of a court of competent jurisdiction given in a non-criminal action. [ARS §8-201(15)]

Independent Living Services Program

An array of services that prepare young adults for attaining independence and self-sufficiency in the community.

Independent Living Subsidy

A program for young adults in foster care which offers them the opportunity to experience community living while still receiving services from the Department. This placement option, authorized by ARS §§8-845(A)(8) and 8-521, serves dependent youth 17 years of age and older and young adults who remain in care voluntarily after age 18.

Individual Service Plan

A specific plan developed by the RBHA case manager and the clinical case management team, with the participation of the DES case manager, to identify and facilitate appropriate mental health services for a DES eligible child. It must include treatment goals, specific services and units of delivery, service cost, anticipated time frames, and identified providers. The ISP will be incorporated as the mental health portion of the child welfare case plan and is subject to authorization and approval as required.

Individuals with Disabilities Education Act (IDEA)

A federal law which mandates a free appropriate public education in the least restrictive environment for children with disabilities. It outlines services and procedural safeguards for children needing special education.

Infant

A child under the age of one year.

Information and Referral

An incoming communication without sufficient identifying information or content to constitute a report.

Information is given, and/or an individual is directed to an appropriate resource.

Initial Report

Information as entered on the CHILDS Case Management Information System pertaining to a particular report, up to the point of disposition.

Initial Response

An action by CPS to determine whether a child, who is or may be a victim of abuse or neglect, is currently safe. The initial response is determined by the highest assigned Response Time.

Inpatient Assessment

includes all of the following: a.the observation of a child's behavior while the child is in an inpatient assessment facility. b.psychological or psychiatric testing, if indicated. c.a determination as to whether a child needs inpatient psychiatric acute care services and whether inpatient psychiatric acute care services are the least restrictive available alternative. d.the administration of psychotropic medication and medication monitoring, if necessary to complete the assessment or to prevent the child from being a danger to self or others. e.a written report that summarizes the results of an inpatient assessment, including specific recommendations for follow-up care. f.a psychiatric or psychological assessment, including a clinical interview with a child. g.an explanation to a child of the least restrictive alternatives available to meet the child's mental health needs. h.a determination as to whether the child may be suffering from a mental disorder, is a danger to self or others or is persistently or acutely disabled or gravely disabled as defined in section 36-501. i.a review of a child's medical, social and psychological records, if available.

Inpatient Assessment Facility

Refer to Psychiatric acute care facility.

Inquiry Form

A pre-application form given to prospective applicants that compiles information used to evaluate the prospective applicants interest, commitment and desire to make application to adopt or foster children through DES.

Intake

The initial process of screening, receiving, investigating and recording information for the purpose of determining risk to children and the need for protection and services.

Intensive Family Services (Arizona Family Preservation Services)

Intensive Family Services (also known as AFPS) is a program that provides services to families whose children are at immediate risk of foster care placement due to abuse or neglect. The program uses a crisis intervention approach providing a range of intensive, behaviorally-oriented services such as counseling, family therapy, communication skills, and parent education services in the family's own home. The services are provided through contracts with private providers.

Intensive Treatment Program

Treatment services that are outlined in a child's individual treatment plan and that provide planned, structured and coordinated therapeutic goals

Interested Parties

A person granted the right to notice of and participation in any review or hearing concerning the child, the right to review all pleadings, and the right to receive reports submitted to the court by the case manager.

Intergovernmental Agreement/Interagency Service Agreement

A written contract between two separate agencies or departments, obligating designated employees of the agencies/departments to follow specified procedures, standards, roles, and duties for a specified time. These collaborative documents are reviewed and refined by legal representatives of both departments/agencies and are signed by the administrators of those departments/agencies.

Interstate Placement

Any movement of a child from one state to another state for the purpose of establishing a suitable

living environment and providing necessary care

Investigation

The process by which allegations of abuse or neglect, abandonment or exploitation are either found proposed substantiated, proposed substantiated pending dependency adjudication, proposed substantiated perpetrator unknown, proposed substantiated perpetrator deceased, unable to locate, or unsubstantiated. The process includes determining: • the nature, extent and cause of any condition which would tend to support or refute the allegation that the child should be adjudicated dependent; • the name, age and condition of other children in the home; and • whether any child is in need of protective services Investigation/Safety Assessment Process: Gathering information to assess current risk to a child which includes, but is not limited to: · Review of prior CPS reports/other records · Worker's observation(s) and/or assessment · Face-to-face and/or phone interviews · Collateral sources which may be persons or documents · Documentation of the process, review and approval by the CPS Unit Supervisor

Juvenile Court

The juvenile division of the superior court when exercising its jurisdiction over children in any proceedings relating to delinquency, dependency or incorrigibility. [ARS §8-201(17); ARS 8-531(9)]

Kinship Care

means the full time care of a child, who is in the care, custody and control of the Department, who is placed with a kinship foster caregiver.

