Prevention Programs and Services Five Year Plan

Version 4 | June 2023

INTRODUCTION

The Families First Prevention Services Act (FFPSA) was signed into law on February 9, 2018, amending title IV-E of the Social Security Act to allow federal funding for the provision of evidence-based mental health, substance use, and in-home parent skill-based programs for children at imminent risk of entering foster care (known as reasonable candidates) and their parents. FFPSA aims to prevent children from entering out-of-home care through the provision of effective services to intact families. States electing to provide title IV-E prevention services and programs must submit a *Prevention Programs and Services Five Year Plan* that describes the services to be provided under the plan, the target populations and expected outcomes of these services, and how the state will meet all of the related requirements of the FFPSA.

SECTION 1. Service Array Vision and Outcomes

DCS and FFPSA Vision and Values

The Department of Child Safety is a leader in child protection and a partner in child abuse and neglect prevention. The Department of Child Safety and its child welfare system partners provide a comprehensive array of services and programs designed to strengthen family protective factors and enhance parent/caregiver protective capacities. The Department's services and programs include primary child abuse and neglect prevention programs and campaigns; in-home family support, preservation, and reunification services; permanency planning and caregiver support services; integrated child physical and behavioral health services; adoption and guardianship support services; and services to successfully transition youth to adulthood. Services provided by the Department or in collaboration with child welfare system partners are described in the Child and Family Services Annual Progress and Services Report, Arizona APSR FFY 2021 8-28-20 revision (3).pdf

The intent of FFPSA is consistent with the Department's values of safety, family, and accountability; and the practice principles that children should remain at home whenever safe to do so, and that when out-of-home care is necessary, the length of stay should be as short as possible. FFPSA's requirements of fidelity, continuous improvement, and collaboration align with Arizona's service array objectives of availability of evidence-based services; fidelity in service delivery; coordination between DCS Specialists and service providers working with the family; partnership with the courts; and compassionate engagement with children, parents, tribes, and communities.

DCS Comprehensive Family Strengthening Service Array

FFPSA implementation supports the DCS Strategic Priority to design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support. Arizona's FFPSA-supported prevention programs serve families with children age zero to five involved in a home visiting program, families with youth involved in the juvenile justice system, and families involved with DCS to strengthen their resources and ability to provide nurturing care to their children. When the family is involved with DCS, the services in Arizona's *Prevention Programs and Services Five Year Plan* may be provided in conjunction with housing assistance, transportation, adult mental health, substance use treatment, and child integrated physical and behavioral health services to provide a comprehensive array of services to meet each family's needs.

Program supported by FFPSA and included in this *Prevention Programs and Services Five Year Plan*:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership

The Department and other jurisdictions are conducting evaluations of the following programs, which will be added to the plan when the required evidence rating by the Title IV-E Prevention Services Clearinghouse is achieved:

- Nurturing Parenting Program
- Family Connections

The Arizona Title IV-E Prevention Program described in this *Prevention Programs and Services Five Year Plan* is a federal funding program that supports service provision to achieve positive safety and permanency outcomes, including prevention of out-of-home care, for eligible children and their parents. The mental health, substance abuse treatment, and in-home parent skill-building services and programs approved under this plan are available to the services' target populations regardless of the child's eligibility for the Arizona Title IV-E Prevention Program.

Systemic Approach for Achieving Outcomes

These programs are delivered to families in a service delivery system that was developed in collaboration with community members, court partners and service providers, and is:

- Individualized to family needs, culture, and readiness for change
- Designed for target populations and desired outcomes
- Delivered with continuity through transitions from in-home to out-of-home to reunification
- Coordinated with other family-serving agencies so that service plans are feasible for the family to achieve
- Delivered by staff with expertise in needs assessment, service planning and behavioral change interventions; separated from, but complimenting, safety assessment and planning
- Congruent with Arizona's safety assessment and protective factors assessment models
- Consistent across DCS contracted providers and in all regions of the State
- Evidence-based

The services will serve families with children at greatest risk of entry or re-entry into out-of-home care, using evidence-based interventions that strengthen family protective factors and enhance parents' emotional, cognitive, and behavioral protective capacities so that parents provide safe and nurturing care to their children. The Department will monitor the following intended outcomes:

- Reduce the rate of children reported to DCS per 1,000 children age birth through five in Arizona
- Reduce the entry rate per 1,000 children in Arizona
- Reduce the rate of children with an open DCS in-home services case who enter out-of-home care during services or within twelve months following service completion
- Reduce the rate of re-entry within twelve and twenty-four months among children who exited out-of-home care to reunification
- Reduce the rate of re-entry into out-of-home care among youth who exited care to adoption or guardianship

SECTION 2. Program Exploration and Selection

The Department has taken a collaborative and methodical approach to the strategic initiative of enhancing the direct service array. The process included inventory and analysis of the current service array, stakeholder engagement to identify service array strengths and needs, administrative data analysis to identify target populations, and fit and feasibility analysis to select programs that can be delivered with fidelity to meet the needs of Arizona's families.

Service Array Inventory and Analysis

In October 2018, the Department surveyed service provider agencies to identify parent skill-building programs and substance use assessment and treatment services already available in Arizona. Nineteen agencies responded to the questionnaire, identifying assessment tools, service planning tools, and curricula used at that time for parent skill-building and substance use treatment services. The survey results indicated a variety of assessment instruments and curricula were in use, many of which are not found on the Title IV-E Prevention Services Clearinghouse.

The Department coordinated with the Strong Families AZ - Arizona Home Visiting Program Alliance and the Arizona Department of Health Services to identify well-supported parent skill-based prevention programs currently provided to Arizona families with young children. The Department is a partner in child well-being and child abuse and neglect prevention, and a collaborator in the administration and funding of the Healthy Families program. The Department and its partners identified Healthy Families, Nurse-Family Partnership, and Parents as Teachers as well-supported evidence-based programs currently provided to families with young children to prevent abuse and neglect.

Stakeholder Engagement

In December 2019, the Department hosted an FFPSA Symposium with over 200 DCS partners, primarily service providers. The Department presented the results of the target population analysis and program review, and provided information on assessing fit and feasibility to prepare providers to respond to a Request for Information (RFI) issued in January 2020. Respondents to the RFI provided input into the parent skill-based programs that should be selected for implementation in Arizona, how those programs will prevent out-of-home care for children, potential program implementation difficulties, and the State's definition of a reasonable candidate for foster care. Twenty-two service provider partners responded to the RFI and this information was considered when selecting programs for inclusion in the DCS contracted service array.

In January 2020 the Department coordinated with the Arizona Council of Human Service Providers and the Coalition to End Sexual and Domestic Violence to host a dialogue about the intersection of domestic violence and child protection system involvement. This event brought together family serving agencies, domestic violence survivor advocates, and people with lived experience to learn about the service needs of children, victims, and perpetrators in families where domestic violence is occurring.

DCS executive leadership met with American Indian and African American community members in March 2020 to share information about FFPSA and request input about the needs of families at risk of involvement with the child protection system. These partners identified needs for concrete support, culturally adaptable services, and provision of services by members of the American Indian and African

American communities to foster trust and a helping alliance between providers and family members. To address these needs, the Department selected programs that can be adjusted to the family's culture and traditions while maintaining fidelity to program design, and actively encouraged agencies that primarily serve African American and American Indian communities to submit proposals for the Nurturing Parenting Program and Family Connections. In June 2021, DCS executive leadership met with African American families currently receiving in-home services from the Department to learn about the strengths and opportunities in existing programs and provider practice with African American families, so that program delivery, initial training, and ongoing provider coaching can be designed to develop the strengths and address the needs.

Target Population Analysis

The Department conducted administrative data analysis and case reviews to identify target populations by demographic characteristics and risk factors. This analysis found the following:

- Among families served through DCS in-home services, those with higher risk of a child entering out-of-home care have children ages birth to two years, three or more risk factors, or the combination of housing instability and alcohol abuse.

- At least 12% of reports to DCS allege a substance exposed newborn, and nearly 1 in 4 of these children enter foster care within one year of birth.