Kinship Foster Caregiver

means an adult relative or person who has a significant relationship with a child, who is caring for a child, who is under the care custody and control of the Department. A relative means grandparent; great grandparent; brother or sister; aunt or uncle; or cousin.

Law Enforcement Officer

A peace officer, sheriff, deputy sheriff, municipal police officer or constable. [ARS § 8-201(18)]

Least Restrictive Environment (LRE)

That setting which offers the most family-like atmosphere which is compatible with the needs of the child.

Legal Custody

A status embodying all the following rights and responsibilities: a) The right to have physical possession of the child. b) The right and the duty to protect, train and discipline the child. c) The responsibility to provide the child with adequate food, clothing, shelter, education and medical care, provided that such rights and responsibilities shall be exercised subject to the powers, rights, duties and responsibilities of the guardian of the person and subject to the residual parental rights and responsibilities if they have not been terminated by judicial decree. [ARS §531(5)]

Legal Father

A man who was married to the mother of a child at the time of the child's birth or who was married to the child's mother any time in the ten months immediately preceding such birth.

Legally Free

A child who is eligible for adoption because all legal parents or guardians have either consented to adoption, had their parental rights terminated by the court, or died.

Level of Supervision

The degree of monitoring and directing required based upon the age, level of maturity, and the special needs of the child as agreed upon by the child's case manager and the care provider. The "level of supervision" required can range from being left alone for short periods of time to a need for the child to have constant monitoring and direction.

Level One Behavioral Health Facility

A behavioral health service agency that is licensed by the Department of Health Services and that provides a structured treatment setting with twenty-four hour a day supervision and an intensive treatment program

License

A document issued by the Department confirming that the applicant(s) have met the standards for the provision of foster care or group care and are authorized to conduct specified services.

Licensed Family Foster Parent

means a person or persons licensed under A.A.C. R5-6-5801 et. seq., Family Foster Parent Licensing Requirements, to provide care for up to five children who are in the care, custody and control of the Department.

Licensed Family Group Foster Parent

means a person or persons licensed under A.A.C. R5-6-5901 et. seq., Group Foster Home Licensing Standards, to provide care for more than five children but not more than ten children who are in the care, custody and control of the Department.

Licensing Specialist

A person designated by the Department or an agency to perform specific work activities and functions related to licensing, supervision, support, and monitoring of foster or group care homes.

Locked (Secured) Residential Treatment Center

A residential treatment center, Level I facility, licensed to care for children and provide behavioral health services, on a 24 hour basis, which utilizes secure settings or mechanical restraints. A court order for inpatient treatment is required for placement of a dependent child within such a facility.

Loco Parentis

A person who has been treated as a parent by a child and who has formed a meaningful parental relationship with a child for a substantial period of time

Maintenance Payments

Monthly money payments for the cost of care and supervision of the foster child, or monthly money payments for the extra time and expense of caring for a special needs child on Adoption Subsidy.

Maltreatment

Abuse, neglect, exploitation, or abandonment of a child.

Mandated Reporter

An individual who is required to report child abuse or neglect under ARS §13-3620.

Medical Identification Card

The card issued by the Contract Provider for use in the purchase of all covered services.

Medical Need or Chronic Illness Means

An inherent, long-lasting severe physical or mental condition which often interferes with daily functioning and/or requires special attention and on-going medical, surgical or psychiatric care.

Medically Necessary

Under the statutory limitation of the Adoption Subsidy Program, medically necessary services are provided to prevent the progression of disease, disability and other adverse health conditions identified on the subsidy agreement, which are provided by a qualified service provider within the scope of his/her practice under state law or certification, whichever is applicable.

Medication Adjustment and Monitoring

Medication review for adjustment and/or continuing treatment for an individual, as performed by a qualified professional, including Physician, Nurse Practitioner, Physician's Assistant, or Registered Nurse who is licensed in accordance with A.A.C. Title 20.

Mental Disability

A lifelong condition which is characterized by impaired intellectual development and impedes the ability to function independently. [ARS §8-141(A)(11)]

Mental Health Standards

Standards established by AHCCCS, Department of Human Services, federal law, state statutes and rules and any subsequent amendments, defining the policies and procedures applicable to Title XIX mental health and substance abuse services.

Mitigate

Specific circumstances that may allow for a slower response in a standard response time for Risk Level 1, 2, and 3 reports.

Mobile Program

A group care facility that provides 24 hour care, and which is situated in and utilizes the outdoors to provide a recreational and educational opportunity in group living

Monitor

The process of reviewing service providers for compliance with requirements.

Multidisciplinary Case Consultation Teams (MDT)

A team of professionals which may include, but is not limited to, a physician, psychologist, law enforcement representative, assistant attorney general and district program manager or designee. This group meets regarding selected cases with the assigned case manager, supervisor, other service team members and the family, as appropriate. The purpose is to share information and to assess and diagnose particularly complex and difficult case situations in order to make recommendations regarding the development or review of a case plan.

Native American Child

A child who is a member of, or eligible for membership in a tribe, as defined by the tribe.

Near Fatality

Means an act that, as certified by a physician, including the child's treating physician places a child in serious or critical condition. [ARS 8-807(T)(2)]

Need to Know

Refers to the need for a person to know the HIV status of a child and is based on direct responsibility or accountability for care of the child, or involvement in an activity directly related to the child.

Neglect or Neglected

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 a parent or guardian 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.[ARS §§8-201(22)]. A child, who in good faith, is being furnished Christian Science treatment by a duly accredited practitioner shall not, for that reason alone, be considered to be a neglected child. [ARS §8-201.01(1)] A child whose parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of a psychiatric medication shall not be considered a neglected child for that reason alone. [ARS §8-201.01(2)] 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 purposes of manufacturing a dangerous drug as defined in section 13-3401. A determination by a health professional that a newborn infant was exposed prenatally to a drug or substance listed in section 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. This subdivision does not expand a health professional's duty to report neglect based on prenatal exposure to a drug or substance listed in section 13-3401 beyond the requirements prescribed pursuant to 13-3620, subsection E. The determination by the health professional shall be based on one or more of the following: Clinical indicators in the prenatal period including maternal and newborn presentation. History of substance use or abuse. Medical history. Results of a toxicology or other laboratory test on the mother or the newborn infant. Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects. Deliberate exposure of a child by a parent, guardian or custodian to: sexual conduct as defined in section 13-3551, sexual contact, oral sexual contact, or sexual intercourse as defined in section 13-1401, bestiality as prescribed in section 13-1411, or explicit sexual materials as defined in section 13-3507. Any of the following acts committed by the child's parent, guardian or custodian with reckless disregard as to whether the child is physically present: sexual contact as defined in section 13-1401, oral sexual contact as defined in section 13-1401, sexual intercourse as defined in section 13-1401, bestiality as prescribed in section 13-1411.

Newborn

An infant under 30 days of age.

No Jurisdiction

After contacting the appropriate jurisdiction, if it is determined that the Department will not have a role in investigating the report (for example, when the family resides on an American Indian Tribal land, or upon confirming that a statute or court order prohibits the Department from taking investigative action) the DCS Program Supervisor or OCWI Manager will disposition the report as No Jurisdiction.

Nonrecurring Adoption Expenses

Those reasonable and necessary adoption fees, court costs, attorney fees and expenses which are directly related to the legal process of adoption of a child with special needs, meet federal requirements, and are not reimbursed by other sources, including costs relating to the adoption study, health and psychological examinations, supervision of the placement before the adoption, transportation and reasonable costs of lodging, and food for the child or adoptive parents which are incurred to complete the adoption process.

Office of Licensing and Regulation (OLR)

Issues licenses and regulates more than 5,000 individuals and organizations providing a variety of services for children and vulnerable adults. These services include: •Family foster home care and developmental home care •Group homes, emergency shelters, and outdoor wilderness programs for children & youth •Home & community based services for individuals with developmental disabilities (including habilitation, respite, and therapies)

Old Age Survivors and Disability Insurance (OASDI)

provides social security benefits for children who have on or more deceased parents or social security benefits for a child who have a parent who is viewed as disabled by Social Security Administration

Opportunistic Illnesses

Are infections that are not a threat to a healthy immune system but that could be fatal to a person who has AIDS. The opportunistic infections most commonly associated with AIDS are: Pneumocystis carinii pneumonia (PCP); Kaposi's sarcoma (KS); candidiasis (yeast infections); disseminated cytomegalovirus (CMV); unusually extensive herpes of prolonged duration; toxoplasmosis; and mycobacterial disease due to illness, both tuberculosis (TB) and atypical mycobacteria.

or Alleged Custodian (or Alleged Abuser)

The individual about whom the allegation of abuse, neglect, abandonment or exploitation of a child was made

Orientation

Instructions and information provided to employees, volunteers, and contract personnel at the time they assume service responsibilities.