- The majority of abuse/neglect deaths occurred among infants less than 1 year of age (52%), followed by children ages 1-4 years (23%) (Arizona Child Fatality Review Program, 2022).

- Of children who exit out-of-home care to permanency, between 6% and 7% return to out-of-home care within 12 months of the prior exit, but more than 13% of infants who exit care at less than 3 months of age reenter care within the next 12 months.

- African American/Black children and Native American children are disproportionally represented among children in out-of-home care. In 2019, African American/Black children were 4.5% of Arizona's general population and 16.4% of Arizona's foster care population. Native American children were 4.5% of Arizona's population (on or off tribal lands) and 8.3% of Arizona's foster care population (non-tribal foster care only).

- African American/Black children and Native American children have disproportionate rates of death from abuse or neglect. In 2021, Black and American Indian children made up 27% and 9% of abuse/neglect deaths, respectively, and comprised 6% and 5% of the total child population (Arizona Child Fatality Review Program, 2022).

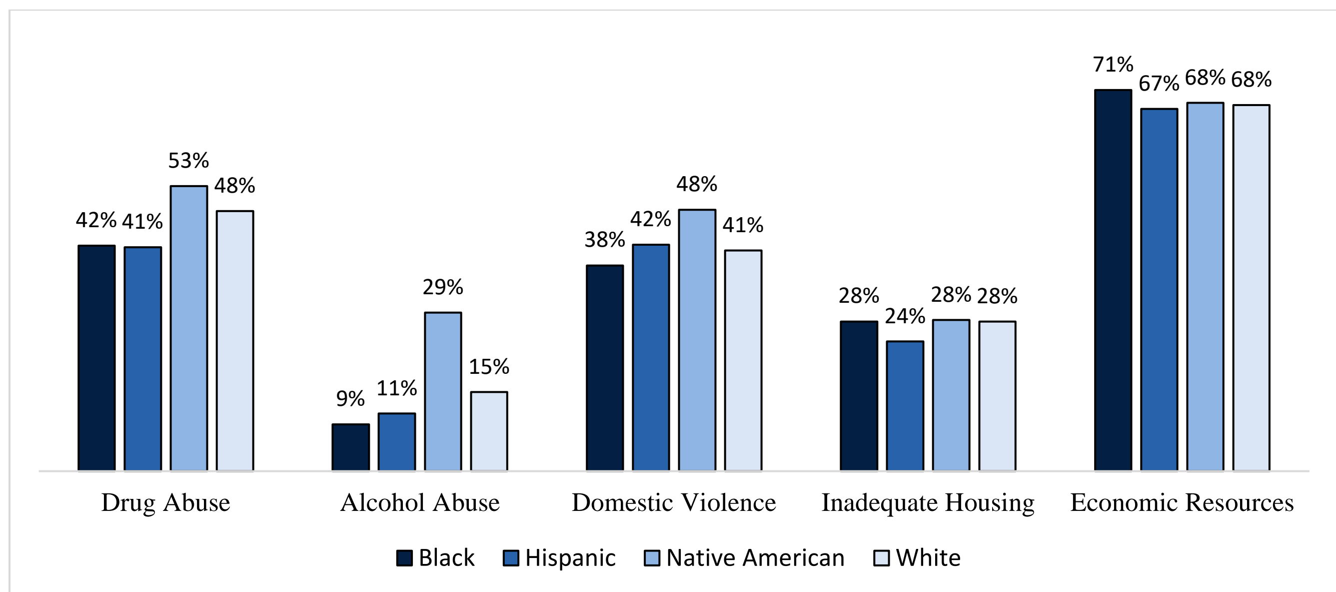
- Among families served through DCS in-home services, the protective capacities of *recognizes threats, controls impulses, meets own emotional needs, understands protective role, plans and articulates plans for protection,* and *sets aside own needs for child* were identified as diminished and requiring intervention in 25% or more of cases reviewed.

- Among those served through DCS in-home services, families had the most positive scores on the protective factors of *social supports* and *nurturing and attachment,* and the least positive scores on *family functioning/resiliency, concrete supports,* and *child development/knowledge of parenting*.

- Among families served through DCS in-home services, the most common risk factor (from those collected for the National Child Abuse and Neglect Data Set or NCANDS) was *economic resources*, which was present for 68% of families. *Drug abuse* and *domestic violence* were present in 45% and 41% of families, respectively. Figure 1 provides NCANDS risk factor data for families served in-home, by race and ethnicity.

- Similarly, of families reported to DCS, roughly one in three is experiencing drug abuse or domestic violence, and between 10% and 12% involve a substance exposed newborn.

Figure 1. NCANDS Risk Factors by Race and Ethnicity



Fit and Feasibility Analysis

With consideration of the target population analysis results, the Department reviewed hundreds of service programs to identify those with the best fit. Technical assistance was provided by a team arranged by the Capacity Building Center for States, including a program evaluator, a contract management expert, and a clinical psychologist from Chapin Hall at the University of Chicago. This examination included programs identified through: California Evidence-Based Clearinghouse, National Child Traumatic Stress Network, SAMSHA National Registry of Evidence-Based Programs and Practices, Blueprints, What Works in Social Policy, National Alliance on Mental Illness, American Psychological Association, American Association of Pediatrics, Promising Practices Network, Center for Family Intervention Science – Drexel University, Evidence-Based Practices for Treating Substance Use Disorders, Casey Family Programs – *Interventions with Special Relevance for FFPSA,* Corporation for National and Community Service –

Clearinghouse and Evidence Reviews for Social Benefit Programs, and the survey of interventions currently used in Arizona. This exhaustive list was filtered to thirty-one in-home parent skill-based programs that were determined to be relevant to Arizona's target population. Fit and feasibility considerations included:

- Alignment of program outcomes with the needs of Arizona's target populations
- Alignment with the Department's practice framework and practice models
- Ability to recruit qualified staff to deliver the program with fidelity
- Ability to develop Arizona-based training capacity
- Initial start-up and ongoing costs associated with materials, training, and equipment
- Ease of day-to-day operation
- Ease of program fidelity and outcome evaluation
- Evidence-base

Program Selection

Healthy Families, Parents as Teachers, and Nurse-Family Partnership were selected for inclusion in Arizona's *Prevention Programs and Services Five Year Plan* because they are well-supported evidence-based prevention serving families identified through the data analysis as most in need. These programs serve families with children age birth to five, including exposed newborns – populations with higher rate or DCS reports, removal to out-of-home care, reentry following permanency, and fatality from abuse and neglect. These programs are designed to strengthen families in areas of need identified by the Department through the protective capacities and protective factors analysis, such as increased parent knowledge of child development and parenting practices with young children, healthy parent-child interaction, access to essential resources, and connection to community and social supports.

In February 2020, Family Connections (FC) and Nurturing Parenting Program (NPP) were selected as parent skill-building programs for inclusion in the DCS contracted service array. These programs do not yet have an evidence rating of at least promising from the Title IV-E Prevention Services Clearinghouse, and therefore are not included in this *Prevention Programs and Services Five Year Plan*. These programs support the FFPSA and DCS goal to maintain children at home whenever safe to do so, and will be added to the *Prevention Programs and Services Five Year Plan* when the required rating is obtained. A rigorous evaluation of NPP that found evidence of effectiveness was submitted to the Title IV-E Prevention Services Clearinghouse in October 2022 and is expected to achieve a rating of Supported once reviewed.

FC and NPP were selected for the following reasons:

- Both are designed to address the needs of Arizona's FFPSA target populations. These services can be delivered to families with children age birth through eighteen, and families with multiple needs. Family Connections includes a key element of assessment and intervention to address concrete needs, and NPP develops parental empathy and strengthens healthy family roles, which were areas of focus identified through the data analysis.

- Both can be individualized to family and culture while maintaining fidelity of delivery. Family Connections uses standardized assessment instruments to select change-focused interventions and

develop a service plan driven by the family's input about their problems and the best way to support change. Nurturing Parenting Program provides a core model known as Nurturing Skills for Families, with specialty workbooks and supplemental lessons for families in substance abuse treatment and recovery, fathers, African American/Black families, Native American families, and families with parents who identify as LGBTQ.