Out-of-Home Care Provider

A person or agency authorized by the Department to provide care or control of a child in out-of-home care.

Out-of-Home Placement

The placement of a child with an individual or agency other than the child's parent or legal guardian. This includes the following: · placement in temporary custody [ARS §8-221(A) or (B)] · voluntary placement (ARS §8-806) · placement due to dependency action. [ARS §8-501(A)(7)]

Out-of-Home Respite Care

Respite care that is provided out of the child's home and in the home of the respite provider. This may include a shelter care facility.

Outpatient Assessment

Includes all of the following: a.a psychiatric or psychological assessment, including a clinical interview with a child b.an explanation to a child of the least restrictive alternatives available to meet the child's mental health needs. c.a determination as to whether the child may be suffering from a mental disorder, is a danger to self or others or is persistently or acutely disabled or gravely disabled. d.a review of a child's medical, social and psychological records, if available. e.a determination as to whether the child needs an inpatient assessment or inpatient psychiatric acute care services and whether an inpatient assessment or inpatient psychiatric acute care services are the least restrictive available alternative.

Parent

The natural or adoptive mother or father of a child. [ARS §8-531(A)(10)]

Parent-Child Relationship

Includes all the rights, privileges, duties and obligations existing between parent and child, including inheritance rights. [ARS §8-531(11)]

Parent Aide

A paraprofessional who functions as a member of a team to provide parent aide services in support of a case plan. Parent aides may be Department employees, volunteers, or employees of a parent aide services contract provider.

Parent Aide Services

A range of support services which may include teaching and modeling of parenting and home management skills, teaching the use of informal and formal community resources, and transportation tasks.

Parental Involvement

Emphasis of parental participation throughout all phases of case planning.

Parenting Skills Training

The provision of instruction and/or modeling to enhance parental functioning.

Partial Care-Basic

Therapeutic activities including those which promote coping, problem-solving and socialization skills, and offer regular activities for individuals requiring supportive counseling, skills, training and rehabilitation. This service is provided as a half day (minimum 3 hours) or full day (minimum 5 hours).

Partial Care-Intensive

Regularly scheduled program of intensive therapeutic activities, including a variety of treatment modalities such as individual, group, and/or family therapy, cognitive and psychodynamic strategies addressing the individual's issues, and treatment related activities intended to reduce the need for more intensive services. This service is provided as a half day (minimum 3 hours) or full day (minimum 5 hours).

Participant

A person who is a recipient of service and member of a case (see client).

Parties

Includes the child, the petitioners and any parent of the child required to consent to the adoption pursuant to section 8-106. [ARS §8-531(12)]

Permanent Guardian

For the purpose of adoption petitioning and guardianship subsidy, a legal guardian appointed by the court pursuant to ARS §8-871.

Person About Whom a Report is Made

An alleged abusive caregiver or other person, a child victim or a child victim's parent or legal guardian.

Personally Identifiable Information

Includes the name, address, date of birth, social security number, tribal enrollment number, telephone or fax number, driver license number, places of employment, school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person.

Petition

A written statement of the essential facts that allege delinquency, incorrigibility or dependency. [ARS §8-201(22)]

Physical Disability

Chronically debilitating, progressive or fatal disease which requires assistance for the child in daily living, or requires the assistance of another person or mechanical device for movement from place to place, and is diagnosed by one or more health service providers [ARS § 8-141(A)(12)].

Physician

An individual licensed to practice medicine or medicine and surgery (including an osteopathic practitioner), a podiatrist or an optometrist. The term shall include such individuals who have been granted a license to practice by the appropriate regulatory board of the State of Arizona and shall include them only when they are practicing within the scope of such license. "Physician" means a person who is licensed pursuant to Title 32, Chapter 13 or 17.

Physician's Assistant

A person licensed with this title by a state.

Placement

The current residence or location of a child. This includes the parent's home, a foster home, significant person's home, adoptive home, child care agency, institution, hospital or medical facility

Pre-Existing Conditions

One or more special needs which existed before the finalization of adoption.

Present Danger

An immediate, significant and clearly observable family condition that has resulted in or will likely result in serious or severe harm to a child now and requires immediate action in order to ensure child safety before any further interviews or assessment can take place

Primary Care Unit

The place where the child resides on a 24 hour basis.

Prior Authorization

Authorization required by the contract provider before certain covered services are rendered.

Probable Cause

The information gathered during the investigation would lead a reasonable person to believe that an incident of abuse or neglect occurred, and that the abuse or neglect was committed by the parent, guardian or custodian.

Proposed Substantiated

The Department shall consider a report proposed substantiated after an investigation, when the information gathered during the investigation supports that an incident of abuse or neglect occurred based upon a probable cause standard.

Proposed Substantiated Pending Dependency Adjudication

The Department shall consider a report proposed substantiated pending dependency adjudication when a dependency petition is filed alleging dependency based on an allegation of abuse or neglect.

Proposed Substantiated Perpetrator Deceased

The Department shall consider a report proposed substantiated perpetrator deceased after an investigation when the evidence supports than an incident of abuse or neglect occurred based upon a probable cause standard, and the abusive parent, guardian or custodian dies prior to entry of the finding.

Proposed Substantiated Perpetrator Unknown

The Department shall consider a report proposed substantiated perpetrator unknown after an investigation when the information gathered during the investigation supports that an incident of abuse or neglect occurred based upon a probable cause standard and the abusive parent, guardian or custodian cannot be identified.

Prospective permanent placement

a grandparent or another member of the child's extended family including a person who has a significant relationship with the child; a person or persons with an expressed interest in being the permanent placement for the child in a certified adoptive home where the child resides; a home that is a permanent placement for a sibling of the child; or a licensed family foster home where the child resides.

Provisional

A foster home license established on a conditional basis, not to exceed six months, when the foster parent applicant(s) have completed all licensing requirements other than initial or ongoing training. [ARS §8-509(D)]

Psychiatric Acute Care Facility

A facility that is licensed by the Department of Health Services as a level one behavioral health facility and that provides psychiatric acute care services.

Psychiatric Acute Care Services

Any of the following: (a) emergency or crisis behavioral health services (b) psychiatric and psychological assessments and short-term intensive behavioral health counseling and treatment for acute episodes or mental disorders (c) medication stabilization and twenty-four hour a day nursing care for a child who suffers from acute psychiatric or mental disorders or who needs to have a chronic mental illness stabilized

Psychiatric Evaluation

A specific assessment performed by a psychiatrist (M.D. or D.O.) meeting state licensure requirements in accordance with ARS, Title 32. The assessment shall determine and address behavioral health problems and may recommend intervention and/or treatment. The evaluation shall include a review of referral materials, a clinical interview with the client and other key informants, recommendations and orders for any necessary laboratory or other diagnostic tests, and a written report. Medications may be prescribed, modified or terminated as indicated.

Psychiatrist

A person who is licensed pursuant to Title 32, chapter 13 or 17.

Psychological Evaluation

A specific assessment conducted by a licensed psychologist to determine and address behavioral health problems and may include treatment recommendations or advise certain interventions. Psychological assessments shall include a review of referral materials, assessment of the individual's readiness for testing, a clinical interview, and may include intellectual testing, personality testing, educational testing, projective testing, and specialized testing for specific disabilities. Neuropsychological assessments will also delineate between the neurologically based causes for behavior versus an emotional dysfunction.

Psychologist

A person who is licensed pursuant to Title 32, chapter 19.1.

Psychosocial Rehabilitation

A comprehensive program of remedial treatment to rehabilitate skill deficits in all activities of community and daily living, training in interpersonal communication, and use of and self administration of medication.

Racial or Ethnic Factors

Black, Hispanic, Native American, Asian, or other heritage which may prevent a child from being adopted [ARS §8-141(A)(13)].

RBHA Case Coordination

A lower intensity of case management provided to children who do not have a serious mental illness, but who are in need of mental health services. Case coordination activities include: coordination of services, development of the ISP, identification of service providers, implementation of services, and provision of follow-up as necessary.

RBHA Case Manager/Treatment Coordinator

A RBHA employee or contracted provider who meets the qualifications in the AHCCCS Mental Health Policy Manual and is responsible for collaboration with the DES case manager and the RBHAs clinical case management team in the developing, arranging, and monitoring of the most cost-effective and clinically appropriate Individual Service Plan for delivering mental health services to an eligible child/client.