- Both programs align with the Department's values, practice principles, and existing practice models. Both programs use compassion, empathy, respect, and problem-solving skills to engage families. Both programs are designed to strengthen family protective factors and parent protective capacities, which are key elements of Arizona's safety and risk assessment models.

- The programs have strong program-specific training and supervision components for staff development.

- Fidelity and outcome monitoring are supported by the clarity of program design, standardized curriculum and lessons in NPP, standardized assessment instruments used in Family Connections and NPP to measure change over time, and support from the program developers to design fidelity processes and train the DCS Fidelity and Compliance Services staff.

- Both programs have a long history of successful implementation and effectiveness in other jurisdictions, and have been delivered to families involved with Arizona DCS through a contract with the Department since July 2021.

SECTION 3. Program Descriptions, Expected Outcomes, and Evidence-Base

Section 471(e)(5)(B)(iii)(I) requires states to include in their title IV-E prevention program five-year plan information on specific promising, supported, or well-supported practices the state plans to use that align with the allowable categories of in-home parent skill-based training, substance use prevention and treatment, and mental health prevention and treatment. Section 471(e)(5)(B)(i) requires states to include in their title IV-E prevention program five-year plan information on how providing each program or service is expected to improve specific outcomes for children and families. Section 471(e)(5)(B)(i) requires the plan to describe the target population for each program and service included in their title IV-E prevention program five-year plan.

Healthy Families America	
Service Category	In-home parent skill-based programs and services
Level of Evidence	Well-supported (Home | Title IV-E Prevention Services Clearinghouse (hhs.gov))
Program Version and Manual	Website: Healthy Families America Healthy Families America. (2022) Best practice standards 8th Edition. Prevent Child Abuse America. Healthy Families America. (2022). Multi-site System Central Administration Standards. Prevent Child Abuse America.

Service Description	Healthy Families America (HFA) is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. HFA is a nationally accredited program that was developed by Prevent Child Abuse America. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. Services include: links to community resources, health care, childcare, and housing; help to obtain education and employment; teaching and support of positive parent-child interaction; developmental screenings and resource referrals for children with developmental delays; emotional support and encouragement (https://strongfamiliesaz.com). For the first six months after birth, families are offered at least one in-home visit per week, approximately an hour in duration. After six months, families may move to less frequent visits (bi-weekly and then monthly). Movement to less frequent visits depends on the needs and progress of the family and in times of crisis, visit frequency can increase (Title IV-E Prevention Services Clearinghouse, Program/Service Webpage Updated December 2020).
Arizona Target Population	Healthy Families Arizona serves pregnant women and parents of newborns who face challenges that might be an obstacle to successful parenting. For families who are not involved with DCS, the infants must be under three months of age at enrollment. For children involved with DCS, the child must be under age two at enrollment. The program can continue until the child's fifth birthday. Arizona's target population under the Arizona Title IV-E Prevention Program is limited to pregnant and parenting youth in foster care and families after the birth of the child. HFAz serves families of children who have increased risk for maltreatment or other adverse childhood experiences, including low-income families, single parent households, or families who have experienced substance use, mental health issues, or domestic violence. Of families served in Arizona in the twelve months ending September 2021, the median household income is less than half of that for Arizona as a whole, 70% were single mothers, and 24% had a positive screening for depression. Service need and eligibility is determined through the Family Resilience and Opportunities for Growth (FROG) assessment, which assesses the family in 15 subtopics organized around the 5 Protective Factors. A score of 10 or higher on the 60-point FROG scale indicates risk of abuse or neglect and program eligibility.
Implementation Plan	Healthy Families is currently available in all Arizona counties. Services will be delivered through the existing provider network. HFAz will be implemented in accordance with the standards published by Prevent Child Abuse America and to HFA accreditation standards.
Program Goals and Expected Outcomes	The HFAz goals are: • Enhance positive parent/child interaction • Improve parenting skills and abilities and sense of confidence • Promote the parent's healthy functioning

	The HFAz expected outcomes are: • Families do not have a DCS report of abuse and neglect during or after program participation • Families do not have a child enter out-of-home care during or after program participation Program effects are measured using the Healthy Families Parenting Inventory (HFPI). The HFPI is a 63-item instrument that measures family outcomes across nine domains: social support, problem-solving/coping, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, and parenting efficacy.
Evidence of Effectiveness with Arizona's Target Population	Arizona's target population is the population for which HFA was designed and found to have favorable outcomes. HFA was rated "well-supported" by the Prevention Services Clearinghouse based on the review of twenty-three eligible studies indicating favorable effects on child safety and child and adult well-being outcomes. The Prevention Services Clearinghouse found evidence of effectiveness in the following areas: • Child safety – Reduced self-report of maltreatment. Participation in HFA has resulted in an increase to child safety due to a reduction in neglectful parenting behaviors, frequency of minor physical aggression, psychological aggression and frequency of severe and very severe physical abuse (Duggan, 2004; Mitchell-Herzfeld, 2005). • Child well-being – Improved behavioral and emotional functioning. HFA has been shown to improve behavioral and emotional functioning by reducing both internalizing and externalizing behaviors (Caldera, 2007). • Child well-being – Improved cognitive functions and abilities. HFA has proven efficacy in its ability to improve child cognitive functions and abilities as exhibited by an increase in scores on an infant mental health development index (Caldera, 2007). • Child well-being – Reduced delinquent behavior. One study suggested that HFA results in reduced delinquent behavior, measured by a reduction in children skipping school (DuMont, 2010). • Child well-being – Improved educational achievement and attainment. HFA has been shown to result in improved educational achievement and attainment, specifically measured by the learning children retain in 1st grade (Kirkland, 2012). • Adult well-being – Improved positive parenting practices HFA has proven outcomes related to improved positive parenting practices evidenced by observations of parents guiding their children through various tasks (DuMont, 2008). • Adult well-being – Improved parent/caregiver mental or emotional health. Participation in HFA has resulted in improved parental mental health and decreased stress (Duggan, 2004; Duggan, 2007; McFarlane, 2013). • Adult well-being – Improved family functioning. HFA has demonstrated positive outcomes in family functioning and reductions in domestic violence (Bair-Merritt, 2010). • Adult well-being – Participation in HFA has resulted in improved parental mental health and decreased stress (Duggan, 2004; Duggan, 2007; McFarlane, 2013). Research indicates that HFA is an effective intervention for families from diverse backgrounds. One study demonstrated that HFA is effective in reducing adverse birth

	outcomes for socially disadvantaged pregnant women; two thirds of those participants were Black or Hispanic women (Lee, 2009). Furthermore, another study found that pregnant American Indian adolescents who received HFA had significantly better outcomes including higher parent knowledge scores and maternal involvement scores as compared to mothers in the control group (Barlow, 2006).[1] Families that participate through the expanded child welfare HFA enrollment would be expected to also experience favorable outcomes as the program is designed to strengthen families during the first five years of a child's life. The California Evidence-Based Clearinghouse for Child Welfare (CEBC) lists HFA as a program for parents and caregivers of children up to age 5 (CEBC, 2023). Arizona would follow the direction of HFA regarding expansion to 24 months for enrollment, per the HFA's official adaptation protocol for the field of child welfare. According to HFA, "Consistent with HFA requirements, support services will be offered for a minimum of three years, regardless of the age of the child at intake, and as a model originally designed to support families with children through age 5; this allows sites to enroll families referred by child welfare up to age 24 months." (See https://www.healthyfamiliesamerica.org/protocols-child-welfare/). The expansion of enrollment to 24 months also allows for a full dosage (three years) of HFA treatment to families involved in child welfare. This would maximize eligibility of Arizona families while remaining in compliance with the standards set by HFA.