Reasonable Efforts

A term used in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) that emphasizes the need to support and preserve families through the provision of services which address remediating the risk to the child in the family. These services are to be directed towards preventing the removal of a child from a family or, if removal is unavoidable, to expedite return of the child to the family. When service provision has not accomplished return of the child to the family, services are then to be directed towards providing another permanent plan for the child.

Receiving Agency

Related to an interstate placement, the local agency in the receiving state which receives the referral, does the evaluation and if placement is made provides supervision and other services as necessary and appropriate.

Receiving Home

A licensed foster home available for a child in need of immediate placement, when taken into custody or pending medical examination and court disposition. [ARS §8-501(A)(9)]

Receiving State

Related to an interstate placement, the state to which a child is sent, brought or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

Redacting

Editing of case records to remove confidential material prior to release of the records to an individual.

Referral

A written request for the provision of services which includes all required information.

Regional Behavioral Health Authority (RBHA)

An organization under contract to implement, coordinate, maintain, and monitor the delivery of a unified system of behavioral health services for a geographic area.

Relative (For the purpose of adoption)

means the spouse of the natural or legal parent of the child, aunt, uncle, adult sibling or grandparent of the child by the whole or half-blood or by marriage or adoption.

Relative (For the purposes of placement)

a great grandparent, grandparent, brother or sister, whole or half blood, aunt or cousin. [ARS 8-501(A)(11)]

Resident

A person who is residing in the state of Arizona with the intent of establishing a home here.

Resident for Report Purposes

A child victim is a resident when he/she: Attends school or is enrolled in child care in Arizona; or Has a parent, guardian, or custodian who resides in Arizona.

Residential Treatment Center (RTC)

A group care facility that is licensed as a Level I behavioral health facility through the Arizona Department of Health Services (ADHS). The residential treatment center (RTC) provides a structured treatment setting with daily 24 hour supervision and an intensive treatment program. Onsite schooling is typically provided within this setting.

Residential Treatment Services

Services that are provided by a level one behavioral health facility, a program that provides detoxification services or an intensive treatment program

Resource

Any service within the Department or the community which is available and potentially of benefit to the client.

Respite

Short term care and supervision of a child to relieve caregivers.

Response

The DCS Specialist shall initiate the response to a DCS report by having in-person contact with an alleged child victim identified in the DCS report, or by attempting to have in-person contact with an alleged child victim at the child's known or probable location.

Response Time

The length of time from when the report information is received by the local office to when the local office initiates an investigation and determines the safety of the child victim.

Restricted

A licensed foster home for a specific, identified child(ren).

Revocation

The act of terminating an existing foster care or group care license.

Safe

There is no present danger or impending danger to the child, or the parent, guardian or custodian has protective capacities that control any existing threats

Screening

The initial process of determining if an allegation of abuse, neglect, abandonment, or exploitation exists.

Sending Agency (Referring Agency)

Related to an interstate compact, a person, corporation, association, charitable agency or other entity which sends, brings or causes to be sent or brought any child to another state.

Serious or Severe Harm

A threat to a child that could cause or result in injury to a child's physical or mental well-being (pain, injury, suffering, terror, or extreme fear, or death)

Serious Emotional Injury

An injury that is diagnosed by a medical doctor or a psychologist and that does any one or a combination of the following: a) Seriously impairs mental faculties. b) Causes serious anxiety, depression, withdrawal or social dysfunction behavior to the extent that the child suffers dysfunction that requires treatment. c) The result of sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, child prostitution pursuant to section 13-3212, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553 or incest pursuant to section 13-3608. [ARS §8-201(27)]

Serious Physical Injury

An injury that is diagnosed by a medical doctor and that does any one or a combination of the following: a) Creates a reasonable risk of death. b) Causes serious or permanent disfigurement. c) Causes significant physical pain. d) Causes serious impairment of health. e) Causes the loss or protracted impairment of an organ or limb. f) The result of sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, child prostitution pursuant to section 13-3212, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553 or incest pursuant to section 13-3608. [ARS §8-201(28)]

Service Delivery

The functions, activities, and tasks directed at controlling and removing barriers so that the identified goals may be achieved.

Service Provider

Any person, institution or entity which provides covered services to an eligible child recipient under the program.

Service Team

Individuals directly involved in the provision of services to a child or parent. The service team includes the case manager, out-of-home care provider, licensing worker, Court Appointed Special Advocates

(CASA), Regional Behavioral Health Authority (RBHA), persons providing services (i.e., physicians, psychologists, therapists, and parent aides). This may also include the entity case manager, physicians, school personnel, law enforcement and probation personnel, and attorneys.