Parents as Teachers	
Service Category	In-home parent skill-based programs and services
Level of Evidence	Well-supported (Title IV-E Prevention Services Clearinghouse)
Program Version and Manual	Website: https://parentsasteachers.org/ Parents as Teachers 2020 Essential Requirements and Quality Standards Parents as Teachers National Center, Inc. (2016). Foundational curriculum. Parents as Teachers National Center, Inc. (2014). Foundational 2 curriculum: 3 years through kindergarten.
Service Description	Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. Families can begin the program prenatally and continue until their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, child care centers, or other community spaces. Many PAT programs target families in possible high-risk environments such as teen parents, low income, parental low educational attainment, history of substance abuse in the family, and chronic health conditions. (Title IV-E Prevention Services Clearinghouse, Program/Service Webpage Updated December 2020)

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Arizona Target Population	Arizona's PAT affiliates provide services for pregnant women and families with children through age four at enrollment and risk factors such as teen parents, low income, parental low educational attainment, history of substance abuse, and chronic health conditions. The program can continue until the child's fifth birthday. Arizona's target population under the Arizona Title IV-E Prevention Program is limited to pregnant and parenting youth in foster care and families after the birth of the child.
Implementation Plan	Parents as Teachers is implemented through contracts between state agencies and the local implementing agencies (LIA). LIAs are local governments, non-profit organizations and/or school districts. Referrals for the program are received through partnerships within the community. These partnerships may include a coordinated referral partner; medical providers; preschool and elementary school administrators; child and family resource centers; local libraries; WIC; birthing hospitals; and other community partners that provide services and resources to children and families. Eligible participants can also enroll in services by self-referral. PAT Affiliated sites implement the program per the Parents as Teachers National Center program fidelity guidelines. Contracted sites are required to demonstrate proof of affiliation.
Program Goals and Expected Outcomes	The PAT goals are: • Increase parent knowledge of early childhood development and improve parenting practices • Increase children's school readiness and success • Provide early detection of developmental delays and health issues The PAT expected outcomes are: • Families do not have a DCS report of abuse and neglect during or after program participation • Families do not have a child enter out-of-home care during or after program participation
Evidence of Effectiveness with Arizona's Target Population	Arizona's target population will be the same population for which the program is designed and found to have favorable outcomes. PAT was rated "well-supported" by the Prevention Services Clearinghouse based on the review of six eligible studies indicating favorable effects on child safety and child and adult well-being outcomes. The Prevention Services Clearinghouse identified the following favorable outcomes: • Child safety – Reduced child welfare administrative reports. One study demonstrated that participation in PAT has been shown to include child safety by reducing the occurrence of substantiated incidents of abuse and neglect. Specifically, there was a 22% decreased likelihood of substantiated cases of child maltreatment as reported by CPS for PAT families compared to non-PAT families (Chaiyachati, 2018). • Child well-being – Improved social functioning. PAT demonstrates favorable and statistically significant improvements on child social functioning including

	children scoring at or above their chronological age on the Self-Help Developmental Scale (Wagner, 1999). • Child well-being – Improved cognitive functioning and abilities. Two studies demonstrate that PAT improves child cognitive functions and abilities, specifically in regard to expressive language and general cognitive development (Neuhauser, 2018; Wagner, 1999). PAT has demonstrated positive outcomes across the United States and in other countries. PAT was designed to be delivered to a diverse population of families, demonstrating efficacy with predominantly Latina mothers (Wagner, 1999) as well as African American mothers (Wagner, 2002).[2]

Nurse-Family Partnership	
Service Category	In-home parent skill-based programs and services
Level of Evidence	Well-supported (Title IV-E Prevention Services Clearinghouse)
Service Description	Nurse Family Partnership (NFP) is a home-visiting program that is implemented by trained registered nurses. NFP serves young, first-time, low-income mothers (adolescents and adults) beginning early in their pregnancy until the child turns two. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60 -75 minutes each in the home or a location of the mother's choosing, and may be augmented by virtual encounters. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as-needed basis. (Title IV-E Prevention Services Clearinghouse, Program/Service Webpage Updated December 2020)
Program Version and Manual	Nurse Family Partnership. (2020). *Visit-to-visit guidelines.*
Arizona Target Population	The Arizona NFP program enrolls prenatal first-time mothers less than 28 weeks pregnant, and provides services until the child is age two. In Arizona, this program provides prevention services to families with no DCS involvement; and pregnant and parenting mothers in out-of-home care, including young adults in extended foster care. Arizona's target population under the Arizona Title IV-E Prevention Program is limited to pregnant and parenting youth in foster care and families after the birth of the child.
Plan to Implement	NFP is currently available in Maricopa and Pima Counties, which include the cities of Phoenix and Tucson. Services will be delivered through the existing provider network. NFP will be implemented as described by the program developers in the Visit-to-visit guidelines.

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Program Goals and Expected Outcomes	The NFP goals are: • Improved maternal health • Improved child health • Improved child behavioral health and intellectual development The NFP expected outcomes are: • Families do not have a DCS report of abuse and neglect during or after program participation • Families do not have a child enter out-of-home care during or after program participation
Evidence of Effectiveness with Arizona's Target Population	Arizona's target population will be the same population for which the program is designed and found to have favorable outcomes. NFP was rated "well-supported" by the Prevention Services Clearinghouse based on the review of 10 eligible studies indicating favorable effects on child safety and child and adult well-being outcomes. Favorable outcomes were identified in the following areas: • Child safety – Reduced child welfare administrative reports. One study demonstrated that NFP reduced the likelihood of CPS reports (Mejdoubi, 2015). • Child well-being – Improved cognitive functions and abilities. A number of studies demonstrated that NFP resulted in enhanced child cognitive functions and abilities, specifically regarding improved visual attention and reduced language development concerns (Kitzman, 1997; Robling, 2016: Thorland, 2017). • Child well-being – Improved physical development and health. A number of studies demonstrated that NFP resulted in enhanced child physical development and health including reduced yeast infections, fewer pre-term and early term births, and fewer instances of very low birth weight (Kitzman, 1997; Robling, 2016; & Thorland, 2017). • Adult well-being – Improved economic and housing stability. At least one study demonstrated that participation in NFP increased economic stability, specifically increasing the likelihood of a caregiver employment after birth (Olds, 2022). While NFP was initially evaluated with predominantly white females, subsequent evaluations demonstrated positive outcomes for children from diverse backgrounds, specifically African American families (Kitzman, 1997) and Latino and Spanish-speaking families (Olds, 2002).[3]

SECTION 4. Prevention Service Workforce Support, Training, and Caseloads

Sections 471(e)(5)(B)(vii) and 471(e)(5)(B)(iii) require states to include in their title IV-E prevention program five-year plan information regarding assurance that staff are qualified to develop appropriate prevention plans and conduct risk assessments. Section 471(e)(5)(B)(viii) requires states to include in their title IV-E prevention program five-year plan information regarding assurance that the state agency provides training and support for caseworkers in overseeing and evaluate the continuing appropriateness of services. Section 417(e)(5)(B)(X) requires states to include in their title IV-E PPP information

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regarding how caseload size and type for prevention caseworkers will be determined, managed, and overseen.

All programs in Arizona's *Prevention Programs and Services Five Year Plan* will be delivered and overseen by the program agencies, whether or not the family has an open case with DCS. Training and supervision to support a qualified, competent, skilled, and professional workforce to deliver trauma-informed and evidence-based services consistent with the selected models will be provided to all prevention program staff according to the requirements of the program model being delivered. Each home visiting program defines staff qualifications and training requirements as described below. Staff are trained on the program-specific requirements for family initial and continuing strengths and risk assessment, development of service plans, service delivery, and determination of the need for continued services. Staff qualifications, training, and supervision standards are set by the program developers to ensure that the provided services are consistent with the practice models, the evidence-based programs are delivered with fidelity, and that the program staff are qualified to conduct risk assessments and develop appropriate prevention plans.