Sex Trafficking

The recruiting, harboring, transporting, providing, obtaining, patronizing, or soliciting of a person for a commercial sex act. Severe forms of sex trafficking occur when a commercial sex act is induced by force, fraud, or coercion, or when the person induced to perform such act has not attained 18 years of age. Sex trafficking can be determined to have occurred even if it appears that the child is in agreement with the conduct or the child does not consider herself or himself to be a victim of sex trafficking

Shelter

A licensed agency administered group care setting which is available for a child in need of immediate placement.

Shelter Care

A type of care provided to a child in need of immediate placement.

Sibling Relationship

Two or more children related by blood or in law.

Significant Person

An individual who has a substantial relationship with the child.

Special Needs

One or more of the following factors which may impede the adoption of a child: · Physical, mental or developmental disability · Emotional disturbance · High risk of physical or mental disease · High risk of developmental disability · Age of six or more years at the time of application for adoption subsidy · Sibling relationship · Racial or ethnic factors · High risk of severe emotional disturbance if removed from the care of foster parents or relatives [ARS §8-141(A)(14)].

Special Services Subsidy

Payments to the adoptive parents or the providers of services for expenses incurred in the provision of medical, dental, psychiatric, psychological, or other services, as approved by the Adoption Subsidy Review Committee, to meet the preexisting health related conditions or risks of the child. This does not include routine medical, routine dental, social or recreational services.

State Placing Agency

A state agency responsible for the care and placement of children and responsible for the submission of the special education voucher application when residential placement is necessary. DES/DCYF/ DES/DDD, AOC (JPO), AZ Department of Juvenile Corrections (ADJC), and DHS are the state placing agencies.

Substance Exposed Newborn (SEN)

A determination by a health professional that an infant under 30 days of age was exposed prenatally to a drug or substance listed in section 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. The determination by the health professional shall be based on one or more of the following:

- Clinical indicators in the prenatal period including maternal and newborn presentation.
- History of substance use or abuse.
- Medical history.
- Results of a toxicology or other laboratory test on the mother or the newborn infant.

Substantial Care Payments

Monthly special services payments for professional nursing provided by an adoptive parent to their medically fragile child, above and beyond the level of care that is reasonable or usual for a parent to provide to a child with special needs.

Supervised Visit

A visit between a child in out-of-home placement and his parent/caretaker, sibling, or other relative that is monitored and supported through the physical presence of a third party (e.g. case manager, visitation facilitator, parent aide, etc.).

Supervision

The act of monitoring and directing the activities of the foster child. This includes situations where the foster parent(s) provide indirect monitoring of the foster youth such as when the youth goes to the movie or shopping mall with friends, is employed or spends an overnight with a friend. The provision of indirect supervision must be approved by the child's case manager as appropriate to the needs and ability of the foster youth. Indirect monitoring also includes the foster parent(s) being available to the youth in the case of an emergency.

Supplemental Security Income (SSI)

Is based upon a child's medical and behavioral needs

Surrogate Parent

An individual appointed by the juvenile court to represent the interests of a child requiring special education services when the child's parents are unwilling or unable to do so. [ARS §15-761(35)]

Suspension of License

The act of temporarily canceling an existing foster care or group care license.

Temporary Custody Notice

A written notice by the Department, or law enforcement to parents, guardians, or custodians outlining reasons why the child has been taken into temporary custody and advising the parent or guardian of the preliminary protective hearing to be held within 5 to 7 days. (ARS §8-823)

Termination of Parental Rights

An order of the superior court that divests the parent and the child of all legal rights, privileges, duties and obligations with respect to each other except the right of the child to inherit and receive support from the parent. This right of inheritance and support shall only be terminated by a final order of adoption. See also Severance.

Therapeutic Group Home

A group care facility which is licensed as a Level II behavioral health facility by Arizona Department of Health Services. The therapeutic group home (TGH) provides a structured residential treatment setting with 24 hour a day supervision and counseling or other therapeutic activities for clients who do not require on-site medical services.

Therapeutic Visit

A visit between a child in out-of-home placement and his parent/caretaker or sibling that is monitored through the physical presence of a psychologist, therapist or counselor for the purpose of assessing interactions, response to visits, teaching parenting skills and increasing the participants understanding of the family dynamics with the goal of solving family problems

Title XIX

The Medicaid provision of the federal Social Security Act.