The Department will employ designated FFPSA oversight staff who will verify that each service provider is accredited or affiliated with the program's national organization, as confirmation that the provider is meeting staff qualification, training, and caseload requirements. Training curriculum specific to the title IV-E prevention program will be provided by the Department to each agency for use with their staff. The Department's FFPSA oversight staff will provide training directly to the prevention program workforce or through a train-the-trainer model. The training curriculum will include the purpose of FFPSA, eligibility criteria, and development of prevention plans. All prevention program staff will also be required to complete mandated reporter training.

The Department's FFPSA oversight staff will be responsible for reviewing prevention plans for any red flags that may signify further follow up is required, which may include a report to the DCS hotline.

Healthy Families America	
Staff Qualifications	Healthy Families Critical Element #9: Service providers should be selected because of their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job. The HFAz scope of work requires the following qualifications: Supervisors – Master's degree in Human Services or related field, or Bachelor's degree with three years of relevant experience working with children and families, understanding of an experience with supervision staff, knowledge of infant child development, experience providing services to culturally diverse populations, and a background of providing home visiting services. Family Assessment Worker and Family Support Specialist – Direct service staff shall have a minimum of a high school diploma with college coursework preferred, an ability to establish trusting relationships and work with a culturally diverse population, and knowledge of infant and child development.
Initial Training	Healthy Families Critical Element #10: Service providers receive intensive training specific to their role to understand the essential components of the family assessment process, home visitation and supervision. The HFAz scope of work requires the following:

	All staff must receive role specific training within six months of hire. Role specific training is provided by certified trainers and is monitored and scheduled by HFAz Central Administration. Family Support Specialists must receive Integrated Strategies for the Home Visiting core training within six months of hire, and Family Assessment Workers must receive Parent Survey for Community Outreach training within six months of hire. All HFAz Program Managers are required to attend Healthy Families America Implementation training as required by HFA.
Ongoing Training	Critical Element #11: Service providers shall have framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse and/or domestic violence issues, drug-exposed infants and services in the community. Required training within three months of hire: Infant Care, Child Health and Safety, and Maternal and Family Health Required training within six months of hire: Infant and Child Development, Supporting the Parent-Child Relationship, Staff Related Issues Mental Health, and ASQ-3/ASQ-SE. Required training within twelve months of hire: Child abuse and neglect, Family Violence, Substance Abuse, Family Issues, and Role of culture in Parenting.
Supervision	Healthy Families Critical Element #12: Service providers receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families. The HFAz scope of work requires the following: Sites shall ensure that all direct service staff members receive quality weekly supervision which should be one hour and thirty minutes to two hours in duration. Supervision should encompass administrative, clinical, and reflective supervision techniques. Sites shall ensure that Supervisors are held accountable for the quality of their work, receive skill development and professional support through regular and ongoing supervision. Supervisors shall receive, at minimum, one monthly individual supervision. Supervision shall be completed and documented by the Program Manager.
Training Delivery Plan	All trainings are provided either internally by the contractor or by utilizing the trainings created and provided online by Healthy Families America.
Caseload	The caseload size for HFAz is calculated on a point system determined by the number of families being served on each level. A home visitor cannot carry more than 30 points or 25 families. A Family Support Specialists (FSS) working full-time (40 hours/ week) in their first and second year will typically have a caseload range of approximately 10-12 families. Full-time Family Support Specialists in the role for three years or more have a caseload range of approximately 15-20 families. Sites will reduce caseload size for FSS

	that work less than full-time. The number of families assigned will vary depending on the level of service for each family. Supervisors may use discretion to assign higher case weight points (adding .5-1 point) on a permanent basis for families with ongoing circumstances that need extra time from the FSS to plan for and/or conduct regular visits. The point system is as follows: **Level 1 (2 points):** Families receive weekly home visits. **Level 2 (1 point):** Families receive home visits every other week. **Level 3 (.5 point):** Families receive one home visit per month and a telephone call or written correspondence between monthly home visits. **Level 4 (.25 point):** Families receive a home visit every three months and a telephone call or written correspondence between quarterly home visits. **Prenatal Family Levels (2 points):** Families that are enrolled in the first or second trimester may be moved to semi-monthly visits (Level 2P) after the first month based upon identified needs and discussion between the FSS and Supervisor. Parents in the third trimester receive weekly home visits. At the birth of the baby, families will then be placed on Level 1 on the first of the month following the birth of the baby. **SS – Special Services (1 additional point):** Families on Level 1, 2, or 3 may receive additional case weight (1 additional point) for special services or temporary crisis for up to 3 months at a time. Reasons for placing a family on Level SS may include intensive case management, multiple births or second target child, special needs child(ren), or unexpected crisis. The continued monitoring of caseloads occurs by supervisors to ensure that each FSS is working at full capacity. Criteria for caseload assignment and reduction may include experience and skill level of the FSS, nature of the problems encountered with the families, time required to serve each family, number of families that involve more intensive intervention, translation needs, travel time required, balancing current staff capacity, etc.
Trauma-informed Service Delivery	HFA uses a trauma-informed approach, including awareness of the impact that trauma has had on the lives of families, an awareness of behaviors and responses that might trigger re-traumatization, and an openness to understanding how current behaviors are often adaptation to past abuses. Foundations training for all direct service staff, supervisors, and program managers includes the topic of trauma-informed practice (*HFA Best Practice Standards*, Prevent Child Abuse America).

Parents as Teachers	
Staff Qualifications	The minimum qualifications for parent educators are a high school diploma or equivalency and two years' previous supervised work experience with young children and/or parents. Local Implementing Agencies are allowed to require additional qualifications.
Initial Training	All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend both Foundational and Model Implementation Trainings.

	Full-time first year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their second year and beyond complete no more than 60 visits per month.
Ongoing Training	Parent educators obtain competency-based professional development and training and renew certification with the national office annually.
Training Delivery Plan	Training delivery is offered in person and virtually, depending on location and safety of community spread of illnesses such as COVID-19.
Caseload	PAT does not define caseload size, but has an Essential Requirement on maximum visits per month for each parent educator, based on the parent educator's experience. The maximum number of visits per month that a full-time parent educator can complete is 48 in their first year and 60 in the second year and beyond. On average, a caseload size for a full-time educator is 20 families with a visit frequency of twice per month. The PAT affiliate decides if a parent educator should carry fewer or more families depending on factors such as additional responsibilities of the parent educator, visit frequency, travel time, family stressors, and number of children in the family. The caseloads are adjusted based on the number of hours a parent educator works within a given week and the hours required for all the activities that need to be completed for their caseload. The supervisors are responsible for ensuring that parent educators have enough time to complete necessary tasks and adjust caseloads to allow for gaps between planned activities in order to reduce burn-out.
Trauma-informed Service Delivery	Components of trauma informed care are embedded in the home visiting model and are introduced in the PAT core training that all parent educators and supervisors must complete. Parent educators recognize the trauma that children and families experience and respond appropriately to improve outcomes using curricula resources and the PAT approach of partnering, facilitating & reflecting. Use of reflective practices, activating the theory of empowerment, along with a strengths-based approach enables those working with families to consider the families' lived experiences as they partner with the whole family in mind. PAT encourages all staff to have specialized training and support to serve, engage, and retain families with histories of adversity and trauma exposure. In addition to the individualized training, professionals are encouraged to develop trauma informed collaborative relationships with other professionals involved with the family. Collectively, providers maximize opportunities for the families to recover from the trauma in a way that protects their psychological and physical safety.

Nurse-Family Partnership	
Staff Qualifications	NFP is typically delivered by registered nurses with a bachelor's degree or higher.
Initial Training	Nurse-Family Partnership's model-specific curriculum for nurses and supervisors consists of three components, the first of which is required prior to enrolling and serving clients. Initial Required Education includes three units: Introduction to NFP, NRP Nursing Practice (Unit 2), and Deepening NFP Nursing Practice (Unit 3). Unit 3 is completed within six months of completing Unit 2.
Ongoing Training	The second training component is Advanced Required Education, completed from 6 to 24 months after completing Unit 2 of Initial Required Education. Building Mastery Education

	is optional and delivered “just-in-time,” so the actual delivery timeframe varies by the practitioner’s needs.
Training Delivery Plan	Training is delivered through the Nurse-Family Partnership National Service Office via in-person and online learning.
Caseload	Nurses with more than 1-year tenure serve 25 to 30 clients. Nurses with 1-year or less tenure have an incremental increase in caseload with up to 25 clients. In the event the provider agency has lower than expected caseloads, the national manager of nursing practice assigned to the state works with the agency to identify root causes of contributors to low caseload, develops a corrective action plan and caseload milestone goals.
Trauma-informed Service Delivery	Nurse-Family Partnership nurses receive education to incorporate trauma and violence informed care approaches into their interactions with clients and team members. This includes approaching all interactions through a trauma and violence informed care lens of ensuring physical and emotional safety, trustworthiness, and collaboration in all interactions, along with always offering choice and following the client’s lead. In addition, NFP nurses apply the four R’s of trauma and violence informed care including realizing that trauma affects many individuals and groups, recognizing the signs of trauma, and responding appropriately without retraumatizing.

Strong Families AZ, Arizona’s Home Visiting Alliance, provides additional training and professional development opportunities for home visitors throughout the state, regardless of program and funder. These trainings are available for home visitors in the Healthy Families, Parents as Teachers, and Nurse Family Partnership programs. The trainings are offered as computer-based training, live stream webinar and interactive virtual training, and in-person trainings and conferences. The training opportunities provided by Strong Families AZ build on program training requirements. Topics include adverse childhood incidences; intimate partner violence; perinatal mood disorders; safe sleep; substance use disorders and other topics relevant to their role as home visitors. All trainings provided by Strong Families AZ are free to home visitors.

SECTION 5. Eligibility for the Title IV-E Prevention Program

Section 471(e)(1) requires states to include in their title IV-E prevention program five-year plan information regarding how the IV-E agency will assess children and their parents or kin caregivers to determine eligibility for title IV-E prevention services.

DCS will be responsible for the final IV-E prevention eligibility determination for families. DCS will require that providers submit all applicable information necessary for the Department to make an eligibility determination. Submitted information must include results of the program’s family assessment that determines the family’s eligibility for the program or level of need. For Healthy Families, this is the Family Resilience and Opportunities for Growth (FROG) assessment. For Nurse Family Partnership, this is the Strengths and Risks (STAR) Framework. For Parents as Teachers, this is the family assessment developed

from numerous scales related to individual and family functioning. For more information about each program's assessment protocol, see SECTION 9. Monitoring Child Safety.

In alignment with the Department's current practice, dedicated staff with direct service experience will review the submitted child specific prevention plans and all related information to make the final determination of eligibility of reasonable candidacy. DCS will require service providers to meet all requirements of IV-E prevention planning before determining that a child and family are eligible for IV-E prevention fund claiming. If service enrollment and provision begin before the child is born, DCS will use the latter of the service/prevention plan start date or the date of birth as the start date for service eligibility and claiming. Services may be provided to a family prior to the FFPSA eligibility determination (for example, when a home visiting program enrolls a pregnant woman), but reimbursement claims will only be made for services provided on or after the eligibility determination date.

If the family remains engaged and in need of services in order to reduce the risk of removal after 12 months from the date the first service/prevention plan is completed (and after the child has been born), DCS will communicate with the service provider to ensure that services, eligibility, and claiming continue as appropriate. If the child is still deemed to be a foster care candidate at the end of the child's 12-month prevention plan, the service provider with create and submit a new child-specific prevention plan in order to continue to provide prevention services with the goal of keeping the child safely in the home and preventing entry into foster care. DCS will terminate the initial plan and re-evaluate eligibility based on the new child-specific prevention plan and other information necessary for eligibility determination. The service provider will continually assess risk and child safety and make a report to the DCS Hotline if indicating, following Arizona's mandated reporter statute.

For each child receiving prevention services described in the *Prevention Programs and Services Five Year Plan*, the Department shall determine if the child is a reasonable candidate for foster care. For these children, a child is a reasonable candidate for foster care when the child and family is eligible for a program names in the Department's current approved *Prevention Programs and Services Five Year Plan* and does not have a DCS case open for services. The determination that a child is a reasonable candidate will be made by the Department based on information provided to the Department by the agency or provider delivering services to the family.

Families eligible for the Home Visiting programs in Arizona's *Prevention Programs and Services Five Year Plan* include families with:

- children age birth to five and eligible for enrollment in Healthy Families Arizona, Nurse-Family Partnership, or Parents as Teachers;
- substance exposed newborns; and
- pregnant or parenting youth or young adults in foster care or extended foster care.

SECTION 6. Consultation and Coordination with other Child and Family-Serving Agencies

Sections 471(e)(5)(B)(iv) and 471(e)(5)(B)(vi) require states to include in their title IV-E prevention program five-year plan information regarding how the state plans to engage in consultation with other agencies providing services to children and families.

Consultation in the selection of services and programs has occurred as described in Section 2 of this *Prevention Programs and Services Five Year Plan.*

Ongoing coordination with other child and family serving agencies occurs in the following ways:

- The Interagency Leadership Team (IALT) – This team is a collaboration between the Department of Child Safety, Department of Health Services, First Things First, Arizona Early Intervention Program (AzEIP), and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) Prevention Program. The IALT meets every other month, with subcommittees meeting more frequently to focus on topics such as mental health consultation, data management, and professional development. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. The IALT Statewide Data Management Workgroup analyzes data on visitation rates by county, program and zip codes to determine the overall reach and impact of the home visiting programs, including impact in underserved communities where DCS intervention is higher. The team has discussed utilizing that data and collaborating with Family Resource Centers and families with lived experience to educate others on the importance and success of home visiting programs. Home visiting programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership are also discussed and coordinated during IALT meetings, with a goal of reducing or preventing child maltreatment.

- The Arizona Council of Human Service Providers Child Welfare Committee – The Arizona Council of Human Service Providers is a 501(c)6 membership association that represents organizations throughout Arizona that provide behavioral health, substance use disorder, whole person integrated care, child welfare, and juvenile justice services. The Arizona Council is comprised of over 100 member-agencies across all 15 counties who employ over 30,000 staff, operate over 900 facilities, and serve more than one million children, adults, and families annually. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care licensing, counseling, parent aide and supervised visitation, family presentation and reunification services, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on current issues and initiatives. During SFY 2021, Arizona Council staff and members worked with DCS staff on foster care and group home licensing rules, report consolidation, legislative policy agendas, therapeutic foster care modifications, and updates to the Department's safety assessment model. In 2021 DCS, Arizona Council staff, and committee members collaborated on the design and implementation of evidence-informed parent skills training programs for families served by

DCS. In 2022 DCS, Arizona Council staff, and committee members are collaborating on the design of parenting time supervision services for families with children in DCS care.

The Department's Child and Family Services Five Year Plan (CFSP), Annual Progress and Services Review (APSR), and Annual Community-Based Child Abuse Prevention (CBCAP) grant report provide descriptions of the Department's vision, mission, practice principles, and approach to preventing child abuse and neglect and entry into out-of-home care. This *Prevention Programs and Services Five Year Plan* will expand access to early childhood home visiting programs that are currently available in Arizona and described in Arizona's CFSP, APSR or CBCAP plan. These home visiting programs will support the most at risk populations and goals identified in the IV-B plan, including children age zero to five and prevention of repeat maltreatment and entry or re-entry into foster care. Prevention service data gathered through continuous monitoring activities and for submission to the federal Department of Health and Human Services will be shared with stakeholders during consultation for the development of the CFSP so that there is coordinated service array planning that considers both funding sources and any overlapping target populations, eligibility criteria, and geographic coverage to avoid redundancies and increase access for all eligible families.

SECTION 7. Program Evaluation

Program evaluation waiver requests for well-supported programs

Section 471(e)(5)(C)(ii) requires that states requesting a waiver of well-designed, rigorous evaluation of services and programs for well-supported practice must provide evidence of effectiveness of the practice to be compelling.