Title XIX Eligible Child

Children up to age 18, who are eligible under Title XIX eligibility categories, which include COBRA, SOBRA, SSI, and Ribicoff criteria

Title XIX Provider/Facility

A person, clinic, or residential facility licensed by the Department of Health Services that meets the Arizona Health Care Cost Containment System (AHCCCS) requirements for receiving federal Title XIX reimbursement.

Tracking Characteristics

The assessment and management of child safety is initiated during the initial contact with the family and is continued throughout the investigation. The purpose of the Family Functioning Assessment is to gather sufficient and relevant information to make an informed decision about whether the child is safe or unsafe. The Family Functioning Assessment and analysis of information guides the DCS Specialist's decisions about the child's safety and what, if any, actions should be taken to protect the child

Treatment-Oriented Foster Care

Foster family-based model that provides an intensive system of supportive and clinical services to special needs children.

Treatment Plan

That portion of the authorization process which requires that the attending physician and other professional allied health personnel involved in the care of a recipient establish and review periodically a plan of treatment and care for each recipient.

Unable to Locate

The Department shall consider the report finding unable to locate after an investigation when reasonable efforts were made to locate the child victim; the location of the child victim remains unknown and there is insufficient evidence to conclude that the child was abused or neglected without interviewing or observing the child.

Unsafe

There is present or impending danger to the child, and no parent, guardian or custodian is able or willing to provide protection

Unsubstantiated

The Department shall consider a report unsubstantiated, after an investigation, when the information gathered during the investigation does not support that an incident of abuse or neglect occurred based upon a probable cause standard.

Unsupervised Visit

A visit between a child in out-of-home placement and his/her parent/caretaker, sibling or other relative that is not directly visually monitored.

Visitation

Face-to-face contact between a child in out-of-home care and his parent/caregiver, siblings, family members, other relatives, and other significant persons such as friends and former foster parents.

Visitation Facilitator

Any person who is designated to monitor a visit between a child in out-of-home placement and the parent/ caretaker, sibling or other relative. This may include a parent aide, transportation worker, volunteer, psychologist, therapist, out-of-home care provider, extended family member or other party.

Visitation Guidelines for Parents

Information provided to parents which outlines agency expectations of the parent/caretaker regarding visitation.

Voluntary Placement Agreement

A written agreement, for a period not to exceed 90 days, between the parent, guardian or caretaker and the DCS. If the child is over 12 years of age and not developmentally disabled, the child must also agree to and sign the voluntary agreement, unless the Department determines that voluntary placement of the child is clearly necessary to prevent abuse (ARS §8-806).

Volunteer

An individual who contributes time and services to the Department without monetary compensation.

Window

A screen display used to view an application or document.

Written agreement

A written agreement between the Department and the family is composed of a completed Case Plan, recorded in the Case Plan Directory.



- Family Involvement Center's Parent Assistance Center and Help Line. Peer parent support, information, resources and community referrals. 602-288-0155 / 1-877-568-8468 or pac@familyinvolvementcenter.org. Serving parents / primary caregivers. English/Spanish.
- National Childhelp Hotline, 1-800-422-4453 All ages, 170 languages. Counselor support and community referrals. 24/7. <https://www.childhelp.org/>
- Birth to 5 Helpline, 1-877-705-5437 Ages 0-5. Highly-trained infant/child development experts and community referrals. M-F 8a-8p.
- Parent Partners Plus. Expecting moms and ages 0-5 in Maricopa County, AZ. Call 602-633-0732 or www.parentpartnersplus.com
- Kinship Care Coalition. Anyone caring for a child for a family member. Call 888-737-7494 or cr@azcaregiver.net or www.azkincare.org
- 211 Arizona. All ages. Call 2-1-1 within Arizona or 877-211-8661 M-F 7a – 6p or <https://211arizona.org>
- Find Help Phoenix - The website is divided into multiple categories of services/ resources: www.findhelpphx.org or EncuentraAyudaPhx.org email FindHelpPhx@mail.maricopa.gov
- National Domestic Violence Hotline: 1-800-799-7233 (SAFE) or the website www.thehotline.org
- Teen Lifeline 1-800-248-TEEN (8336). Texting services available- (602)248-TEEN (8336)
- National Suicide Prevention Lifeline 1-800-273-8255
- The National Sexual Assault Hotline is available 24/7: 1-800-656-HOPE (4673)
- United We Dream Hotline: This hotline provides resources and support for undocumented communities. 1-844-363-1423
- Strong Families - Free home visitor programs statewide: <https://strongfamiliesaz.com/>