The Arizona Department of Child Safety is requesting the evaluation requirement be waived for Healthy Families America, Parents as Teachers, and Nurse-Family Partnership.

The Title IV-E Prevention Services Clearinghouse rated Healthy Families America, Parents as Teachers, and Nurse-Family Partnership as well-supported because at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome (Title IV-E Prevention Services Clearinghouse, Program/Service Webpage Updated December 2020).

See Section 3 for more information about evaluations demonstrating effectiveness with Arizona's target populations for the three selected programs.

SECTION 8. Fidelity Monitoring and Continuous Improvement

Section 471(e)(5)(B)(iii)(II) requires states to include in their title IV-E prevention program five-year plan information regarding how programs and services will be continuously monitored to ensure fidelity to the practice model, to determine outcomes achieved, and how information learned from the monitoring will be used to refine and improve practices.

Fidelity monitoring and continuous improvement of service delivery for all three programs is conducted through the accreditation or affiliation process required by the program's national organization – Healthy Families America, Parents as Teachers National Center, and National Service Office for Nurse Family Partnership. Each program's fidelity and continuous improvement process is summarized below.

Healthy Families Arizona is accredited by Healthy Families America as a multi-site statewide program and is overseen by HFA and Arizona's Healthy Families Central Administration to ensure model fidelity and maintain national accreditation by Healthy Families America©. HFA accreditation occurs on a cycle. Arizona will be re-accredited in 2022.

The HFAz Central Administration is housed within the Department of Child Safety and follows the HFA Standards for Multi-Site Central Administration. Each program site receives a comprehensive quality assurance site visit annually to ensure implementation of the HFA National Best Practice Standards. Review of the program's data system to confirm data is being entered on time and accurately also occurs periodically. The following activities may take place during a quality assurance/technical assistance site visit:

- Review of the Family Assessment Worker (FAW) documentation, the scoring accuracy, and the use of required HFAz forms (Critical Element 2)
- Review of the FAW screen, assessment, and acceptance rates
- Observation of the FAW completing a Parent Survey (Critical Elements 2 and 12), when possible
- Review of participant files or other reports to determine that all required paperwork is complete and up-to- date; program assessments are utilized in planning home visits; home visitation and family retention rates are being monitored and addressed; developmental screens and all program tools are reviewed for scoring accuracy and appropriate follow-up; families and home visitors collaborate in setting goals, identifying strengths, determining needs; information and support is being provided regarding child development and the parent-child interaction; immunizations are complete and the child has an identified medical provider; referrals are being provided with appropriate follow-up; noted contract requirements are fulfilled (all critical elements); and home visit notes are thorough and reflect the appropriate activities of a home visit
- Observation of a supervisory session, documentation and feedback
- Review of training logs for orientation, core, and three-month, six-month and twelve-month requirements for each staff member
- Review of annual training and cultural competency training.
- Review of hospital collaborations
- Review of staff adherence to contractual requirements, including fingerprint/background checks, reference checks, confidentiality statements, completion of policy and procedure review

Continuous improvement occurs at the site and program levels. A work plan and follow-up are required of the program providers when any best practice standard is determined to be out of adherence following a site visit. The Healthy Families Advisory Board reviews the annual evaluation and site visit results and identifies activities to support program fidelity and outcome improvement.

According to the Healthy Families Arizona Annual Evaluation Report FFY 2021, HFAz served 4,090 families during FFY 2021. Outcomes in the areas of child abuse and neglect, substance abuse, child

development and child safety are measured. The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on the following subscales at 12 months of participation: Home Environment, Mobilizing Resources, Personal Care, and Problem Solving. Overall families receiving Healthy Families services saw reductions in risk factors related to child abuse and neglect.

Parents as Teachers is delivered by Local Implementing Agencies that must demonstrate they have received affiliation from the Parents as Teachers National Center, thereby ensuring that the program is implemented to fidelity. Affiliates are expected to deliver PAT to fidelity, and PAT utilizes an annual Affiliate Performance Report to oversee implementation at Affiliate sites. Parents as Teachers describes the affiliation process as follows: In order to become a Parents as Teachers affiliate, an organization must be designed to meet the Parents as Teachers model fidelity requirements called Essential Requirements. These 21 requirements cover affiliate leadership, staffing, services to families, and evaluation.

The Essential Requirements include collecting and using outcome data. All affiliates must select one tool that measures at least one of five key parenting outcomes that include parenting behaviors, parent knowledge of children development, parent-child interaction, physical home environment and parental/family involvement. The best practice tools identified for parenting outcomes include Healthy Families Parenting Inventory (HFPI), Keys to Interactive Parenting Scale (KIPS) and Parenting Interaction with Children: Checklist of Observations Linked to Outcomes (PICCOLO). An additional outcome measure from the areas of parent and family health or well-being, child development and child health or well-being must also be chosen. These outcome assessments are used to show results of the program.

Local Implementing Agencies receive and maintain affiliation by participating in site reviews and providing required data for national model developer review. Providers that meet at least 75% of PAT Quality Standards are recognized as exemplary "Blue Ribbon Affiliates," recognizing that these providers are delivering high-quality services to children and families. Sites that cannot demonstrate affiliation develop an action plan with timelines outlining how they will improve to meet benchmarks, participate in rapid CQI processes, and undergo technical assistance with an assigned PAT staff member. Sites that do not implement an action plan and become compliant within the timeframes set in the plan are not eligible for continued funding. The PAT National Center expects affiliate providers to engage in CQI of service delivery and operations on an ongoing basis including: tracking and evaluating service delivery and outcomes, along with monitoring staff requirements such supervision, training and workload. All current and future Arizona PAT providers will be expected adhere to these parameters.

Nurse Family Partnership is delivered by Local Implementing Agencies that must demonstrate that they have received affiliation from the National Service Office for Nurse Family Partnership. Nurse Family Partnership providers in Arizona receive an annual assessment of delivery to model fidelity by the model developer. The fidelity review includes review of Quarterly Outcome Reports, Agency Implementation Review, Fidelity Index, Collaborative Success Plan, Site visits and ongoing consultation. The Outcomes Report includes data collected in the field that are related to common indicators of maternal, infant and child health, and family functioning. This report allows supervisors to monitor whether these outcomes are being achieved while a family is participating in the program.

The Agency Implementation Review (AIR) assesses implementation goals related to model fidelity, staffing levels, use of data, etc. The Fidelity Report includes data collected and submitted specific to 14

of the 19 NFP Model Elements. The Fidelity Index is an overall measure of fidelity to the NFP model. The Fidelity Index Score for each element measures how well an agency met expectations of fidelity for that model element, and the Total Fidelity Index Score is the weighted sum of these element scores. A Fidelity Index Score that is high reflects strong implementation fidelity; a low index value indicates need for improvement.

The model developer also completes monthly and quarterly monitoring of progress toward program goals of improving maternal health, improving child health, reducing child maltreatment, increasing positive parenting practices, and improving family self-sufficiency. The model developer completes an annual site visit, conducts monthly consultation calls, and uses a web-based performance management system to analyze implementation data entered into the State's centralized home visiting data collection system.
NFP fidelity assessments review:

- Voluntary participation of clients
- Clients are first-time, low-income, expectant mothers who enroll before third trimester
- Nurses visit clients in their homes or other non-clinical settings, balanced between flexible locations to meet client need and in-home visits allowing for comprehensive safety assessments
- Visit frequency meets clients' needs according to client-centered care plan developed from ongoing and extensive assessment of clients' protective factors and risks
- NFP program staff hold appropriate registered nursing licensure and post-secondary degrees, complete model-specific advanced education, maintain supervisory staffing ratios and administrative support, and use reflective practice regularly
- Nurses carry appropriate caseload based on their program tenure
- Data collection is timely, accurate and used for continuous quality improvement
- Strength of agency relationships with community clinics, child welfare, juvenile justice, homeless shelters, churches, schools and other community-based partners for in-bound referrals and linkages to resources to meet clients' needs

Continuous improvement occurs at the site and program levels in line with Strong Families Arizona priorities to meet community need. The model developer and local NFP providers complete a bi-annual self-assessment and create and regularly update a Collaborative Success Plan with SMART goals in support of CQI. NFP fidelity requires adherence to all 19 of the NFP Model Elements. Nurses collect client and home visit data as specified by the NFP National Service Office's (NSO) national database who then reports data back to agencies to assess and support implementation. Agencies use these reports to monitor, identify and improve variances, and assure fidelity to the NFP model.

Designated Department of Child Safety FFPSA Oversight staff with direct service experience will verify that each service provider is accredited or affiliated with the program's national organization, and will review reports of model fidelity published by the national organizations to be aware of individual provider strengths and opportunities for support.

The expected outcomes for all programs are:

- Families do not have a DCS report of abuse and neglect during or after program participation
- Families do not have a child enter out-of-home care during or after program participation

Providers will submit data to identify children and families served as required and described in Technical Bulletin #1: Title IV-E Prevention Program Data Elements (hhs.gov). Department of Child Safety staff will review administrative data on child report, re-report, and entry to care for children served by these programs to determine the percentage of families served who achieve these outcomes.

SECTION 9. Monitoring Child Safety

Section 471(e)(5)(B)(ii) requires states to include in their title IV-E prevention program five-year plan information regarding how the state agency oversees and intervenes in the safety of children receiving programs through periodic risk assessments.

Federal regulation requires that a *Prevention Programs and Services Five Year Plan* describe how the state agency oversees and intervenes in the safety of children receiving programs through periodic risk assessments. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment incidents without considering severity. Child abuse and neglect prevention services are pre-emptive by definition and designed to target risks of future abuse and neglect. Arizona is seeking to avoid additional surveillance by the Department of families involved in prevention services. To that end, safety and risk assessment in each of the programs identified in this *Prevention Programs and Services Five Year Plan* will occur using the periodic assessments of family functioning that currently are part of the program's design and conducted by the provider. Each program has formal assessments that are completed at specified intervals. Additionally, practitioners informally evaluate family functioning, needs, and risks at all contacts with the family. The frequency of contacts varies by program, length of time in the program, and family need with a minimum of monthly for all programs. See Section 3 for more information on frequency of contacts.[4]

If the provider observes conditions in the home that may be unsafe to a child and require an assessment of children safety, the provider makes a report to the DCS Hotline in accordance with Arizona mandated reporter statute. If the information provided meets the definition of a report for investigation by DCS, DCS conducts a safety assessment and acts to protect the child if the child is assessed to be in danger.

Healthy Families Arizona utilizes the parent-survey tool to assess factors associated with increased risk for child maltreatment or other adverse childhood experiences. Healthy Families home-visiting staff members use the responses to create a service plan to organize the risks, concerns and needs identified by families with the activities, interventions and supports provided by the family support specialist to help ameliorate family risk. In addition, Healthy Families completes screening for maternal depression at various intervals during participation using the Edinburgh Postnatal Depression Scale (EPDS) or Center for Epidemiologic Studies Depression Scale (CESD) and interpersonal violence (IPV) on all primary caregivers and makes referrals for resources when necessary.

Healthy Families home-visiting staff members observe parent child interaction during each home visit and document their observations (following the CHEERS memory aid: Cues, Holding, Expression, Empathy, Rhythm/reciprocity, and Smiles). They subsequently complete the CHEERS check-in tool, used to assess parent/child interaction, at multiple intervals throughout the duration of services. The CHEERS check-in tool must be completed at least once per year.

[4] Cite Indiana

Healthy Families utilizes the Home Observation for Measurement of the Environment (HOME) when the child is age 2 months, 4 months, and 12 months to measure the quality of support and stimulation available to the child in the home environment. Additionally, Healthy Families uses the Healthy Families Parenting Inventory (HFPI), which examines nine parenting domains: social support, problem solving, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, home environment, and parenting efficacy. The HFPI is completed at intake, 6 months, 12 months, 24 months, and 36 months.

If safety concerns are present and the Healthy Families site suspects child abuse or neglect, a report is made to the DCS Hotline in accordance with Arizona statute. DCS then initiates contact with the family if the report meets the statutory definition of a DCS report for investigation.

Nurse Family Partnership clinically assess clients in the domains of personal health, maternal role, and environmental health. The Nurse Family Partnership Strengths and Risks (STAR) Framework is designed to help NFP nurses and supervisors systematically characterize levels of strength and risk exhibited by the mothers and families they serve. STAR provides NFP teams with a common language and framework for characterizing and organizing client strengths and risks in 21 socio-structural determinants across six domains in a mother's life. STAR informs and supports consistency of clinical decisions made by NFP nurses and supervisors regarding visit content and time spent on the six domains. In addition, the Framework is used to identify stages of behavioral change and appropriate corresponding action and intervention to improve maternal and child health.

There are several safety screening tools utilized for enrolled families. NFP recommends the PHQ-9 and the GAD-7 to assess for symptoms of depression and anxiety, especially around the peripartum period. These screening tools are administered at intake, pregnancy (36 weeks), infancy (1-8 weeks), infancy (4-6 months), infancy (12 months) and additionally at the nurse's discretion. There are several safety screening tools utilized for enrolled families. NFP nurses use an Intimate Partner Violence (IPV) clinical pathway to assess risk and determine a tailored intervention for each client. This is completed between the 5th to 7th visit, 12 weeks postpartum, child age 16 months and additionally at the nurse's discretion. The Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) is used by health professionals to assess and support the relationship between a caregiver and their child. This is a validated tool to measure the quality of parent-child interactions, as well as a validated environmental assessment. DANCE fulfills the parent-child interaction assessment requirement and also replaces the HOME inventory. DANCE is completed when the child ha reached ages 1-3 months; 8-10 months, 15-17 months and 21-23 months.

Parents as Teachers affiliates use the PAT records to gather and understand data about family characteristics, situations, experiences, resources, and needs. These data, along with information from visits and screenings, are summarized in a family-centered assessment. The family-centered assessment provides vital information for parent educators to use in understanding families' strengths and assets, needs, and perspectives in seven areas, and informs goal setting, and planning/delivery of services. The seven areas of family-centered assessment include parenting (parent knowledge, capacity, parenting practices, and/or parent-child relationship); family relationships and support systems; parent educational and vocational information; parent general health; parent/child access to medical care and health insurance; adequacy and stability of income and adequacy and stability of housing.

PAT affiliates screen for issues of concern. As outlined by the PAT quality standards, parent educators screen parents for depression and intimate partner violence and support them in accessing related support and services. Depression and anxiety screening is built into the Prenatal/Postpartum record used by PAT affiliates, using the PHQ-2 and GAD-2 for this population. Through the use of another PAT record, the Parent/Guardian Information Record, home visitors learn about the frequency and amount of parents' use of alcohol, tobacco and other substances, connecting them to resources for needed support and services.

PAT home visitors also engage in child developmental surveillance during each personal visit, facilitating early identification of red flags. Further, they partner with each family to complete periodic developmental screening using a tool approved by Parents as Teachers National Center. These include:

- Ages and Stages Questionnaire Third Edition (ASQ-3) and ASQ Social-Emotional Second Edition (ASQ-SE2).
- ASQ-3 and Devereux Early Childhood Assessment (DECA)
- BRIGANCE Early Childhood Screens III
- Developmental Indicators for the Assessment of Learning 4th Edition (DIAL-4)
- Parents' Evaluation of Developmental Status (PEDS)
- Infant-Toddler Developmental Assessment (IDA-2)

As outlined in the PAT quality standards, affiliates have a written protocol that provides clear guidance on how home visitors and supervisors are expected to respond to concerns regarding abuse and neglect. The protocol specifies how a report is made to the DCS Hotline in accordance with Arizona statute, how issues receive follow-up, and how they are documented. All staff receive initial training in the implementation of the protocol and then an annual review.

SECTION 10. Data reporting

The Arizona Department of Child Safety provides assurance in Attachment A that the Department will report to the Secretary such information and data as the Secretary may require with respect to the Title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures.