



CHILD AND FAMILY SERVICES

Annual Progress and Services Report for FFY 2016

Department of Child Safety
STATE OF ARIZONA

**Submitted to:
U.S. Department of Health and Human Services
Administration for Children and Families
June 2015**

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Section I

Department of Child Safety Structure, Vision, Mission, and Values

Department of Child Safety Structure, Vision, Mission, and Values

The Department of Child Safety (DCS or the Department) is the state administered child welfare services agency responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. The Department provides child abuse and neglect investigations; child safety and risk assessments; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence, and well-being of children with foster and adoptive families; adoption promotion and support services; and health care services for children in out-of-home care.

Central Office Operations

The Department's central administrative structure includes five operational sections that report to the Department's Director:

- Field Operations
- Business Operations
- Office of Child Welfare Investigations (OCWI)
- Office of Quality Improvement
- Human Resources

Field Operations include:

- Five regions providing direct services for children and families
- DCS Hotline
- Office of Prevention and Family Services
- Child Welfare Training Institute
- Policy Administration

Business Operations include:

- Comprehensive Medical and Dental Program
- Information Technology
- Facilities and Business Services
- Budget and Finance
- Contracts
- Office of Licensing and Regulation

The Office of Quality Improvement includes:

- Ombudsman's Office
- Audit and Process Improvement
- Program Development
- Practice Improvement
- Multidisciplinary Child Fatality Review Team

Additional Central Office functions within these operational sections include:

- Interstate Compact on Placement of Children
- Statewide parent and relative locate services
- Adoption and resource home development and support programs
- The Protective Services Review Team for review of proposed substantiated findings of abuse or neglect
- Statistical analysis and data report development

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Section I: Department of Child Safety Structure, Vision, Mission, and Values

Regional Operations

Arizona’s fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state’s urban areas. The Northern and Southeast Regions are rural. The counties within each region are:

Central	Southwest	Pima	Northern	Southeast
Eastern Maricopa Pinal	Western Maricopa Yuma La Paz	Pima	Apache Coconino Mohave Navajo Yavapai	Cochise Gila Graham Greenlee Santa Cruz

Each region provides:

- Investigation of child welfare reports
- Case management
- In-home services
- Out-of-home services
- Permanency planning
- Foster home recruitment and training
- Adoptive home recruitment and certification

The Department of Child Safety’s Vision, Mission, and Values

Vision: Children thrive in family environments free from abuse and neglect.

Mission: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

Organizational Values:

- Child-centered
- Family-focused
- Successful engagement
- Partnerships and community
- Professional Environment and Workforce Excellence
- Cultural Responsiveness
- Accountability and Transparency

Section II

Collaboration with Stakeholders

Collaboration with Stakeholders

The Department's framework for collaboration with stakeholders includes four components: a strategic plan and strategic communication plan, the Community Advisory Committee, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and tactics so that improvement initiatives are supported and sustainable.

To support meaningful collaboration within the Department's consultation framework, the Department shares outcome and goal-related data with staff and external stakeholders. The Department publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year. These reports and the Department's Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site. The Department presents outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings. For example, the Department has developing a report for use by the legislature's DCS Oversight Committee that includes the CFSR Round 3 data measures.

Strategic Plan and Strategic Communication Plan

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization based on best practices. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the new Department has been to strengthen communication and engagement across the state in an effort to keenly identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes. For this reason, the Department, with the support of Casey Family Programs, engaged Clarus Consulting Group to assist in the development of an agency wide strategic plan. The Department of Child Safety's strategic plan for SFY2016 was published in July 2015.

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

Community Advisory Committee

In May 2014, during the Second Special Legislative Session, Arizona Revised Statutes 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee provides an opportunity for the Department and community stakeholders to collaborate so that together we accomplish our mission to successfully engage children and families to ensure safety, strengthen families, and achieve permanency. The makeup of the committee, pursuant to ARS 8-459, is comprised of representatives from the following:

- Child welfare agencies that directly provide contracted services to children and their families;
- Child advocacy organizations that deal with child welfare system policy issues;
- Current or former foster or adoptive parents;
- Medical providers, with a preference for pediatricians, who have experience in diagnosing and treating injuries related to abuse and neglect;
- Volunteers with the foster care review board or court appointed special advocate program;
- Persons with an academic appointment to a state university who conduct research in child welfare services, child maltreatment or child abuse or neglect;
- The courts - the representative must be involved in child welfare issues;

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- A rural area in this state who has experience in the child welfare system;
- A Native American tribe or nation who has experience in the child welfare system;
- A child advocacy organization that advocates for or represents children who are victims of crime;
- Persons who have experience with children with special needs and the child welfare system;
- A law enforcement agency - the representative must have experience with the Department on cases that involve criminal conduct allegations;
- Schools - the representative must have experience in the child welfare system; and
- A faith based organization - the representative must have experience in the child welfare system.

Targeted Engagement Opportunities

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

Continuous Engagement Initiatives

The Department benefits from a large and diverse stakeholder community available for continuous consultation and collaboration. Consultation occurs at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. This has proven to be an effective way to identify potential areas of concern and share best practices. When areas needing improvement are identified, a may be established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input is received to update and implement the Department's strategic plan:

- *The Arizona Citizen Review Panels* – Arizona has three fully operational Citizen Review Panels (CRP) comprised of private citizens and professionals (e.g. social service providers, educators, child advocates, adoptive and foster care parents, mental health professions, legal advocates, medical providers, former abuse and neglect victims, faith-based representatives, and representatives from the Department). The CRPs meet quarterly in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions as required by federal mandate. The fundamental role of the CRPs is to evaluate the extent to which the state and local child protection system/agencies are effectively discharging their child protection responsibilities in accordance with the State's CAPTA Plan, child protection standards set forth [in law], and any other criteria that the panel considers important to ensuring the safety, permanency, and well-being of children, which may include: (1) examining the policies, procedures and practices of State and local child protection agencies, and reviewing specific cases, where appropriate; (2) reviewing the extent to which the State and local child protection system is coordinated with the title IV-E foster care and adoption assistance programs of the Social Security Act; and (3) examining specific or relevant cases as determined appropriate by the panel, including child

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fatalities and near fatalities in the State. An annual CRP report detailing the CRP activities and recommendations to improve the child welfare system is submitted to the Department and made available to the public.

- *The Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by twelve local child fatality teams located throughout Arizona. Teams are made up of a panel of experts that may include pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings, and makes recommendations regarding the prevention of child deaths. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. This is accomplished through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.
- *The Youth Advisory Board* – The State Youth Advisory Board (SYAB) is comprised of current and former foster youth, Child Safety Specialists, and other agency and community professionals. The Board meets quarterly to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the state plan on independent living. Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. The state and local boards provide a forum for youth to review and have input into legislation implementation, child welfare policy development or revision, foster and adoptive family recruitment, training for caregivers and Child Safety Specialists, and other areas. For more information on the Youth Advisory Board and other consultation activities with youth, see Section XI, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report*.
- *The Children's Action Alliance Child Welfare Committee* – This committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the Arizona State University (ASU) School of Social Work, foster and adoptive parents, citizen advocates, attorneys, and the Department. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers, the public, and the Children's Action Alliance about the Arizona child welfare system's laws, policies, resources, and practices.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence since 1964, is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Foundation for Human Service Providers is a 501(c)3 organization that serves as the education and training arm of the Arizona Council. Many of the services provided by the Council's member agencies are carried out in conjunction with the

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Department, including adoption services, crisis/shelter care, group home care, foster care, counselling, and other child welfare and behavioral health services. There are seven primary committees in which the Council's members are actively involved, including the child welfare committee. The Department provides information to the child welfare committee upon request. Department staff attend general membership meetings and community forums to update Council members on ongoing issues and initiatives.

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Department's consultation activities with the state's American Indian Tribes, see Section VIII of this APSR.
- *The Court Improvement Advisory workgroup* – The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. Department personnel, including the Department's Chief Quality Improvement Officer, continue to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored. The Advisory Workgroup also includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, the child and family services state planning process, and CI reassessments. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases.
- *The Committee of Juvenile Court Judges* - The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. The DCS Director provides updates and discusses with the committee areas of concern in the processing of child welfare cases throughout the state.
- *The Court Improvement Program ICWA Committee* - The ICWA Committee is actively planning a statewide summit, *Connecting Legacies: Collaboration and Innovation with ICWA*, which will occur on August 16 – 17, 2015, and will involve up to 200 judges, attorneys, and child welfare professionals from the State and Arizona Tribes. The Committee is also revising the Arizona ICWA Guide to account for the recently released *Guidelines for State Courts and Agencies in Indian Child Custody Proceedings*.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for systems change to improve outcomes for maltreated infants and toddlers through greater judicial oversight of cases, more timely services, and providers who understand the unique needs of vulnerable young children. Locally in each county, a team of infant and toddler specialists, child welfare specialists, mental health representatives, attorneys, DCS representatives, and CASAs meet monthly to address systems issues and share community resources. All of Arizona's fifteen counties have received training and technical assistance to implement Best for Babies best

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practices. This model was developed by Zero to Three in 2004, and is being implemented in a number of jurisdictions across the country today.

- *The Disproportionate Minority Contact (DMC) Intervention Model Project* - This project is an intensive collaborative effort between the Court and its partners to address DMC through active engagement, data driven decisions, intentional and strategic analysis, committed leadership, and informed staff. These efforts promote the court's emphasis on equity, fairness, and community safety for all youth and families in Pima County.
- *Resource Family Recruitment Liaisons and Councils* – All five regions have recruitment liaisons who develop Community Recruitment Councils and work with the contracted home recruitment agencies to actively engage their communities in recruitment efforts. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in the Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan submitted separately with this APSR.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium is comprised of a group of foster care and adoption agencies in Maricopa County who work together to educate the community about the growing need for quality, caring, foster and adoptive parents.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. The longevity and growth of this relationship is attributed to high-level leadership commitment of both institutions, shared commitment to child welfare training and social work best practices, and the sustained funding through federal title IV-E participation for those endeavors that are recognized as eligible by federal statute. Effective September 2013, a two year agreement was established for work performed during SFYs 2013 and 2014, forming an integrated system of comprehensive child welfare training, social work education, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. This agreement was renewed in 2015, to be active through 2019. ASU supports an integrative model of knowledge creation, transfer, and utilization that incorporates the unique local context in which child welfare practices are implemented and situates the university-agency partnership as the key mechanism through which evaluation and knowledge transfer can occur. This model is founded on the idea that evaluation topics that are relevant to the agency, and findings that are specific to the local context, can be readily applied to the range of practice and policy decisions within the real-world environment of child welfare agencies. As such, ASU's long history of commitment to child welfare in the areas outside of the agreement, such as child welfare prevention, intervention programming, child welfare advocacy, education, and policy influence establish ASU as a trusted ally. For additional information on the Department's collaboration with Arizona State University, see Section V, 4. Staff and Provider Training.
- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families

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Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives.

- *Positive Parenting Program Initiative* – The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Department has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona.
- *The Crossover Youth Practice Model* – The Administrative Office of the Courts and Maricopa County have launched the Georgetown University Crossover Youth Practice Model. The overarching goal of the model is to efficiently use time, resources, and information across multiple systems so that dually involved youth and their families can achieve better outcomes. The program has moved into its action phase and is currently expanding its pilot sites from Department offices in the west valley to two Department sites in the east valley. The Juvenile Court, Juvenile Probation, DCS, Mercy Maricopa, police departments, and school districts are working collaboratively, and within each of their independent systems, to implement policy changes in accordance with this goal.
- *FosterEd* - The FosterEd Initiative is a pilot program in Pima County, with leadership from the Pima County Juvenile Court and active involvement by the Pima Region Deputy Program Manager. The FosterEd initiative is addressing issues of educational stability through the assignment of “Education Champions” to school age youth as they enter care.
- *The Arizona Substance Abuse Partnership (ASAP)* – The ASAP is the single statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The ASAP is chaired by the Director of the Governor's Office of Youth, Faith, and Family (GOYFF) and staff support is provided by the GOYFF. The body is composed of representatives from state governmental agencies, federal entities and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

Stakeholder Collaboration in the Implementation of the Child and Family Services Plan

The Department engages with community partners in a cycle of continuous improvement to successfully implement the provisions of Arizona's *Child and Family Services Plan (CFSP)*. Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results.

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

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

The Department of Child Safety's Director, Gregory McKay, was appointed in February 2015, and has led the Department's continued engagement with stakeholders to identify improvement priorities and interventions. Taking into consideration the extensive input received from stakeholders, the Department's current leadership defined priority problem areas, assessed those problem areas, and selected interventions to improve safety, permanency, and well-being outcomes. The Department's strategic plan for SFY 2016 is available on the Department of Child Safety's internet site, at dcs.az.gov.

Recent examples of ongoing consultation with employees and external stakeholders that shaped the current goals, objectives, and tactics (interventions), and have been assisting the Department to implement its strategic plan, include the following:

- The Department and many stakeholders have jointly examined data on capacity issues at the Hotline and within investigation caseloads. In 2013, the CARE team gathered information from a variety of sources to examine these service areas, as described above. Capacity issues at the Hotline have improved, as demonstrated through very low wait times and call abandonment rates. The Department continues to analyze data on investigation caseloads and workforce capacity, receiving input from Department employees, members of the legislature's CPS (DCS) Oversight Committee, Chapin Hall at the University of Chicago, and Casey Family Programs. .
- The Department, with the support of Casey Family Programs, engaged Clarus Consulting Group to assist in the development of the Department's strategic plan for SFY 2016, which was published in July 2015. Clarus worked closely with representatives from the Department and Casey Family Programs to design a phased planning approach built around data gathered from more than 300 internal and external stakeholders in the form of interviews, focus groups, and surveys. Stakeholders were asked to share their input and insights about the Department's current performance; vision; services, policies, and procedures; organizational capacity; tools and resources; recruitment and retention; communication; and any other topic of their choice. Additionally, the Department thoughtfully reviewed and incorporated a number of recommendations from national and local child welfare organizations. The Department has relied on the advice, evaluation, and consultation of leading national child welfare organizations, including Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau.
- An independent review of the Arizona Department of Child Safety was published by the Chapin Hall Center for Children at the University of Chicago in June 2015. This review provided recommendations such as that the Department, "establish and use clear safety assessment protocols and better standardize processes at the hotline and investigations," "address the backlog of cases that has accumulated at the front door of the system," and "expand in-home services and pay for the expansion with savings that accrue from reductions in foster care caseloads." The recommendations from this independent review were considered when developing the Department's strategic plan. The report confirmed many of the same areas of need that stakeholders and the Department's leadership had identified.

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- Designing the preliminary Family Assessment Response Protocols was accomplished through the creation of a Differential Response Design Team. This team included various external stakeholders and community partners: the Arizona Coalition to End Sexual and Domestic Violence; Casey Family Programs; Children's Action Alliance; and educational, law enforcement, hospital, and tribal child protection agencies. The recommended Protocols were submitted to the State Legislature. Utilizing implementation science, the Department will move toward initial implementation of the Family Assessment Response by conducting readiness assessments, writing policy, and creating training curriculum. Participants in the Differential Response Design Team will continue to be included in the design and implementation process.
- Casey Family Programs, Arizona State University, and other stakeholders were consulted on the selection of the target problem and interventions for Arizona's title IV-E demonstration project. Reduction in the use of congregate care was selected, following analysis of permanency outcome and other agency data.
- Focus groups were held with youth and parents to examine the reasons why youth are in congregate care and identify services or supports that will allow children to exit congregate care. This information and an analysis of administrative data describing the target population led to the selection of evidence-based interventions to be evaluated within the title IV-E demonstration project. Program design and implementation will also occur in collaboration with stakeholders.
- The Safe Reduction workgroup, facilitated by Casey Family Programs, is an active collaboration between the Department and the Maricopa County Juvenile Court to identify and implement court and agency interventions to safely reduce the number of children in out-of-home care in Arizona. This workgroup includes several strategic subgroups with representatives from the Department, the Juvenile Court, behavioral health, child advocacy agencies, and community provider agencies. A parent and attorneys representing parents and children also participate in the workgroup.
- A process improvement workgroup has analyzed the foster care licensing process and is implementing recommendations to reduce the time from application to licensure. This workgroup includes employees from the Department's Office of Licensing and Regulation and contracted foster home licensing agencies. A similar workgroup is now examining the group home licensing process.
- A workgroup of contracted service provider agencies and Department representatives meets monthly to address the wait list for services such as parent aide and in-home treatment services. This workgroup has pursuing a process improvement project to improve efficiency and address capacity issues.
- A meeting of internal stakeholders was held to obtain a deeper understanding of issues that interfere with timely filing of petitions for termination of parental rights or documentation of compelling reasons, and recommendations for addressing the issues.
- An ongoing workgroup of adoption staff and policy specialists is examining aggregate data and the specific cases of children who have been in out of home care for two or more years and are free for adoption, to identify ways to achieve permanency and increase the timeliness of future adoptions.
- The Comprehensive Medical and Dental Program's Quality Management committee, which includes external and internal stakeholders, meets quarterly to review physical health care utilization and outcome data to monitor service provision and identify areas for improvement.

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- Focus groups were held in 2014 to engage staff in the redesign of initial and ongoing staff training. In addition, an evaluation of initial and ongoing staff training was conducted by Arizona State University at the request of the Department, to provide recommendations for the continuous improvement of the Department's staff training program. These recommendations are being implemented in collaboration with stakeholders, as described in the Staff and Provider Training Plan for FFY 2016, submitted separately with this APSR.
- Foster parents were surveyed to seek their input about reasons for voluntarily closing their licenses and recommendations for services, supports, or training that would improve retention.
- A service array design committee was convened in 2014 to obtain feedback about the Department's service array. This group shared their insights about strengths in existing services, how to enhance the service array to better meet the needs of children and families, and inclusion of evidenced-informed practices. This team included a wide variety of external and internal stakeholders.
- A workgroup of external and internal stakeholders created a draft child welfare Practice Model that articulates and documents the values and best practices that drive the work with children and families, to include family engagement and consistency of practice.

See Section VII for more information on collaboration with stakeholders to implement the goals, objectives, and interventions in the CFSP.

Section III

Programs and Services to Achieve Safety, Permanency, and Well-Being

Programs and Services to Achieve Safety, Permanency, and Well-Being

1. Child Abuse and Neglect Prevention Services

Regional Child Abuse Prevention Councils, April Child Abuse Prevention Activities, and Promotion of the Six Protective Factors

Since 1991, the Department (and former Division of Children, Youth and Families) has provided funding to Regional Child Abuse Prevention Councils that are located throughout Arizona to increase public awareness of the problem through educational campaigns and advocate for effective programs and policies to prevent child abuse and neglect. Each Regional Council is comprised of community representatives from the professional, business, and civic sectors who volunteer their time to address the need for child abuse prevention in their community. Each Regional Council has elected officers and meets on a regular basis. The Department encourages all Arizonans to Act Now to Prevent Child Abuse by joining a council. The public can find locations, contact numbers, and information about events at www.azdes.gov/PreventionAndFamilySupport.

The Councils are involved in activities to support Child Abuse Prevention Month each April. Activities include distribution of thousands of blue ribbons throughout Arizona, official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month, coordination of media campaigns highlighting Child Abuse Prevention, and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsor one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences, and training. The multi-media campaign includes the use of radio public service announcements, banners, billboards, and movie theatre advertisements. Several communities hold fun family-day outings and other events. Throughout child abuse prevention month, staff and stakeholders are encouraged to participate and actively support child abuse prevention. The Regional Child Abuse Prevention Councils are also instrumental in the annual statewide campaign to provide approximately thirty-two workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors.

The Department and community partners held a child abuse prevention kick-off event in Maricopa County in 2015. This was a gathering of leaders, stakeholders, child advocates, and members of the community who united for a common purpose of Preventing Child Abuse. The event included a Department of Child Safety Deputy Director, three Prevention Councils, and a Prevention Advocate, and Jessica Nicely, who experienced child abuse in her past. The event featured booths and information for children and families including a pinwheel healing garden, an interactive spinning wheel of prevention, and a door prize raffle, giving away donated quilts. One of the rural Department regions held a similar event.

Another Child Abuse Prevention Month activity was an email blast sent to the entire agency and community stakeholders. The statewide community was encouraged to get involved in child abuse prevention by taking action in one or more concrete ways. The community was encouraged to plant pinwheel gardens in public places, make and color pinwheels with children, display pinwheels at home and work, attend local events, follow evidence-based parenting tips, and spread the word about child abuse prevention. The message was that everyone has a role to play in preventing child abuse and supporting families, and that anyone can get involved by contacting a local Child Abuse Prevention Council. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment.

The Six Protective Factors were promoted via informational pamphlets at various events, by embedding them within service arrays, and during parent activities. The Six Protective Factors are: 1) knowledge of parenting and child development; 2) social emotional competence of children; 3) nurturance and attachment; 4) social connections; 5) parental resilience; and 6) concrete supports. The Department is

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promoting the Protective Factors by educating Department staff and integrating the concept across a service array for families. Two years ago, the Protective Factor Survey was introduced into the In-Home Services Program to facilitate family assessment and the development of service plans to strengthen the Six Protective Factors. In-Home Service and Department staff received Protective Factor training via two webinars, and personal presentations were delivered in each region. This year, the Protective Factors were integrated into the new Regional Child Abuse Prevention Council Scope of Work and Parent Cafés were promoted. Additionally, hundreds of "Who Makes Families Strong? – Parents" booklets will continue to be distributed to Department staff, community members, and families. The booklets, designed by the National Alliance of Children's Trust & Prevention Funds (and many other experts and parent leaders), explain the Six Protective Factors in a family-centered way that allows the concepts to be quickly understood and implemented. This year, several In-Home Service providers are piloting an evidence-based program called Nurturing Parenting, which has integrated the Protective Factors within their service array. Many providers also use Parent Café's to support peer education and discussion of the Protective Factors. The Department is excited about promoting the Six Protective Factors and is looking forward to finding new ways to continue this integration process.

Adverse Childhood Experiences (ACE) Consortium

The Department further promotes child abuse prevention through active participation in the ACE Consortium. Arizona's ACE Consortium is working to enhance public awareness about the issue of childhood trauma and evidence-based prevention policies and programs. The Consortium is comprised of professionals from Phoenix Children's Hospital, child advocacy organizations, community service providers, Eight—Arizona PBS, the Department, and other public agencies. The Consortium's vision is that Arizona has safe, stable, and nurturing families and communities that contribute to a prosperous society. The ACE Consortium is committed to getting the word out to doctors, psychologists, patients, parents, teachers, and other adults who work with children so that our community can become well-versed in how to heal the effects of abuse, prevent it from happening, and create stronger communities in which everyone understands the implications of abuse on the emotional and physical lives of all, especially children.

To accomplish this, the Department has taken a leading role in the development of a multi-media campaign that includes the following activities: a day long ACE Train-the-Trainer workshop (conducted one to two times a year); a one to four hour ACE community and family presentation/workshop (conducted approximately forty times a year); and the Statewide distribution of ACE brochures and posters. This campaign promotes the findings of the landmark ACE study (completed by the Centers for Disease Control and Prevention and Kaiser Permanente) and provides resources for the community and parents. Since this campaign began six years ago, thousands of Arizona residents have received this valuable information. The Department's Regional Child Abuse Prevention Councils have been instrumental in this campaign. Each year, they alone provide approximately thirty-two workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors.

The "Who Do You Trust With Your Child?" Campaign

On April 2, 2012, the Department was pleased to launch the "Who Do You Trust With Your Child?" campaign, in cooperation with the Arizona Coordinated Prevention Campaign. This child abuse prevention and awareness campaign continues to help parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. Prevention is the key to keeping Arizona's children secure. The "Who do You Trust With Your Child?" posters and brochures were prepared by the Arizona Coordinated Prevention Campaign, a group of professionals

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dedicated to the prevention of child abuse and neglect. Members included: Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, the Department of Child Safety, the Department of Health Services, Eight – Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. The campaign included a dedicated website containing posters and brochures that provide Arizonans with valuable and precise information about choosing a safe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. If the parents and other primary caregivers suspect child abuse or neglect, they are urged to report it now by calling the Arizona Child Abuse Hotline, which is also available 24 hours a day. DCS sites throughout the state display hundreds of posters and provide parents with thousands of brochures. Community members and organizations also received thousands of brochures and posters and are urged to place a link to the website on their homepages and display the posters and brochures in locations where parents and caregivers will see them.

Healthy Families Arizona

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

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

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

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

In SFY 2014, funding for the HFAz statewide system included just over \$6,598,343 from the Department, \$6,076,237 from First Things First (FTF), and \$3,676,072 from the Department of Health Services' Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant through the Arizona Department of Health Services. The combined funding of \$16,350,651 allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 233 zip code areas in Arizona. For SFY 2014, there were 12 sites and 44 teams. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant. The Department remains the central administration to the HFAz multi-site system, including sites funded through FTF and DHS. The Department, DHS, and FTF have maintained the Interagency Service Agreements to ensure a collaborative relationship and to share the costs and resources for the administration of the HFAz program. Healthy Families sites all passed their peer site visits through the national re-accreditation in

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2011 from Prevent Child Abuse America with no additional action required, and HFAz is optimistic that the next re-accreditation, scheduled for 2016, will be equally successful.

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the Healthy Families program is committed to continuous improvement. Site evaluations and quality assurance activities ensure efficiency in practice, and more than two decades of annual program evaluations have consistently demonstrated that Healthy Families Arizona is a highly effective program.

According to the *Healthy Families Arizona Annual Evaluation Report FY2014*, 4,761 families were reached by Healthy Families programs. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was 320 days. The evaluation highlights both prenatal and postnatal services. Outcomes in 2014, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 96% of participating families had no substantiated DCS reports.
- Substance Abuse: 43.9% of families had an initial positive screening at 2 months, and that percentage decreased to 11.6% at 6 months, and 8.2% at 12 months.
- Child Health: There was an 89.1% immunization rate for babies by 12 months.
- Child Safety: 97.7% of parents lock up household poisons, 100% use car seats, and 88% use smoke alarms at 24 months.
- Maternal Life Course: 24.6% of mothers were employed at 24 months, 6.6% were enrolled in school full-time, and 4.6% were enrolled part-time.
- Maternal Stress: Significant improvement was observed in several areas, including problem solving, depression, personal care, mobilizing resources, parent/child behavior, home environment, and parenting efficacy.

Positive Parenting Program Initiative

The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Department has been participating in a broad-based consortium of community stakeholders who are interested in implementing the Triple P model in Arizona. The consortium is comprised of professionals from Phoenix Children’s Hospital, Prevent Child Abuse Arizona, Parenting Arizona, the Child Crisis Center, Southwest Human Development, Eight – Arizona PBS, Arizona Partnership for Children, and many other organizations. The community partners are deeply committed to the process and many are financially invested.

The Department participates as a neutral member, interested in this community-based approach to elevating the quality of parenting programs for families served by the Department and other families who have risk factors for abuse or neglect. Arizona’s families can benefit from the use of a strong parenting program that is implemented consistently with a high degree of fidelity and monitored at the state level. Over the last three years, the consortium conducted trials in several locations throughout the state and found that Triple P is a viable program that meets the needs of Arizona families. Several practitioners have been certified in various levels of Triple P. The consortium members are continuing to deliver Triple P services, coordinate efforts, cross-refer families across Maricopa County, seek funding for a larger scale roll out, and experiment with a new online Triple P program. Triple P International reports that early evaluation data is showing the online curriculum is achieving results equivalent to in-person Triple P. Parental progress and results continue to be closely monitored and assessed.

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The consortium is moving forward with its efforts to educate key stakeholders and attempt to secure multiple streams of private funding for a larger roll-out of this ambitious program. To these ends, the consortium hired a part-time grant writer to help mobilize partnerships and identify new potential resources to address adverse childhood experiences. An Arizona Triple P webpage is being developed to help educate the community. The consortium is seeking an “institutional home” for the website, possibly with Prevent Child Abuse Arizona. Additionally, working with Triple P America, Inc., the consortium has updated an extensive implementation proposal for the State of Arizona and Maricopa County. Based on years of solid research, the proposal anticipates that the introduction of this parenting support strategy will result in the following benefits.

For children:

- Higher levels of school readiness (e.g., social, emotional and language competence)
- Fewer behavioral and emotional problems
- Less likely to be victims of child abuse and neglect
- Fewer will follow a developmental trajectory to poor adolescent outcomes, such as substance abuse, juvenile offending, and risky sexual behavior

For parents:

- More confidence, skill, and knowledge about raising children
- More positive interactions with their children
- Less depression, stress, or anxiety
- Less couple conflict over parenting issues in two parent families
- Lower levels of stress and conflict in managing work and family responsibilities

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) is the single statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The ASAP is chaired by Maricopa County attorney Bill Montgomery and vice-chaired by Debbie Moak, the Director of Governor Douglas Ducey's Office for Children, Faith and Families (GOCFF). The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group (Epi workgroup) facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

The ASAP is tasked with developing and utilizing a shared-planning process that encourages state and local partnerships to maximize existing resources and build the capacity of local communities to meet their identified needs. Further, the body is tasked with integrating strategies across systems to leverage existing funding, and with increasing access to services at the community level. Specifically, the ASAP has the following duties and responsibilities:

- Compile and summarize information and data on substance misuse and abuse and associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process. Identify and address data gaps in order to provide Arizona with a comprehensive picture of substance misuse and abuse in the state.
- Utilize evaluation and research reports to promote the most effective and evidence-based programs, policies, and practices across the state and make recommendations for modification as needed.
- Encourage state and local partnerships to engage in shared planning processes and build the capacity of local communities to meet identified needs and maximize resources.

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- Identify and share effective practices to integrate strategies across systems that will leverage existing funding and increase access to services at the community level.
- Analyze current state and federal laws and programs governing substance misuse and abuse prevention, treatment, and enforcement, and recommend any changes that would enhance the effectiveness of these laws or programs.
- Recommend specific drug and alcohol related policy and budget line-items for consideration by Arizona state agencies and/or the Arizona Legislature.

The ASAP is currently involved in two projects that address its duties and responsibilities. The first is an inventory of the prevention, intervention, treatment, and recovery-related substance abuse programming administered by ASAP member agencies. A small workgroup of ASAP members and other key stakeholders has been meeting to conduct this work. The specific goals of the ASAP program inventory are to:

- Identify evidence-based and promising practices in the substance abuse programming administered by Arizona Substance Abuse Partnership member agencies.
- Identify gaps in programming and services.
- Develop a mechanism for ASAP members and other stakeholders to use in presenting information on agency-specific and overall programming needs to policymakers and potential funders (e.g., in grant applications).
- Provide recommendations for current and future programming.

The second key ASAP project is the *Prescription Drug Misuse and Abuse Initiative* (<http://azcjc.gov/acjc.web/rx/default.aspx>), which is a multi-system strategic collaborative endeavor that aims to reduce the misuse and abuse of prescription medications through adult and youth education and awareness; opioid prescribing guidelines for community practitioners and emergency department personnel; guidelines for dispensing opioids; increased use of the Prescription Drug Monitoring Program by prescribers, dispensers, and law enforcement; improvements to data collection around prescription drug-related crime; feedback to prescribers on their prescribing habits; proper medication storage and disposal; and increased access to treatment services.

2. Child Abuse and Neglect Investigation and Child Safety and Risk Assessment

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline is the community's first point of contact for concerns of abuse, neglect, abandonment, or exploitation of a child within Arizona. The Hotline primarily receives communications through its toll free reporting line and an Online Reporting Service. The Online Reporting Service is designed for use by professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent, and is currently available Monday through Friday, from 6:00 a.m. to 9:00 p.m. Fax and e-mail communications are received from a variety of sources including: parents, relatives, private citizens, social service professionals, law enforcement, judicial entities, and anonymous sources. Intake Specialists at the Hotline use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information received meets the legal criteria for a DCS report for investigation, and, if so, the response time to assign to the report.

Intake Specialists use the Department's Child Safety and Risk Assessment tool to guide the collection of information related to safety threats and risks; including: 1) the extent of the current maltreatment, 2) the circumstances surrounding the maltreatment, 3) child characteristics and functioning, 4) adult parent/caregiver characteristics and functioning, 5) parenting practices, and 6) disciplinary practices.

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Intake Specialists assign a response time based on whether the allegation indicates that the child is in present danger, impending danger, or at risk of abuse or neglect.

Beginning May, 2014, A.R.S. § 8-455(D) requires that a report be prepared for investigation if all the following is alleged: 1) the suspected conduct would constitute abuse or neglect; 2) the suspected victim of the conduct is under eighteen years of age; 3) the suspected victim of the conduct is a resident of or present in this state or any act involved in the suspected abuse or neglect occurred in this state; and 4) the person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household. Additionally, A.R.S. § 8-455 (F) (2) requires that a report for investigation must be prepared even if the identity of the person or location of the person suspected of abuse or neglect, or the victim of the abuse or neglect, is not known. These legislative changes resulted in a change in policy and practice for the Department, expanding reports to include those where the alleged victim's identity and/or whereabouts is unknown; as well those where the alleged perpetrator is a household member but not the alleged victim's parent, guardian, or custodian.

Communications that do not meet the criteria for a DCS report but allege criminal activity or contain information that a child may be at risk of harm by someone other than their parent, guardian, custodian, or an adult member of the victim's household are reported to law enforcement. All communications regarding abuse or neglect of a child that are determined to *not* meet the statutory criteria for a DCS report for investigation receive a second level review by an Intake Specialist IV. The review takes place within 48 hours, excluding weekends and holidays.

In March 2014 the Child Abuse Hotline began a process improvement effort to address the problem of long processing times by Hotline staff, which was leading to long hold times for callers. As part of this effort, the Hotline piloted a front-end computer application that would allow Intake Specialist to enter data directly into CHILDS. By January 2015, all Intake staff members were trained and using the front-end application. The three goals of the process improvement team were: 1) reduce the average wait time for a call to be answered by an Intake Specialist, 2) reduce the maximum wait time, and 3) reduce the average time for Intake Specialists to process the calls in CHILDS. Comparing March 2014 to March 2015, the Hotline has made significant improvement towards its goals: The average speed of answer reduced by over seven minutes, the maximum wait time reduced by over 1.5 hours, and the average CHILDS processing time reduced by an average of fourteen minutes. The overall reduction in these key performance areas indicates that overall customer service and timeliness have improved at the Hotline. By focusing on these three goals, the Hotline was able to reduce the abandonment rate from 26.8% in March 2014 to 3.23% in March 2015.

Comprehensive Child Safety and Risk Assessment (CSRA)

Arizona statute established the Department of Child Safety and its primary purpose, to protect children. To achieve this purpose, statute requires that the Department shall do and focus equally on the following: 1) investigate reports of abuse and neglect; 2) assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect; 3) work cooperatively with law enforcement regarding reports that include criminal conduct allegations; 4) without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family, and provide prevention, intervention, and treatment services.

Child Safety Specialists investigate abuse and neglect allegations and conduct family assessments, including assessments of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the allegations or investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a

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felony offense. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies and procedures for investigation of criminal conduct allegations by the Office of Child Welfare Investigations (OCWI).

The Department's integrated CSRA and clinical supervision process provides Child Safety Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The process includes the concept of safety threshold analysis, which aids critical decision making for accurate safety assessment. The CSRA assists Child Safety Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future abuse and neglect. The initial CSRA is completed within 45 days of case opening. Reassessment occurs at least every six months and when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities, and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the safety and risk assessment, the Department determines the level of intervention required, including whether to close the case, offer voluntary child protective services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the following factors: existence or absence of present danger, impending danger, or future risk of harm to any child in the family unit; the ability of the family unit to manage identified child safety threats; the protective capacities of the family unit to mitigate identified risks; and/or the ability of services and supports to mitigate the identified risks. The Child Safety Specialist considers the family's recognition of the problem and motivation to participate in services without DCS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families with a high risk of future abuse or neglect to a child, whose needs cannot be sufficiently met through referral to community resources. If there are safety threats to the child in the home, a safety plan must be implemented, which may include out-of-home care. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

Office of Child Welfare Investigations

The Office of Child Welfare Investigations (OCWI) was established in 2012 to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety during child abuse investigations involving criminal conduct, as defined in Arizona Revised Statutes 8-201. The OCWI has criminal justice agency status but does not replace law enforcement's primary role and duty to investigate crimes against children. The OCWI may employ sworn peace officers; however, civilian non-sworn investigators comprise the majority of personnel. Currently, OCWI provides the majority of services in Maricopa and Pima counties, and will be expanding its services with the recent SFY 2015 appropriation.

The OCWI primarily receives referrals from the DCS Hotline, but referrals can also be submitted by DCS field investigations staff if, during the course of a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed. OCWI response times are immediately or within 24 hours. The OCWI investigator contacts DCS and law enforcement to develop an investigative strategy pursuant

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to joint investigative protocol, and to coordinate investigative assignments such as report participant interviews. The OCWI has the authority to protect children by taking temporary custody when safety cannot be guaranteed. The decision to remove a child is done in consultation between OCWI staff and Department staff. The DCS Child Safety Specialist is responsible for all child welfare functions following removal, including placement, filing a dependency petition, services provision, and case planning. Decisions regarding the child's placement and parent-child visitation are made in consultation between the OCWI investigator, DCS Child Safety Specialist, and law enforcement. The OCWI also assists in locating and recovering missing or abducted children known to the child welfare system.

Protective Services Review Team (PSRT)

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2014, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 15,834 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

The PSRT Manager has been working to develop consensus around practice, and is updating the PSRT manual to clearly delineate the practice standards. In addition, the PSRT Manager is working to expand functionality in the PSRT section of CHILDS, so that it assists staff, especially new employees, to achieve greater accuracy and efficiency in the entry and processing of investigation findings.

Multi-Disciplinary Approach Capacity Building

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between Child Safety Specialists, Child Safety Specialist Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place. Joint investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews, and the quality of these joint investigations can affect response timeliness, safety assessment, and provision of services to prevent removal or reentry

Multi-Disciplinary Child and Family Advocacy Centers have proven an effective means to coordinate safety assessment and services. Investigative Child Safety Specialists, OCWI staff in Maricopa and Pima Counties, law enforcement, medical professionals, advocates, mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial response, and allows for collaborative expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. Multidisciplinary teams (MDT) also play a crucial role in this process by establishing a mechanism to bring the identified professionals together to share ideas, review efforts to coordinate

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investigations, establish relationships, and provide inter-disciplinary education. Establishment of multidisciplinary teams, especially in counties that do not have advocacy centers, promotes best practice and coordination.

There are five advocacy centers in Maricopa County, two in Mohave County, and one each in Pima, Pinal, Coconino, Yavapai, and Yuma Counties. Four of the centers have a full Department of Child Safety investigation unit co-located at the facility. One or two Child Safety Specialists are co-located at the other two centers. Some local police departments in Maricopa County also have Department staff co-located at the various stations or precincts.

3. Family Preservation, Family Support, and Time-Limited Family Reunification Services

In-Home Family Support, Preservation, and Reunification Services

In-home children services are designed to support and enhance the family unit and preserve or reunify the family through a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible, and culturally responsive. Services may be provided in the family's home, the child's current and transitional placement, or in DCS offices. Services are referral driven and available to families who have had a report of child abuse or neglect, or who have a risk of abuse or neglect. The focus of these services is to improve the safety and well-being of families, enhance family functioning, increase competence in parenting abilities, foster a sense of self-reliance, reduce risk factors, increase protective factors, and stabilize families. These services can be provided without court involvement or as a court-ordered in-home intervention. Families can also be referred for in-home services provided by other state agencies, including behavioral health services and other community resources.

Services provided through the Department's Family Support, Preservation, and Reunification Services contract, known as the In-Home Service Program, are available statewide. This integrated services model includes 1) high risk intensive 2) moderate, 3) low risk family support, 4) reunification and placement stabilization, and 5) clinical assessment services provided in accordance with the needs of the child and family. The model is provided through collaborative partnerships between the Department, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible, culturally responsive, and evidence-based.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive clinical family assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the Child Safety Specialist; individual, family, and marital therapy (utilizing all types of therapeutic interventions based on the family's needs); communication and negotiation skills; structured parenting education and child development; problem solving skills and stress management; home management and nutrition; domestic violence treatment and/or education; behavioral management and modification; conflict resolution; anger management; job readiness education and training; peer mentoring; sexual abuse intervention (utilizing all types of therapeutic interventions based on need); coordination with Title XIX providers; systems of support; and development of linkages with community resources to serve a variety of social needs. The In-Home Service Program also assists families to access services such as substance abuse treatment, housing, and child care. Services are provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The following elements are fundamental to the In-Home Service Program and contract:

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- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Some services are crisis-oriented, thus initial client contact is made within twelve hours of receipt of the referral for an intensive case and within two consecutive days for a moderate case.
- Initial client contact is made within five working days for potential or low risk cases.
- In-home services are available to clients twenty-four hours per day, seven days per week, based on the needs of the family.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be provided for items or resources not otherwise available and deemed essential to family functioning through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place before the case is closed.

Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, representatives from the behavioral health network, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. programs.

The Department has several methods to monitor in-home service quality and outcomes including annual site visits, additional site visits as needed, technical assistance, random review of documentation, quarterly outcome data reports, customer satisfaction surveys, and Child Safety Specialist satisfaction surveys. Providers are responsible for achieving the following outcomes:

- 90% of families referred to in-home services for the intensive, reunification, and placement stabilization or moderate levels have signed the initial interim plan and agreed to services.
- 90% of families referred who have agreed to intensive, moderate, family support, or reunification/stabilization levels of service have shown overall improvement in areas identified in the Department-prescribed pre- and post-tests.
- 82% of children referred for family reunification services who are in out-of-home placement shall return to their home within thirty (30) days of the Order for Change of Physical Custody or if in voluntary placement, from the time of referral.
- 85% of children referred for placement stabilization services shall be safe and stabilized in the identified placement at the end of one-hundred twenty (120) calendar days from time of the referral.
- 90% of families successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports, excluding reports made by the Contractor, during service delivery.
- 90% of families' successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports within six (6) months of case closure.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody during service delivery.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody within six (6) months of case closure.

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- 95% of family satisfaction surveys returned shall express satisfaction with the contractor's service delivery based on a survey issued at closure.
- 95% of Child Safety Specialists involved with cases provided by the contractor during the time period shall express satisfaction with the contractor's service delivery based on an annual survey.

In-home service outcomes are compiled by the contracted providers and Department staff on a quarterly basis. The Department continually works to enhance and upgrade its database in order to produce statewide data on outcomes that are measured through a variety of data sources. This data is shared with all the contracted providers as well as Department leadership.

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

In order to stay current with the latest research on evidence-based practices, the Department sponsors an on-going evidence-based practices workgroup. Also, recognizing the importance of prevention as a key factor in keeping children safe, the new Department is developing an expanded service array that will focus on prevention, community outreach, and partnerships. The Department's strategic plan includes plans to expand in-home services and the SENSE program.

Parent Aide Services

Parent aide services are available statewide. In SFY 2014, approximately 6,000 families were provided parent aide services. These services are available to parents and caregivers whose children have been placed in the Department's physical/legal custody and are referred by the Child Safety Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Parent aides work with parents and caregivers by addressing safety threats, risks, and behavioral changes identified by the Child Safety Specialist through the safety and risk assessment process. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of visitation between children and their parents, guardians, significant others and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training.

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

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

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers using modalities that include substance abuse awareness, outpatient, intensive outpatient, residential treatment, and recovery maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and a recovery maintenance phase to manage relapse occurrences. As of June 2014, more than 59,000 individuals had been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 5,541 individuals were referred in SFY 2013 for substance abuse screenings or assessments, and an estimated 4,531 clients received treatment and supportive services, which is fewer screenings and clients served than in SFY 2012. AFF contractors made initial contact with families within an average of less than a day in SFY 2013, with actual services initiated, on average, 15 days after receiving the referral. The decrease in referrals and time to service initiation in SFY 2013 is attributed to the implementation of a new AFF contract. Service disruption occurred because the new contract required entire DCS regions to be served rather than counties, and the AFF providers decreased from eight to three contractors covering the entire state. There was a three month transition period, which corresponds to the time period of greatest impact to service delivery. Following the transition period, referrals again increased and service delivery continues to progress.

The most recent contract awards for AFF services were announced in January 2013 and became effective on February 1, 2013. All areas of the state are currently covered for AFF services. During 2013 and 2014, the Department has worked closely with ASU to update the web portal so data collection more closely aligns with the current contract language and program, which will improve the utility of the annual AFF report. The AFF report for SFY 2014 has not yet been published, but it is presumed that the figures on number of clients served for SFY 2014 will meet or surpass the SFY 2012 statistics.

Housing Assistance

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits, or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved in an open DCS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

The Housing Assistance Program is available statewide. Although there is no waiting list to receive these funds, affordable rental housing may not be available in all communities. Background checks by rental companies are another factor affecting the use of this program. Applicants with a history of evictions or of leaving units while owing money often have difficulty finding rental housing, despite the availability of Housing Assistance Program money.

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The maximum amount of money available to individual families through this program is \$1,800. In SFY 2014:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 833 children within 349 families throughout Arizona. This represents a decrease of 89 children and a decrease in only 6 families using the program compared to the SFY 2013 data of 922 children and 355 families.
- The total amount expended statewide was \$494,138 – about \$1,530 more than in SFY 2013.
- An estimated \$4,844,503 would have been expended by the Department for foster care maintenance if the 833 children who benefitted from Housing Assistance during SYF 2014 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SYF 2014 Housing Assistance Program expenditures of \$494,138 there was a cost avoidance of \$ 4,350,365.

4. Permanency Planning and Placement Support Services

Permanency Planning

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

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Department's policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by ASFA.

Timely permanency hearings within twelve months of the child's removal support achievement of the Department's permanency goals. At the time of the child's initial removal pursuant to court order, the parent(s) are informed that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. For children younger than three at the time of removal, Arizona law requires a permanency hearing within six months of the child's removal from the home.

The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for Child Safety Specialists to ask families when gathering information to assess strengths and functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. Child Safety Specialists arrange and monitor services to address risks within the home, maintain family relationships, support timely achievement of the permanency plan, facilitate information sharing

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among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Department involvement. This plan may be developed in a Team Decision Making (TDM) meeting. Follow-up and support services are put in place to ensure a safe and successful reunification.

Concurrent planning shall occur for all children placed in out-of-home care with a permanency goal of family reunification, when the prognosis of achieving family reunification within 12 months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the Child Safety Specialist will work toward the family reunification goal and the identified concurrent goal simultaneously. Concurrent planning activities are implemented to ensure alternate caregivers are identified and prepared to care for the child on a permanent basis. Concurrent planning focuses the family and team on permanency from the outset of the case, so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The Department's policy and training emphasizes the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests, and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption second only to family reunification. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights is not initiated when it has been determined that such action is not in the child's best interests and this decision has been approved by the region's Program Manager or designee.

All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living as another planning permanent living arrangement (OPPLA). The Department has clearly communicated statewide that long-term foster care is a goal of last resort. Department policy requires management approval of the long-term foster care goal, which is the state's version of OPPLA for children younger than sixteen. Many regions also require management approval for a goal of independent living, which is the Department's OPPLA goal for youth age sixteen or older. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

Placement and Placement Support

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

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

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

The CSRA process, TDM meetings, and Child and Family Team (CFT) meetings are used to identify caregivers, services, and supports to meet each child's needs. A TDM meeting is held for most removals or potential removals, during which parents, family members, DCS staff, and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and proximity to the birth family. TDM meetings are also held when there is a risk of placement disruption or an unplanned placement change has occurred, to develop a plan to achieve placement stability.

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

- identifying in the case plan the foster or kinship caregiver's needs, and the supports and services that will be provided to enable the caregiver to meet the child's needs;
- providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;
- reviewing each case every six months through the Foster Care Review Board process or the Department's administrative review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs – including visiting alone with the child if verbal.

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State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the child's placement needs and whether additional services to the foster family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation, and the planning of supportive services. The foster parent bill of rights includes the following:

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;
- to be informed of all information regarding the child that will impact the foster home;
- to contribute to the permanency plan for the child in the foster home;
- to have placement information kept confidential when necessary for protection of the foster parent and the foster parent's family;
- for assistance in dealing with family loss and separation when a child leaves the foster home;
- to be informed of agency policies regarding the foster parent's role;
- to receive training to enhance the foster parent's skills;
- to be able to receive services and reach agency personnel at all times;
- to be provided a reasonable plan for respite;
- to confidentiality regarding issues that arise in the foster home;
- to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age, or physical handicap; and
- to receive an evaluation of performance.

For American Indian children, placements must take place in accordance with the Indian Child Welfare Act, and the tribe must be notified whenever a placement change is considered.

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. For more information on behavioral health services, see Section III, 8. Services to Address Children's Educational, Physical Health, and Mental Health Needs.

Kinship Caregiver Identification, Assessment, and Support

The Department gives placement preference to relatives and people with a significant relationship to children who require out-of-home placement. The Department promulgates procedures recognizing that kinship relationships are not limited to blood relationships and require staff to identify all of the child's important emotional connections. Kinship placements provide the best possible means for maintaining connections to neighborhood, community, faith, family, tribe, school, and friends. Kinship placements typically provide homes for entire sibling groups, thereby reducing the number of sibling groups needing non-related foster homes and increasing the Department's flexibility to manage its foster family resources so that homes are available for sibling groups when needed. The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. For the past several years, around 33% of the children in out-of-home care were placed with kin. As of July 1, 2014, the percentage increased to 44%.

Department policy requires that adult relatives and persons who have a significant relationship with the child be identified and assessed for the placement of the child in out-of-home care. The assessment of a relative or significant person who asks to be a placement option must be initiated within ten working days

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of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated.

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

- Policy requires that the Child Safety Specialist identify relatives and persons who have a significant relationship with the child and have interest in providing care for the child. The Department's *Relative Search Best Practice Guide* is available through the on-line policy manual and provides information about the importance of finding and involving relatives in child welfare cases, as well as practice standards for conducting diligent and comprehensive relative searches.
- Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian to provide the names, types of relationship, and all available information necessary to locate persons related to the child or who have a significant relationship with the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.
- The case planning process guides staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. A case note type of relative contact is available in CHILDS, so that staff can easily locate information about kin and assessments of kin as placement resources.
- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Department to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin.
- If a relative cannot be located, the Child Safety Specialist can make a referral to the Department's Family Locate Unit.
- Team Decision Meetings are a helpful resource for locating kin. From July 2014 through April 2015, 3,503 TDMs were held throughout Arizona. Eighty-five percent (85%) of these TDMs were attended by at least one relative associated with the case. The total number of children discussed at these meetings was 10,616. The total number of the children achieving a relative placement as an outcome of a TDM was 2,860 or 27%.

The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among Child Safety Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship foster caregivers. SFY 2015 activity included the following:

- Relatives report that they are committed to caring for the children regardless of financial compensation, but placement of children can put significant financial strain on kinship families. In SFY 2015, the Department continued to actively encourage kinship caregivers to become licensed so they could receive financial benefits, the support of a licensing worker, opportunities

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to meet with others in their situation, respite care, and the greater perception of legitimacy afforded by completion of the home study and training processes. Department staff are required to discuss licensure and encourage kinship caregivers to become licensed in situations where it appears that the placement will not be of short duration. Policy and procedures require staff to review with the kinship caregiver information about all the benefits available to kinship caregivers, including TANF benefits, licensing, and non-financial services. The "Kinship Placement Agreement and Notification of Resources" form is used by the DCS Specialist to review financial and non-financial benefits that may be available to the kinship foster caregiver, and document that the resource conversation took place. This form was revised during this period and is an area of emphasis in case manager initial training.

- For those kinship families where foster care licensing is not appropriate or possible, it is recommended that the kinship caregivers apply for TANF cash assistance benefits for the child(ren). During this reporting period, the Kinship Specialist, in collaboration with staff from the Department of Economic Security's Family Assistance Administration, updated TANF cash assistance guidance sheets – one for Child Safety Specialists listing their responsibilities in the process and one for the kinship foster caregivers informing them about the process, requirements, and benefits. This was disseminated at the statewide supervisor conference in the fall of 2014, at field staff trainings at the unit and section levels (approximately 200 individuals were trained during this period), and one-by-one as situations came up with specific Child Safety Specialists and kinship foster caregivers.

Additionally, contracted agency staff who conduct the home studies handed out approximately 1,200 guidance sheets directly to kinship foster caregivers. If the children are benefit-capped or the caregiver encounters problems associated with obtaining TANF benefits for the child, the Department's Kinship Specialist is available to resolve case-specific barriers. The Department has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers and to trouble-shoot at the Central Office level kinship cases in any area of the state when a need is identified. The link between DCS and FAA has been extremely beneficial to kinship foster caregivers as they apply for TANF Cash Assistance. From January 1, 2015, through March 31, 2015, there was communication between DCS and FAA regarding trouble-shooting in the cases of 25 kinship foster caregivers on behalf of 63 children.

- In addition to training field staff regarding resources for kinship foster caregivers, kin themselves are also given information about resources. The Kinship Specialist has developed a valuable working relationship with Southwest Human Development (SWHD), an organization who is contracted to provide the kinship home studies in Maricopa County. SWHD staff generally enter the kinship homes early in the placement in order to conduct the home studies. At that time, they are giving kin: (1) the applications and encouragement necessary to apply for the TANF Cash Assistance which is the main source of financial support for kin; (2) the "kinship booklet" which is a comprehensive booklet, recently revised, intended to give important information to kinship foster caregivers; (3) encouragement and contact information for kin to attend supports groups; and (4) shoe vouchers. From an initiative within the faith community in the Maricopa County area, the Department was given shoe vouchers for children in care. These were certificates worth \$15 towards the purchase of shoes at Payless stores throughout Arizona. SWHD and other community kin-serving agencies distributed 1,000 shoe vouchers to children in kinship foster care during July of 2014.
- In 2013, the Arizona Legislature enacted a much-needed financial resource for unlicensed kinship foster caregivers. This is referred to as the "Grandparent Stipend." Eligibility for this resource includes all of the following: (1) applicants must be grandparents or great-grandparents, (2)

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there must be a DCS open case in which each child applied for is placed with the applicant by the Department, (3) the applicant cannot be receiving TANF Cash Assistance for the child(ren) for whom benefits are sought, (4) the applicant cannot be licensed as a foster parent, and (5) the applicant must have a household income at or under 200% of the federal poverty level established for the year 2013. The benefit of this program is \$75 per month to each eligible child, paid retroactively on a monthly basis and prorated on a daily rate to the kinship foster caregiver. This program requires renewed funding each fiscal year. The funding was available in SFY 2014 and has been renewed for the fiscal year beginning July 1, 2015. The availability of the Grandparent Stipend is especially critical for kinship foster caregivers who are caring for children who are "TANF-capped." Otherwise, grandparents are advised to apply for the TANF Cash Assistance rather than the Grandparent Stipend since the former is \$84 a month more than the Grandparent Stipend. During the current fiscal year to date, 285 kinship foster caregivers applied for and received the Grandparent Stipend. The amount of money paid out to all grandparents (both new cases and continuing cases) was \$682,983.

- Kinship foster caregivers are not required to become licensed foster parents for children in the care and custody of the Department. The number of kinship foster caregivers who are licensed has been very small but increasing. Between SFY 2012 and SFY 2014, the number of licensed kinship foster caregivers increased by 89%. If kinship foster caregivers choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. The waivers most often relate to some aspect of the sleeping arrangements. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. Many sibling groups are placed in these homes. Kinship foster caregivers often take all the siblings in the family who need placement.

Of the kinship foster caregivers who were granted a waiver during this period, 28 of them were placements for sibling groups of 4 to 7 children. From April - September 2014, 114 waivers of non-safety related standards were issued to enable licensing of kinship foster families, compared to 146 the previous year and 187 the year before that. By far, grandparents or great-grandparents requested and were granted the largest number of waivers, followed by aunts and uncles. More than 320 children have been able to maintain placements with kin due to the granting of waivers.

- Contracted providers assist the Department to train and license relatives as resource families. Two providers headquartered in the greater Phoenix area have developed specialized units dedicated to licensing kinship foster caregivers. Staff from these units provide specialized supports in consideration of the unique needs of kinship foster caregivers. Child care is offered during class times and specially trained licensing workers assist the kinship foster caregivers to complete necessary paperwork. Services are offered in both English and Spanish, and licensing workers accommodate each family's preferred meeting time and place for most appointments. In SFY 2015 two agencies had staff dedicated solely to working through the licensing process with kinship foster caregivers. Their outreach and support continue to contribute to a substantial annual increase in the number of licensed kin.
- One licensing agency has four units solely dedicated to licensing and supporting kinship foster caregivers in Maricopa County and parts of Pinal County. These units are located in Central and West Phoenix and currently have 29 staff, nine of whom are Spanish-speaking. From May 2014 through February 2015, 224 families attended a licensing orientation provided by this agency.

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Eighty-five of the 224 families received a new license during that time period. On May 19, 2015, this agency had 158 licensed kinship families. On that day there also were 80 families in the training process and 63 families who had completed the training but needed to complete another part of the licensure process. On May 19, 2015, there were 481 children being served through this agency, either in foster care or in an adoption study conversion process. As part of this program, kinship families are invited to events organized by the agency, including a spring picnic, a December holiday party, and free monthly training.

- A second agency serves all of Arizona. Some offices have dedicated units serving kinship caregivers and some have mixed caseloads, but all staff are aware of, and provide, the special supports kinship caregivers require for successfully completing the licensing process (e.g. extra help with paperwork, referral to resources for free or low-cost items required for licensure such as smoke alarms, fire extinguishers, locked cabinets, child care during training sessions, more frequent contact and encouragement). This agency was responsible for 138 new kinship families licensed between May 2014 and May 2015. At the current time, they have a total of 234 licensed kinship foster caregivers. Additionally, 82 kin are in the process of getting licensed and 30 have completed the licensing process but are lacking some detail needed to complete the licensing process. From May 2015 through February 2015, the agency converted 61 children from placement status to legalized adoptions. This agency holds educational and social events for kinship foster caregivers and the children placed with them on a regular basis.
- The Department continues to distribute its *Kinship Foster Care for Relatives Caring for Children in DCS Custody* booklet. This booklet is available in English and Spanish, and provides more extensive information for kinship caregivers, including information about:
 - the benefits provided to children in care;
 - financial and non-financial benefits available to kinship caregivers;
 - the benefits of becoming licensed;
 - the licensing process and licensing requirements, including standards related to criminal history;
 - licensing waivers;
 - the Department's expectations for the care and supervision of children, provision of transportation, and communication about the child's medical, dental, educational, and behavioral health status and needs;
 - medications or therapies for children;
 - approved discipline techniques;
 - visitation with parents and siblings;
 - caregiver participation in meetings and court hearings; and
 - case plans and permanency plans.
- Two of the state's five regions have staff designated to provide additional support to kinship caregivers and a third region has firm plans to allocate staff in that manner. These supports often include in-person contacts with kinship foster caregivers to identify and resolve unmet needs and provide information about local services and supports by support staff as case aides.
- The Department continues to partner with the Department of Economic Security's Family Assistance Administration and Division of Aging and Adult Services to join the Arizona's Children Association in implementing grant activities for a Fostering Connections grant. This three year grant was funded in October 2012, and ends in September of 2015. The primary focus is to provide kinship navigator services to kin (both formal and informal) in Maricopa, Pinal, Pima, and Cochise counties. From July 2014 through February 2015 the grant served 1,082 kinship foster caregivers who provide placements for 1,160 children. The primary goal of the

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grant pertaining to kinship foster care involves making "Arizona Kinship Support Services" and their toll-free number known to kinship caregivers as a resource they can call for help with a wide variety of topics. There are nine Kinship Navigators to respond to telephone calls and put kinship caregivers in touch with the resources they need, such as legal services, support groups, parenting education, foster licensing and adopting support, assistance with government agencies, and connections to food, housing, and clothing resources.

- The Fostering Connections grant continues to offer Kinship Information Sessions in both Phoenix and Tucson. From July 1, 2014, through February 28, 2015, 120 kinship foster caregivers attended in Phoenix and 70 in Tucson. These sessions give kinship foster caregivers important information about DCS policies and practices that affect them; financial and other resources available to support the placement, including licensing and medical care; and general information about court, the child welfare system, and kinship navigation services. Other activities supported by the grant include social events (167 attending), and Children of Incarcerated Parents adults and youth groups (192). Additionally, the grant continues to collaborate with the Department of Aging and Adult Services' Caregiver Hotline to provide telephone assistance and referral to kinship caregivers, and establish and maintain a web site to direct kinship caregivers to resources and supports.
- The Department is a member of the Central Arizona Kinship Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events, and education teams that address issues of importance to kinship families. The Coalition publishes an informational pamphlet for kinship caregivers, including those who are caring for children who are not involved with DCS. This pamphlet provides essential information to help kinship caregivers access services and supports. The Coalition consistently prioritizes getting input and direction from kinship caregivers to help guide Coalition activities. The Kinship Specialist attends the monthly meetings to hear about resources and services provided by the kin-serving agencies in Maricopa County and to make valuable connections. For example, during this time period, volunteers and staff from kinship-serving agencies in Maricopa County agreed to receive telephone calls from new kinship foster caregivers in the rural areas. These areas are not served by kinship support groups, which provide a critical opportunity for kin to get emotional support from others in their situation. Until such groups are formed in the rural areas, kin can get such support through their phone contact with staff in Maricopa County.
- Kinship resource and family support centers that offer services to strengthen kinship families currently exist in the urban areas. These centers are dedicated to the creation and preservation of adoptive, foster, kinship, and guardianship families. The centers provide a place for families to gain access to information and community professionals who can help them build happy healthy families. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. Arizona's Children Association continues to provide two strong and multi-dimensional programs for kinship caregivers in Phoenix and Tucson. The AzCA kinship programs offer information, education, and resource referrals for kinship foster caregivers and adoptive families. On-site services include assistance completing guardianship packets for probate court, a legal clinic with access to an attorney, support groups for caregivers (emotional support), case management, advocacy for caregivers dealing with system issues, senior support services for caregivers over fifty-five, adoption or guardianship training, youth activities, social activities for caregivers, skill building classes, and parenting class referrals. Many of these services are offered in both English and Spanish and free or low cost child care is often available.

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The Family Involvement Center, Duet, Benevilla, East Mesa Child Crisis Center, and the Family Resource Center are other programs in the Phoenix metro area that offer kinship services.

- The Department has partnered with Arizona State University Department of Public Programs to develop trainings for staff. During this time period, ASU, in collaboration with the Kinship Specialist, developed a 2-hour training module about general issues involving kinship foster care. This will become "specialized" training available to seasoned DCS staff beginning in the summer of 2015.
- The *Arizona Statewide* newsletter continues to include kinship foster caregivers in their mailings and in some of their articles. This newsletter is produced quarterly and mailed out to foster and adoptive parents as well as kinship foster caregivers.
- Administrative decisions within the Department will make 144 hours of respite care (provided by licensed foster parents) available annually to unlicensed kinship foster caregivers as of July 1, 2015. This is a needed resource for kinship foster caregivers to get time away from the children for family or other emergencies, as well as for rest and relaxation.

On June 30, 2014, there were 6,163 children placed in 4,144 kinship foster homes. Of the 6,163 children, 996 were placed in licensed kinship homes and 5,167 were placed in unlicensed kinship homes. Of the 4,144 kinship homes, 542 were licensed and 3,602 were not licensed.

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

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

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,042 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2014, 336 less than the 1,378 requests in FFY 2013. In FFY 2014, Arizona made 1,325 requests to other states for home studies, which was 15 less than in FFY 2013.

5. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include the placement of the child on the Central Adoption Registry, assessment of the child's placement needs, preparation of the child for

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adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the safety, social, emotional, physical, and mental health needs of the child. Meeting the child's needs is the primary consideration in the selection of a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Department and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The Department has also requested that the agencies recruit homes in specific geographical areas.

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

Arizona was awarded \$4,220,675 in Adoption Incentive funding in FFY 2014 for exceeding baselines during FFY 2013. Since the total amount of the Adoption Incentive awards earned by states exceeded the total federal appropriation for this program for FFY 2013, the award was footnoted as being prorated at 57% of the total amount earned. The remainder of the award earned by Arizona will be forthcoming when federal funds under this program are available. Arizona uses adoption incentive funds to support adoptive home recruitment resources and efforts. The funding is also used to support current adoptive parents who are having challenges navigating the behavioral health system and are caring for children who are at risk of re-entering the foster care system. There are no planned changes for the use of incentive funding next year. With the continued growth in children in out of home care in need of an adoptive placement, the Department anticipates expending the full amount earned in a timely manner.

Adoption Subsidy

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

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 19,441 on September 30, 2013 to 21,943 on

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September 30, 2014, for 2,502 new special needs adoptions being subsidized in FFY 2014. The Department reimbursed \$2,809,486 of nonrecurring adoption expenses.

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

- The Adoption Subsidy handbook provides information about the program and addresses questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is now available to assist families.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children.
- The Adoption Subsidy Mental Health Specialist provides adoptive parents with support to obtain behavioral health services for the children with special needs they adopted. The Mental Health Specialist is working with the RBHAs to develop protocols and procedures for working with adoptive children, and is providing further education related to behavioral health to the Department's Adoption Subsidy staff.
- Adoption subsidy staff participate in the November National Adoption Day celebrations
- The Lodestar Family Connections Center in Phoenix and the KARE Family Centers in Tucson, Phoenix, and Yuma continue to be valuable post-adoption resources used by families. The Department continues to identify new community resources for all children eligible for adoption subsidy.

Services for Children Adopted from other Countries

Community services are available to adopted children and their families, including families who have adopted a child from another country. These services can address risk factors associated with adoptive placement dissolutions and adoption disruptions. For example, private agencies such as Lodestar and KARE provide support services, including information and referral services and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

The Department of Child Safety makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect and the assessment determines there are risk factors that necessitate such services. In addition, when children adopted from other countries come into the custody of the Department of Child Safety, they and their families are provided protective and treatment services. Services are offered to resolve the problems that led to the child and family being involved with the Department and return the child to the adoptive family when safe and possible.

6. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody, and control of the Department. These are children for whom

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reunification and adoption have been ruled out as unachievable or contrary to the child's best interest. Medical services are provided to title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of payment. Many of the permanent homes supported by the Subsidized Guardianship program are kinship placements.

This program is available statewide to children in the custody of the Department exiting out-of-home care to permanent guardianship. The number of children served in the guardianship subsidy program at the end of September 2014 was 2,573. Due to the nature of guardianship, there is no significant increase or decrease in the number of children entering and exiting guardianship subsidy each month.

Independent Living and Transitional Independent Living

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at age of majority. Youth and Department staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age sixteen or older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2014, 8.2% had a permanency goal of independent living. The number of youth served by Arizona's Young Adult Program increased from 1,795 in CY 2013 to 1,921 in CY 2014.

State policy allows youth to continue to receive Department services and supports to twenty-one years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, eighteen through twenty years of age, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2014, 235 former foster youth received assistance from this program – an increase from the 214 former foster youth served in CY 2013.

A statewide Independent Living Policy Specialist provides consultation and technical assistance to staff and contracted agencies serving young adults, including annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth. Goal directed support and oversight is also provided by regional managers, supervisors, and program specialists.

The Department of Child Safety and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) continue to respond to the need for timely and accessible services to address the

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unique needs of families with teenagers by providing and developing services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists youth who will be moving from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the CFT determines that more time is needed for the youth to acquire the necessary skills. Upon request, a representative from the adult behavioral health system is required to attend the youth's CFT, starting when the CFT determines that the youth may have a serious mental illness (SMI) and the youth is age seventeen years or older. This representative provides information on available services and facilitates transition into the adult system.
- The Arizona Behavioral Health Planning Council has identified Transition to Adulthood as one of its key projects for the next year. The Council advises the Arizona Department of Health Services/Division of Behavioral Health Services on the State's utilization of Community Mental Health Block Grants and Substance Abuse and Prevention Grants. The Council will be meeting and interviewing youth and providers throughout the State of Arizona regarding the Protocol and assessing a proposal for a new position in the behavioral health system of Transition Navigator.
- In SFY 2013, the Arizona Children's Executive Committee's Clinical Subcommittee developed a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol and provided it to the RBHAs and behavioral health providers for utilization. The training's purpose is to ensure everyone involved understands DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority, and is a collaborative effort between local RBHAs, the Department, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. The training continues to be used regionally to support recommended behavioral health practice for children nearing the age of majority.
- Some child services continue to twenty-one years of age, when appropriate. This is supported by a special capitation rate for youth eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community.
- The Child and Adolescent Service Intensity Instrument (CASII), is used for all children ages six through seventeen to identify the need level and recommended service intensity. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Department, in conjunction with Comprehensive Medical and Dental Plan (CMDP), DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for its foster children. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. Arizona is moving towards creating a youth assent process for psychotropic medication prescribing. Focus groups have been held with foster youth across Arizona and their suggestions and comments are being used to create the assent process. AHCCCS and DBHS have encouraged the RBHA medical

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directors to begin utilizing a youth assent process for all youth as developmentally appropriate. The assent process will be required by contract in 2015.

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

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn eighteen years of age. This program provides continuous health coverage until the age of twenty-one, regardless of income. Over 700 additional youth who reached the age of eighteen while in foster care during the last year will benefit from this program.

Education and Training Vouchers

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

- was in out of home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is eighteen to twenty-one years of age and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at sixteen years of age or older; or
- was participating in the state ETV program at twenty-one years of age.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section XI, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

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

Family-Centered Case Management

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

Family members are encouraged to participate in the development of a behavioral case plan to address the risks and threats to child safety that necessitate DCS involvement. The case plan communicates to all parties the permanency goal, the reason why DCS is involved with the family, the desired behavior changes, and the

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services and supports that will be provided to enable behavioral changes. When applicable, the document describes child specific medical, educational, and independent living plans, a concurrent permanency goal and plan, and a visitation plan. The case plan includes documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. Child Safety Specialists are to monitor that the parents are engaged in services, and that the services and supports identified in the case plan are bringing the desired behavioral changes.

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

- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the Child Safety Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve years or older are to be included at critical decision points in the life of their case to ensure each child is: 1) informed of his or her role and rights in participating in the case plan and court proceedings; 2) informed about the Department's goal of achieving permanency for the child in a safe home; 3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; 4) made aware that individualized services addressing the reasons for Department involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Department policy require an exhaustive search for all adult relatives of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life.
- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into the case plan.
- Content on family engagement is currently included in Child Safety Specialist core training, as well as parent aide/case aide core training. Child Safety Specialist core training has an emphasis

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on engaging fathers. The Department's Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques.

- The Department's current supervisor core training includes a two day course on strength based supervision. The session includes coursework on best practices in group and individual clinical supervision, modeling strengths-based family-centered practice, and use of the parallel process during supervision. The course demonstrates the three functions of supervision: administrative, supportive, and educational.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training for resource parents.

Team Decision Making

Team Decision Making (TDM) is a strength-based decision making process to address the safety and placement of children. TDM meetings are a collaborative process involving DCS, family (custodial and non-custodial parents and the child if 12 years of age or older), family support, community members, and partnering agencies, including tribal representatives when applicable. By engaging family members, friends, and natural supports in decision making and the identification of safe placement options, TDM meetings assist in achieving permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, contact with fathers, identification of relatives for placement or support of the child, and identification of services to improve parental capacity to care for the child safely.

TDM meetings are held when emergency removal of a child has occurred, the removal of a child is being considered, there is potential for disruption or an unplanned placement change occurs for a child in out-of-home care, the permanency goal may need to change or a child may begin the reunification transition to their family, or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority). Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry or preserve a placement, discuss permanency options, and plan for adulthood. In some cases the family and team are able to identify a sufficient in-home safety plan. TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the Child Safety Specialist and DCS Unit Supervisor. TDM procedures help TDM Facilitators and Child Safety Specialists work hand-in-hand toward shared goals of child safety and selection of the best placement for the child. TDM meetings continue to be held in all regions and counties. In 2014, 2,612 or 48% of TDMs were for emergency removals, 1,790 or 33% were considered or pre-removal TDMs, 302 or 6% were Placement Stability TDMs (formally referred to as Change of Placement TDMs), 381 or 7% were Permanency Planning TDMs, 96 or 2% were Reunification TDMs, and 228 or 4% were Age of Majority TDMs (youth within six months of aging out the foster care system).

The Department continues to collect and disseminate data with regard to TDM including number of meetings by type, attendees, and child specific outcomes. In 2014, the Department revised the team-decision making training curriculum and implemented two skills development trainings for newly hired TDM facilitators. Additionally, TDM practice model strategies workshops were held with TDM facilitators statewide during quarterly meetings. In 2014 the statewide TDM policy was revised in an

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effort to better meets the needs of the Department and staff. The TDM Summary report was also revised to include summary reports for each TDM type. These were completed in an effort to better guide and reflect the TDM discussion. Regions are addressing issues of the roles and responsibilities of staff at a TDM by conducting TDM overviews with various staffing units. TDM facilitator staffing capacity has been maintained in urban areas during SFY 2014. However, TDM staffing remained an issue for rural areas. The Department will continue to make concerted efforts to increase the number of both pre-removal and permanency TDMs during SFY 2015.

Case Manager Contacts with Children

The Child Safety Specialist's contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; give parents, out-of-home care providers, and children (including children younger than twelve years of age) opportunities to identify their strengths, needs, progress, goals, and services; and gather information to ensure children's educational, physical health, and behavioral health needs are met. As a result, activities to improve the frequency and quality of Child Safety Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

Department policy requires that face-to-face visits between the Child Safety Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. The majority of contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any verbal child must be seen alone for part of each visit. Child Safety Specialists are required to consult with the out-of-home caregiver, the child (if verbal), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.

Department procedures and an extensive practice guide provide guidance on the content of contacts with children and out-of-home caregivers. In addition, Child Safety Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the Child Safety Specialist to document time spent alone with the child, efforts to involve the child in case planning, discussion about the child's educational, physical health, and behavioral health status, discussion about visitation and contact with parents and siblings, and other areas. Instructions and a detailed guide accompany the outline. The guide can be used in the field to prompt discussion about key areas and take notes.

At the state and regional levels, the Department monitors the frequency and quality of contacts with children and parents using the Business Intelligence Dashboard and the Practice Improvement Case Review (PICR). Supervisors can track summary statistics by unit and Child Safety Specialist on the Business Intelligence Dashboard, and can view case specific lists of child, parent, and caregiver contacts that still need to occur before the end of the month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents. The (PICR) instrument includes items to evaluate the frequency and quality of Child Safety Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to Child Safety Specialists and DCS Unit Supervisors, based on the case review findings. The PICR provides ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of each visit.

The Department is working to ensure that the total number of monthly Child Safety Specialist visits to children in foster care is not less than 90% of the total visits that would be made if each child were visited once per month. The increase of children in foster care has created overwhelming caseloads, and the completion of monthly caseworker visits with children is directly related to the availability of staff with

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manageable caseloads. To address this need, the Department has continued to actively strengthening case worker recruitment, retention, and training. Please see Section X for more information about these activities.

Case Manager Contacts with Parents

If the child's permanency goal is remain with family or family reunification, the Child Safety Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home, and incarcerated parents. These contacts are opportunities for the parents to discuss progress toward the behavior changes outlined in the case plan, and for the Child Safety Specialist to gather information to inform the continuous safety and risk assessment. Exceptions to monthly face-to-face contact with parents may be approved by the supervisor on a case-by-case basis, based on the unique circumstance of the family. At a minimum, the Child Safety Specialist is to have telephone contact or written correspondence with these parents once every three months. If the child's permanency goal is *not* family reunification or remain with family, the Child Safety Specialist consults with the DCS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known.

Family Locator Services

The Family Locate Team ensures that the children of Arizona have every chance to be placed with family members, relatives or other responsible parties to ensure their safety, stability and permanency. Federal regulation requires the exercise of due diligence in the location of parents or relatives of children removed from a home by the Department of Child Safety (DCS). State policy requires an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources for children in out-of-home care prior to key decision points in the life of a case and no less than every six months. In support of this requirement, family locate services was designated a centralized statewide program on July 1, 2010. Currently, the Team has one supervisor, nine locator positions and an administrative support staff member.

The Family Locate Team receives referrals from the Attorney General's Office, DCS Case Managers, the Hotline, and the Adoptions Unit (in select locations only). Referral receipt from the Adoptions Unit is a pilot that began in the fall of 2014. The pilot has worked well for all parties and may role out statewide.

The Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, relatives, and children. The unit utilizes the Children's Information Library and Data Source System (CHILDS), Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Hospital Based Paternity data (HPP), Juvenile Court Records (ICIS) and internet search sites including correctional facilities, the Social Security death index, and social media including, but not limited to, Facebook, Google, and Switchboard. The Department also utilizes a robust investigative tool, *Accurint*, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the Family Locate Team collaborates with Interpol, Foreign Consulates, U.S. Immigration and Customs Enforcement (ICE) and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. For the location of parents and relatives, the unit also uses the services of the Arizona Parent Locator Service (APLS) through the Department of Economic Security's Division of Child Support Services. From July 2014 to February 2015, the Family Locate Unit attempted to locate 6,700 people and obtained location information for 2,569.

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

Each child's Child Safety Specialist coordinates with the child's parents, out-of-home care providers, school, health care providers, and others to identify the child's needs and obtain or advocate for services. The Department encourages parents to identify their children's educational, physical health, and behavioral health needs, and participate in the development of case plans to address identified needs. The Department's safety assessment, risk assessment, and case planning process and tools guide the Child Safety Specialist to gather information about the children's strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health, and mental health needs; and services to address those needs.

Educational Services

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

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

The Educational Case Management Unit employs two full-time case managers to serve youth, statewide. The purpose of the educational case management unit is to help youth: 1) graduate from high school; 2) pass the Arizona Instrument to Measure Standards (AIMS) test (Arizona discontinued this requirement in 2015); 3) apply for postsecondary financial assistance; and 4) apply for post-secondary education. The Education Specialists provide general technical assistance to assigned case managers. To identify and meet the educational needs of youth in the Young Adult Program, the Education Specialists complete education assessments during in-person interviews with the identified youth. The information from the assessments assists the Education Specialists and assigned case managers in preparing effective education case plans for graduation from high school and transition to post-secondary education and training programs. Information on high school attainment can be found in the Section XI, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*. The Department partners with the Arizona Department of Education, school districts, and individual school personnel to

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identify educational barriers for youth in foster care and to assist youth to complete educational assessments that help Child Safety Specialists ensure each youth's educational needs are met.

Arizona's strong performance in meeting the educational needs of children has been achieved through continued communication about the necessity of positive educational outcomes for youth in the child welfare system, and resolution of systemic issues to improve timely and continual access to educational services. Activities to support educational outcomes for foster youth continued across Arizona in SFY 2015, including the following examples:

- The Department continues to strengthen and maintain its relationship with the local Educational Homeless Liaisons to support continuous enrollment of youth in the child's home school.
- The FosterEd Initiative pilot program in Pima County was launched in January 2014. This pilot program is guided by a local advisory council, which includes representatives from the Court system, the six main school districts, the Department's southern Arizona Education Specialist, and the Pima Region Deputy Program Manager. The FosterEd initiative addresses issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care. The initiative also provides for improved information sharing between the collaborating partners. One of the strategies is a web-based tool called "Goalbook," which provides a method for students, school staff, caregivers, case managers, and others to share current information on student progress, including needs and accomplishments.
- Changes in federal legislation (FERPA) removed barriers to child welfare staff obtaining school records for children in their care, improving their ability to assess and address children's educational needs.
- The Department's Education Specialists participated in the following activities:
 - ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system;
 - continuing to update and distribute a State Reference Guide to Arizona scholarships grants and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners; and
 - facilitating, in July, 2014, an interactive education workshop for youth across Arizona participating in the Annual State Youth Conference held in Rio Rico, Arizona.
- The two day "College Goal Sunday" was held by the Arizona Commission for Postsecondary Education. Over three hundred financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2015-2016 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted thirty sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Department's Education Case Management Unit also provided assistance at this event.

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- The Education Specialists staff attended the three day Transition conference in August 2014. The Arizona Department of Education's Exceptional Student Services, along with the Arizona Department of Economic Security's Vocational Rehabilitation Program and Division of Developmental Disabilities sponsored the event to collaborate and provide information for young adults with disabilities. This interagency collaboration was designed to improve postsecondary opportunities for young adults with disabilities in areas of employment, education, training, and adult living.
- In October 2014, both Education Specialists attended the Annual Arizona ACT State Organization Conference, which joined colleagues and various educators from across the state to focus on how to succeed in today's educational climate, including examination of tools and strategies to overcome obstacles to effectively supporting students pursuing higher education.
- In April 2015, OCJ Kids (Off Campus Jams) held the Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Department's Education Specialists participated by offering information on financial aid opportunities specific to current and former foster youth. Foster youth participated in the fair and were able to talk with various trade school and college representatives.
- In April 2015, Pima County Juvenile Court collaborated with the one of the Department's Education Specialists for the annual Youth Career Day held at Pima Community College. Young adults took a tour of the campus and learned about the center for training and development, financial aid, and scholarships.
- The Department's Northern Arizona Education Specialist helped youth achieve educational outcomes by:
 - assisting and collaborating with staff at Northern Arizona University (NAU) who initiated the "Fostering Success" program, which is designed to 1) provide current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and 2) offer personalized assistance to foster care students while attending NAU, to increase the number of graduates among youth who have aged out of foster care; and
 - participating as a member of the Arizona State University Nina Advisory Council, which is a scholarship program dedicated to providing educational opportunities for individuals who would not normally receive traditional academic scholarships and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support.
- The Department's Southern Arizona Education Specialist is a member of the Pima County McKinney-Vento Group. The goal of this group is to share updates and resources, and collaborate on projects that will benefit the children, youth, and families that we serve.
- The Department collaborated with Children's Action Alliance and Financial Aid Representatives for Post-Secondary Education to discuss and implement a new process for the Tuition Wavier Pilot Program for Foster Youth in Arizona.

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The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. Education remains an important issue under review with the State Youth Advisory Board.

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

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

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state. CMDP, in partnership with legal guardians and foster care providers, ensures the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Statewide, CMDP utilizes over 13,700 physicians and other appropriate medical and dental professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

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

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

Department policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The Child Safety Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. Furthermore, since the latter part of 2012, the data interface now maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

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No changes are anticipated in the geographic areas served by CMDP. CMDP has observed membership growth due to increases in the out-of-home care population. Average enrollment continues to climb as noted by the following data:

<u>Average Eligible Members</u>	<u>Growth</u>
2011 11,621	1.11%
2012 13,954	20.54%
2013 14,834	9.87%
2014 17,009	11.93%

Despite the continuing increase in children in out-of-home care, CMDP maintained very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintained its system of outreach and reminder notifications throughout SFY 2014. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the Child Safety Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective. The Department will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities to increase Child Safety Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental, and mental healthcare needs of children in out-of-home care.

Child Behavioral Health Services

Meeting the behavioral health needs of children served by the Department is the shared responsibility of DCS, the Department of Health Services' Division of Behavioral Health Services (DBHS), and the Arizona Healthcare Cost Containment System (AHCCCS). DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for title XIX eligible clients. In addition, five Tribal Regional Behavioral Health Authorities have Inter-Governmental Agreements (IGAs) with the Department of Health Services: the Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation and the Pascua Yaqui Tribe each have an IGA for both title XIX (Medicaid) and State Subvention Services. The Colorado River Indian Tribe also has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by the RBHA serving the geographic area. Also, tribal members continue to have the choice of receiving their care through their Tribal Regional Behavioral Health Authority (TRBHA), tribally operated behavioral health program or Indian Health Services. AHCCCS, Arizona's Medicaid agency, contracts with a statewide Children's Rehabilitative Services (CRS) health plan that delivers integrated services for children with a qualifying CRS condition, including behavioral health. For children in foster care who are not title XIX eligible, the Department's Comprehensive Medical and Dental Program provides coverage for behavioral health services. The Department of Child Safety's Behavioral Health Unit (BHU) provides consultation and technical assistance to DCS staff and other key stakeholders and to facilitate collaboration between DCS and behavioral health providers when barriers present related to behavioral health symptoms and/or treatment services for CMDP members.

The goals of the DCS BHU include the following:

- To ensure that all CMDP members are provided accessible, comprehensive behavioral health services in the most appropriate setting and in accordance with best practices designed to aid youth to achieve success in school, live with their families, avoid delinquency and become stable and productive adults as detailed in the Arizona Vision.

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- To ensure that CMDP members receive services to address the unique needs of this population including a focus on the following:
 - Provision of services consistent with the principles of Trauma Informed Care;
 - Access to Trauma Specific Interventions;
 - Empowerment and engagement of youth and families;
 - Provision of services and supports in the most developmentally appropriate/home-like setting possible, to support reunification/permanency, youth remaining with families and prevention of disruptions whenever possible.

BHU staff include:

- Behavioral Health Clinical Coordinators (BHCCs), who are assigned to each to ensure that the goals detailed above are implemented from an individual youth and family perspective;
- Behavioral Health Clinical Supervisors, who provide direct supervision and oversight of BHCCs;
- the Director of Behavioral Health, who provide direction and oversight to the overall functioning of the BHU as it relates to individual youth and family and system of care issues; and
- the CMDP Behavioral Medical Director, who provides extensive oversight of the behavioral health clinical activities within the BHU from an individual youth and family as well as system of care perspective, and provides subject matter expertise to DCS leadership on behavioral health and Trauma Informed Care.

Activities of the BHU include participation in CFTs/development of service plans; participation in professional staffings; participation in DCS Clinical Case Reviews (CCRs) for certain types of cases; attendance at court hearings; participation in hospital staffings/discharge planning; involvement in behavioral health related Notices of Action(NOAs)/denials of care; resolution of court orders; training and consultation; and advocating for youth and families for appropriate covered behavioral health services.

Behavioral health services for foster children include behavioral health assessments, individual, group, and family counseling, support and rehabilitation services, case management, psychiatric evaluation, psychotropic medication and medication monitoring, day supports, crisis intervention, and placement in appropriate therapeutic levels of care. Service coordination is provided through participation in CFT meetings for children who are title XIX eligible and receiving behavioral health services. As of October 1, 2010, all title XIX children are automatically enrolled in a RBHA based on their place of residence. For children in Department custody, they are enrolled in a RBHA based on their court of jurisdiction. Children with a CRS condition are enrolled in the single statewide plan regardless of their court of jurisdiction.

Child Safety Specialists refer children who have been removed from their homes to the statewide Urgent Response system to receive a comprehensive assessment of strengths and needs. The urgent response includes enrollment in behavioral health services and face-to-face evaluation. The evaluation results and recommendations are provided to the Child Safety Specialist to present to the court at the Preliminary Protective Hearing, where the proposed case plan and services are determined. The Child Safety Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment.

For younger children, the Urgent Response assessment is followed by a more in-depth Birth-to-Five Assessment that is first completed within forty-five days and can continue as an ongoing assessment process. If the initial screening or assessment for a child age birth to three indicates a developmental concern, the behavioral health provider makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's Child Safety Specialist and primary care physician of the screening results

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and referral to AzEIP, and includes AzEIP in the child's CFT meetings. If no developmental concern is noted, the behavioral health provider notifies the child's Child Safety Specialist and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are to be referred by DCS to AzEIP for a developmental screening.

Statewide, all RBHA service providers have been trained to use the Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood: Revised Edition (DC: 0-3R), which draws from empirical research and clinical practice. The DC: 0-3R is designed to help mental health and other professionals recognize mental health and developmental challenges in young children, understand how relationships and environmental factors contribute to mental health and developmental disorders, use diagnostic criteria effectively for classification and intervention, and work more effectively with parents and other professionals to develop effective service plans. The updated version provides clear and specific criteria for all diagnostic categories; explains criteria for identifying autism spectrum disorders in children as young as two; introduces new criteria for disorders of sleep, eating, relating, and communicating; clarifies the Parent-Infant Relationship Global Assessment Scale (PIRGAS); and includes checklists for identifying relationship problems, psychosocial problems, and environmental stressors.

The Urgent Response begins the development of the child's CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. The following twelve principals serve as a foundation for the model and the ISPs, which seek to involve the entire family in the child's treatment, as well as neighbors, community organizations, and community members identified by the family (such as members of faith-based communities, educational agencies, or youth organizations):

- Collaboration with the Child and Family – Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment, planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
- Functional Outcomes – Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- Collaboration with Others – When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health service plan is collaboratively implemented.
- Accessible Services – Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- Best Practices – Behavioral health services are provided by competent individuals who are adequately trained and supervised. Services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

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- **Most Appropriate Setting** – Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs.
- **Timeliness** – Children identified as needing behavioral health services are assessed and served promptly.
- **Services Tailored to the Child and Family** – The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
- **Stability** – Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.
- **Respect for the Child and Family's Unique Cultural Heritage** – Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- **Independence** – Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- **Connection to Natural Supports** – The behavioral health system identifies and appropriately utilizes natural supports available from the child's and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

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

The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. When funds are available, DBHS flexible funding of up to \$1,525 per child per year is available to achieve one or more of the following outcomes: 1) success in school or work; 2) living at the person's own home or with family; 3) development and maintenance of personally satisfying relationships; 4) prevention or reduction in adverse outcomes, including arrests, delinquency, victimization, and exploitation; and/or 5) becoming or remaining a stable and productive member of the community. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and help facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts, and logistics. The CFT explores all opportunities to maintain the child in the most appropriate setting, the home and community to the extent possible through the provision of a variety of wraparound and evidence-based services. The emphasis on supporting placement stability

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promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families.

DBHS has built the initial foundation for trauma informed care in Arizona. In conjunction with peer and family-run organizations and the RBHAs, DBHS sponsored Trauma Informed Care Dialogues throughout the state. These dialogues included system partners, including the Department of Child Safety, the Arizona Department of Juvenile Corrections, Juvenile Probation, the Department of Education, provider organizations, and community organizations. The purpose was to solicit ideas and suggestions for the design of trauma informed care in Arizona, and identify community needs in regards to trauma. The TIC Dialogues provided the behavioral health system with valuable information that will help to formulate an implementation plan for the coming years. From this input, DBHS developed information on trauma informed care, which was shared with the RBHAs. DBHS has also been working toward making trauma informed care the driving factor for the service planning that occurs in CFT meetings. In addition, DBHS, DCS and the RBHAs have been working collaboratively through the Foster Care Workgroup to rework the assessment process to include a trauma focused lens, a family focused approach as well as essential elements of assessment to meet the unique needs of youth involved with DCS/Child Welfare.

Department staff have been participating in conferences and webinars to learn about trauma informed care, as well as the developmental approach to child welfare services for young children. The Department has been learning about resources, such as the National Child Traumatic Stress Network, and the “CAPPD” strategy for trauma informed practice that was developed by Philadelphia-based Multiplying Connections. The Best for Babies initiative has provided training and technical assistance to counties developing Court Teams, including training by experts in services with a developmental approach and the impact of trauma on infant and toddler development. The Department will continue to collaborate with DBHS, Best for Babies, the courts, service providers, and others to develop trauma informed assessments, services, and training.

The Arizona Psychotropic Medication Oversight Team made up from members of AHCCCS, DCS, and DBHS has made the commitment to strengthen the following AACAP Best Practice Principles:

- Develop Integrated Data Sharing Systems to Ensure Care Coordination and Effective Monitoring and Oversight;
- Enhance Systems for Informed and Shared Decision-Making (Development of a Youth Assent process); and
- Increase Youth Engagement and Empowerment.

Arizona has made great progress in the first two of these goals and anticipates statewide implementation of both during 2014. The work products regarding oversight of psychotropic prescribing for children in care have been consolidated at: <http://www.azdhs.gov/bhs/children/CPS.htm>. In addition, in follow up to the December 2011 GAO report Arizona conducted a review of 2008 AHCCCS data in order to better understand psychotropic medication use in the Foster Care Population in Arizona. As a result of the findings from the 2008 data multiple interventions and protocols have been implemented. In order to analyze the impact of these interventions Arizona collected follow up AHCCCS data on the same indicators for 2013. The analysis of data demonstrated decreases in the ratio of Foster to Non-foster Youth on psychotropic medication in 2013 in comparison to the 2008 data including the following important findings:

- For youth Birth through 17 the overall ratio decreased slightly from 4.4 to 4.1
- For the age band of youth birth through 5 the ratio decreased significantly from 5.5 to 4.6
- For the age band of youth 6 through 12 the ratio decreased significantly from 5.1 to 3.9

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The decreases in the ratios identified above demonstrate successful implementation of interventions. An important intervention for the birth through six year old population has been the implementation of prior authorization criteria for all youth in this age group for ADHD and antipsychotic medications. These criteria require comprehensive assessment as well as the use of psychosocial interventions prior to initiating psychotropic medications. In addition, there has been a systemic focus for young children on the enhancement of evidence based psychosocial interventions for Foster Youth that are trauma specific and family focused. There is a need to better evaluate the practices for the teen population and to enhance development of a broad array of evidence based psychosocial interventions that are trauma specific, family focused and address developmental issues related to transitioning to adulthood. Continued focus on the issue of psychotropic medication use in the Foster Care population will be essential to ensure availability of the most appropriate behavioral health interventions and positive outcomes for this high risk population.

CMDP has developed another process focused on the appropriate utilization and oversight of psychotropic medications for DCS/child welfare youth who receive these medications from their Primary Care Physicians. This process monitors Primary Care Physicians (PCPs) who prescribe psychotropic medication for ADHD, anxiety and depression. A retrospective review of PCP medical records is conducted during PCP Psychotropic Prescribing Oversight Meetings, which have participation from the CMDP Medical Director, Behavioral Health Medical Director, Director of Behavioral Health Services, Behavioral Health Nurse, and the Behavioral Health Care Coordinator to ensure that the prescribing of psychotropic medication is consistent with established guidelines. In the event the guidelines are not followed interventions are implemented as appropriate.

Collaboration with the Behavioral Health System

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

The Department participates in the following ACEC subcommittees:

- *The Clinical/Adolescent Substance Abuse Subcommittee* – In SFY 2013, this subcommittee developed Transition Training for system partners, youth, and parents. This training was developed with participation from representatives of child welfare, behavioral health, the Administrative Office of the Courts (AOC), and the RBHAs. The training content and medium was developed in collaboration with DCS, local RBHAs, the DES/Division of Developmental Disabilities (DDD), AOC, the Department of Education, and behavioral health providers. The

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subcommittee also completed a pilot webinar presentation, made necessary changes identified through the pilot, and conducted the broader roll-out to system partners. The training's purpose is to build among all partners an understanding of DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority. The ACEC has not yet assigned new tasks for the upcoming year, but two tasks are being considered. The first is to review the System of Care Practice Review (SOPCR) data to identify any deficiencies in Arizona's current CFT practice and propose remedies for those deficiencies. The second is to review the current implementation of the Child and Adolescent Service Intensity Index (CASII) to monitor fidelity. New tasks have not been assigned to the committee as DBHS is evaluating the various committees across the system to determine which committees can be disbanded or consolidated.

- *The Training Subcommittee* – This subcommittee has been designing a curriculum to educate the school system about the CFT process and the role of educators in CFTs; educate families of children with behavioral health needs about the educational system and its role in their children's lives; and educate the behavioral health system about the school system, legal requirements, special education, educational interventions, and collaboration with school systems. The curriculum will contain sections such as: Navigating the School System, Facilitating School Involvement in CFT Practice, and Joint Planning between Schools and Behavioral Health. As each training module is developed and tested, the guide is being adapted to make the information easier to understand and teach. The final draft of the training has been completed and the training of master trainers across the state has been completed. The committee is now working on training to educate the education system about children's behavioral health.
- *The Family Involvement Subcommittee* – In SFY 2013, this committee worked closely with the Salt River Pima Tribe to assist them to increase family involvement with tribal behavioral health services. Committee members were invited to speak to the Tribal Council and received council support for their efforts. The committee researched the effects of bullying on children and reached out to several school districts to discuss the effectiveness of current Arizona policy regarding bullying in the schools. This is no longer an active committee for the ACEC.

The Department is also represented on Arizona's Behavioral Health Planning Council, which is responsible for advising, reviewing, monitoring, and evaluating all aspects of state mental health plan development, as required in PL 99-660, 100-639 and 102-321. The Council advises, reviews, monitors, and evaluates the Substance Abuse Prevention and Treatment grant. The Council is increasing the board membership with community members and professionals who have experience with substance abuse assessment and treatment. The Department's Statewide Behavioral Health and Appeals Coordinator was appointed to the Council and serves on the Council's Planning and Evaluation Committee, Community Advisory Committee, Advocacy and Legislation, and Executive Committees. The Executive Committee is responsible for overseeing the review of the state plan for the Council. The Statewide Behavioral Health and Appeals Coordinator began serving as the chair of the board on January 1, 2014.

Guidance for support and rehabilitation services is provided by local community-based family-led committees throughout the state, to best meet the needs of children and families in the community. The committees' goals are to:

- Increase awareness and utilization of the Support and Rehabilitation Services listed in the DBHS Covered Services Guide.
- Create a flexible, community-based workforce that is able to be molded by CFTs to help

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accomplish the work designed by CFTs without programmatic limitations.

- Support youth and families with the most complex needs in order to help them live together in the community successfully and avoid out-of-home placements. This assumes the ability of providers to work with youth with extremely complex behavioral needs, including handling dangerous behavior when it occurs.
- Help integrate youth and families within the communities in which they live. This requires providers to conduct activities in the community; provide transportation to, during, and from support activities; and assist youth with the self-administration of medication when needed in order to participate in community activities.

The Department's CMDP meet regularly with DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing, and data reports. There is an Arizona Psychotropic Medication Oversight Team made up from members of AHCCCS, DCS, and ADBHS. This group has made the commitment to strengthen the following American Academy of Child and Adolescent Psychiatry (AACAP) Best Practice Principles:

1. Develop Integrated Data Sharing Systems to Ensure Care Coordination and Effective Monitoring and Oversight.
2. Enhance Systems for Informed and Shared Decision-Making (Development of a Youth Assent process).
3. Increase Youth Engagement and Empowerment.

Arizona has made great progress in the first two of these goals and anticipates statewide implementation of both during 2014. The work products regarding oversight of psychotropic prescribing for children in care have been consolidated at: <http://www.azdhs.gov/bhs/children/CPS.htm>.

DBHS has implemented its Outcomes Framework and Dashboard. This system reports on several elements, which are listed below. The most recent data from DBHS reports:

1. Quality of life is defined by whether the child:
 - With a history of substance use is now abstaining from drugs (57.1%),
 - Is now employed (14.8%),
 - Attends school (86.0%),
 - Is not homeless (99.8%),
 - Has no recent involvement in the criminal justice system (97.3%), and
 - Participates in self-help groups (4.8%).
2. Access to recovery and resiliency oriented services is defined by whether the child:
 - Is satisfied with access to services (83.7%),
 - Receives timely services (90.1%), and
 - Lives within 15 miles of an outpatient clinic (95.8%).
3. Services delivery is defined based on the individual needs of the child by determining:
 - If they participate in treatment planning (92.9%),
 - If they have current and complete service plans (84.0%), and
 - If they receive services identified on their service plans (85.2%).
4. Coordination of care is defined by individuals receiving seamless behavioral and medical

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- care coordination as determined by whether the child:
- Has their care coordinated with their medical doctor (90.0%),
- Returns to a psychiatric hospital (7.1%), and
- Average length of stay in a psychiatric hospital (10.1 days).

In SFY 2013, the Department's Adoption Subsidy program hired a Behavioral Health Clinical Coordinator who is available to adopted parents to assist them in navigating the behavioral health system. The Coordinator has begun to meet with RBHA staff across the state to discuss the unique needs of adopted children. The work between DBHS and the Adoption Subsidy Mental Health Specialist has opened the door to issue resolution and has provided an avenue for clarifying practice protocol. The Adoption Subsidy Behavioral Health Clinical Coordinator has established a collaboration protocol between the RBHA in Maricopa County, Adoption Subsidy, and adoptive families. Community education and development of adoption specific support are ongoing.

Several navigational tools have been updated and are available to empower families to support their adoptive children in the mental health and educational systems. The mental health specialist is also available to assist with formulating plans to meet the unique and combined complex needs of children and families providing permanency through adoption. The establishment of protocol for accessing, utilizing, and exhausting community resources in order to provide the maximum benefit of available resources to children and families is being introduced. The total number of children served by adoption subsidy is 20,614 in 15,895 families. This is an increase of 1,405 children in 954 families since July 1, 2013. A database has been established to provide a comprehensive picture of the children that do not establish permanency through adoption and have ongoing involvement with the child welfare system. Tracking will gather information to identify gaps in service availability, access, or adequacy to support and improve child welfare outcomes. The need for early and ongoing adoptive parent support and education has been identified as an issue that needs further discussion and exploration within the behavioral health and adoptive communities.

DBHS maintains several practice protocols that provide clinical guidance with no required elements and five practice protocols with required elements. DBHS monitors the RBHAs' compliance with the required elements in the practice protocols on:

1. The Child and Family Team Practice
2. Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents (with attachments)
3. Children's Out of Home Services (with Home Care Training to Home Care Client (HCTC) attachment)
4. Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age (with attachment)

The *Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS* practice protocol is without required elements, but remains a clinical guidance document. Additionally, the "Unique Needs" training remains a required training for all behavioral health providers who provide direct service to children and/or families in the child welfare system. Department staff continue to co-facilitate these trainings with each RBHA. Training evaluations indicate that these have been beneficial as behavioral health providers become more aware of the legal and administrative constraints within which Child Safety Specialists must work. Additionally, behavioral health providers report improvements in their understanding of the impact of removal and foster care on a child's emotional and behavioral development. The training is being updated to address recent changes in Arizona laws and policies, and to add a component on adoption.

The Department also provides services to treat behavioral health issues that contribute to safety threats or risks to children. The Department's in-home services program provides therapeutic support for families,

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and the Comprehensive Medical and Dental Program (CMDP) provides behavioral health services to address the mental health needs of children who are not title XIX eligible. The Arizona Families F.I.R.S.T. program provides substance abuse assessment and treatment services. The Department also provides specialized psychological evaluations or other services on a case by case basis. Efforts continue to improve efficiency and ensure families receive necessary services. A cross-walk of behavioral health and DCS services was developed to help staff better utilize clinically necessary title XIX funded services.

Children who are enrolled in the Children's Rehabilitative Services (CRS) health plan now provides all of the mental health services to the CRS eligible population. CMDP Behavioral Health Unit has taken the lead for the care coordination of these members, as they are typically a medically fragile population. The CMDP Behavioral Health Unit will provide assistance to the field for any behavioral health issues for CRS enrolled children. The Department, including CMDP, meets weekly with the new health plan in developing and implementing a transition plan for all of the CRS enrolled children into the new partially integrated health system. CMDP will continue to provide medical coverage for any non-CRS condition.

Services to Populations at the Greatest Risk of Maltreatment

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the DCS Hotline and enter out-of-home care at higher rates than children over age five. The majority of children who die due to abuse or neglect by a parent or caregiver are age five or younger. Services targeted to this population are described below. In particular, the Healthy Families Arizona program and the SENSE program are specially designed to meet the needs of families with children ages birth through five:

- The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service Child Safety Specialist, and representatives from the behavioral health network, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs.

Services for Children under the Age of Five

The number of children who were under the age of five and in out-of-home care has been increasing, reaching 6,106 children on September 30, 2014. This is a 9% increase from one year prior and a 44% increase from three years prior.

Of children who were under the age of one and entered care for the first time in CY 2013, 28% exited to reunification within twelve months of entry and 33% exited to reunification by December 31, 2014. Of

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children who were age one through five and entered care for the first time in CY 2013, 38% exited to reunification within twelve months of entry and 47% exited to reunification by December 31, 2014 (Chapin Hall State Data Center). Services are provided to maintain the parent-child relationships and achieve reunification when child safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2011, 53% had exited to adoption by December 31, 2014. Of children who were age one through five at the time of first entry in CY 2011, 32% had exited to adoption by December 31, 2014. Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See Foster and Adoptive Parent Diligent Recruitment Plan, submitted with this APSR for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by Child Safety Specialists when determining if a safety threat is present.

Services have been designed to meet the developmental needs of young children, including needs for placement stability and early permanency, such as the following:

- The Arizona Department of Health Services/Behavioral Health Services (BHS) continues to maintain protocols regarding infant and toddler mental health, including "Working with the Birth to Five Population" and the "DBHS Practice Guideline Psychiatric Best Practice For Children Birth to Five Years of Age." The psychiatric best practice guidelines include a mandatory assessment for medication taper to be conducted every six months until the child reaches the age of five, mandatory use of psychotherapeutic interventions, before the prescribing of any psychotropic medication for children under the age of five, and required consultation and re-consultation of prescriptions by a non-child psychiatrist with a board certified child and adolescent psychiatrist if medications are prescribed for a child under the age of five.
- BHS has also implemented its Outcomes Framework and Dashboard. This system reports on certain elements including access to recovery and resiliency-oriented services and whether services are based on the individual needs of the child.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs meet regularly to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role.
- Children in Apache and Navajo Counties are referred to a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development. All families of children born at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.

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- Staff training includes instruction on the needs of young children. Child Safety Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program (Part C) and the local Regional Behavioral Health Authorities around the state. For instance in Maricopa and Yavapai counties, the Best for Babies program provides bi-monthly Lunch and Learn trainings for DCS staff as well as community providers on topics related to the unique needs of maltreated young children.
- The CMDP Medical Director provides trainings on identifying child abuse and neglect and the identification of substance-exposed newborns. Because most of the very serious injuries happen to children under age five, generally under age two, the majority of the training focuses on the injuries seen in these age groups. These trainings are attended by foster care providers, licensing agencies, judges, attorneys, CASAs, GALs, and DCS staff.

The Best for Babies/Court Teams project is a statewide juvenile court initiative to improve permanency and well-being outcomes for children age three and younger. The Best for Babies/Court Teams project is built on a highly successful model created by ZERO TO THREE, the National Center for Infants, Toddlers, and Families. Each Arizona county juvenile court establishes its own priorities. All fifteen counties in the state, and the Gila River Indian community, are engaged in overarching goals of increasing shared knowledge within the child welfare system of the unique needs of infants and toddlers and improving outcomes for maltreated infants and toddlers in the juvenile court. These goals are addressed by:

- engaging leadership of judicial officers for systems improvements in both the court system and in the child welfare system;
- providing training in “best practice” to community professionals;
- providing technical assistance to court personnel and child welfare leadership;
- encouraging collaboration between community service providers; and
- increasing frequency and quality of parent-child contact, infant mental health capacity, and placement stability.

Key focus areas for the Arizona effort include training on the unique needs of infants and toddlers who have experienced trauma and separation, coordination of services on a case-by-case basis, and cross-systems changes at every level to achieve what is in the best interest of the young child. Best for Babies seeks to achieve comprehensive assessment, timely services, parent engagement early in the case via judicial attention to timeframes, and frequent hearings to monitor progress, prevention of placement changes, frequent visitation, concurrent planning, reduced time to permanency, and reduced re-entry rates for young children.

First Things First continues to contract with Prevent Child Abuse Arizona to implement Best for Babies/Court Teams in Maricopa County, which is home to 65% of the state’s population. Assignments of all children birth to three years of age are made to "Baby Courts" with specially trained and dedicated judicial officers who commit to five years working in these courts.

Highlights of the successes and activities of Best for Babies in SFY 2015 include the following:

- During SFY 2014 over 2,300 young children were added to the Maricopa caseloads served by the Baby Courts, in addition to the 1,365 children age 0-3 served in 2012 and 1,794 served in 2013.
- The Maricopa Cradle to Crayons (C2C) Child Welfare Center opened in 2012 and continues to

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house visit coaching, parent and child trauma therapy, a dependency treatment court, and staff and administration for the program. Judge Colleen McNally, appointed Presiding Judge of the Maricopa Juvenile Court, continues as the judicial officer of the new Dependency Treatment Court at the C2C. This court began enrolling parents on a voluntary basis in November 2013 and as of April 2014, over 65 parents were enrolled. (As of June 2015 220 parents had participated in DTC; 107 participated in trauma therapy.) In June 2013, the C2C East opened in the South East Facility. In April 2014, Dr. Julie Larrieu from the Infant Parent Program at Tulane University worked with C2C staff and select community members to increase their knowledge about child-parent psychotherapy. C2C staff continue to work with Dr. Larrieu to become certified in CPP.

- Maricopa Lunch and Learn Trainings in 2015 included the following topics:
 - Early Identification of Autism
 - Post-Traumatic Stress Disorder
 - Fetal Alcohol Syndrome
 - Let's Play: Secure Attachments with Young Children in Foster Care
 - The Littlest Victims: How Domestic Violence Impacts Babies
 - Being Trauma Sensitive to Create Better Outcomes for Infants and Toddlers in Foster Care
 - ACEs and Trauma Therapy for Parents of Infants and Toddlers in Foster Care
 - Handle with Care: Substance Exposed Newborns
- In Feb 2015, Dr. Charles Zeanah addressed the Sally Campbell Memorial Best For Babies Seminar on Developmentally Appropriate Foster Care for Infants and Toddlers. More than 300 court and child welfare professionals from throughout the state attended.
- In July 2014 Prevent Child Abuse Arizona & the Administrative Office of the Courts co-sponsored an all-day Pre-Conference training for all Best for Babies court teams in the state. Attended by 12 judicial officers and over 100 community stakeholders, the day featured an address by Joy Osofsky, PhD, Tulane University and international expert on healing child trauma. Arizona systems partners also presented brief sessions on Arizona Early Intervention System (Part C), Birth to Five Assessment, Family Time Visitation, and Comprehensive Medical and Dental Program (CMDP).

The AZPS-MAPP curriculum for resource parent training includes activities that teach about the needs of infants and toddlers. Using case examples with young children, participants assess each of the components of well-being for infants and toddlers, and each of the components of well-being for an infant prenatally exposed to drugs. Training activities are designed to develop participants' abilities, such as:

- keep children and youth physically, mentally, emotionally, socially, and spiritually/morally healthy in a foster home;
- promote, rebuild, and support positive attachments of children and youth in foster care;
- apply in the case example ways to meet basic human needs and build attachments;
- explain how a child's attachment affects his sense of well-being;
- explain how behaviors are indicators of underlying needs;
- describe personal emotional reactions that may create challenges for selecting effective parental interventions;
- choose specific behavioral strategies and techniques that assure a child's safety;
- openly discuss their feelings about the simulated placement of a two and a half year old boy from day of placement to six months in their home.

Section IV

Assessment of Performance Achieving Outcomes

Assessment of Performance Achieving Outcomes

The Department continually assess performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Data is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. This APSR provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS) or produced by the Department, internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY) or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Department reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. Profiles provided to the state by DHHS following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Department, as required by Arizona statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Department uses a data dashboard to track performance on several key indicators, including but not limited to timeliness of initial response to reports, timeliness of investigation finding data entry, the number of open and closed initial assessments, in-person contacts with children, parents, and out-of-home care providers, child removals and returns, time to reunification, and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the Chapin Hall Center for Children at the University of Chicago for inclusion in a multistate data repository. Chapin Hall organizes the data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review (PICR)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. The number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served. In addition, percentages can fluctuate substantially from year to year due to small sample sizes and sampling error, rather than an actual change in performance. The PICR results do provide information about areas of relative strength and need in the Arizona’s child welfare outcomes, which helps the Department to target areas for further analysis and improvement. More information about the Practice Improvement Case Review is located in Section V, 3. Quality Assurance System.

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1. Case Volume and Workforce Resources

Child Safety Specialist caseload continues to be a primary challenge facing the Department, which affects performance in relation to all safety, permanency, and well-being outcomes. Child Safety Specialists have been carrying caseloads well above the standards for many years. Growth in DCS Hotline reports, in-home cases, and the number of children in out-of-home care has outpaced the Department's ability to hire and retain staff, so caseloads have continued to grow and exceed the Department's caseload standard, which is:

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

Caseload growth has occurred throughout the Department. For example:

- The number of reports responded to by a Child Safety Specialist increased 15% (6,222 reports) in FFY 2014, to 46,597 (*Child Welfare Reporting Requirements Semi-Annual Report*). This continues a four year trend of increasing report volume.
- The number of children and young adults in out-of-home care continued to grow in FFY 2014. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 13% increase from September 30, 2013 to September 30, 2014. On September 30, 2014, the number of children and young adults in out-of-home care in Arizona was roughly 17,000. This data includes youth who voluntarily remained in out-of-home care after turning 18.

There has been focused work to fill 100% of positions and reduce turnover in order to develop sufficient staff resources to provide quality services to this growing number of children and families. Significant work has taken place to fill positions statewide, including frequent meetings between Executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. To support this effort, the Department has implemented several statewide strategies:

- The Department continues to employ a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates. The Department has centralized the statewide recruitment of the DCS Specialist classification, under the direction of the Recruitment Manager. In the SFY 2015 budget appropriations, the total number of positions increased to 1,406. The Department continues its active recruitment process to fill all positions. As of April 2015, the Department had filled 96% of the 1,406 positions.
- In February 2014, the Department received emergency supplemental funding, which increased the number of supervisor positions from 180 to 200. The new SFY 2015 budget appropriations increased that number to 218. The Department is actively recruiting to fill these supervisor positions, which will reduce the Child Safety Specialist to supervisor ratio. As of April 2015, the Department had filled 99% of the 218 supervisor positions. With these new staff, the Department was able to increase the number of units by 31, including 10 in the Central region, 12 in the Southwest Region, and 9 in Pima Region.
- The Department continues to implement a practice of contacting every candidate three times by phone, with email follow ups, which has increased the number of interviews. The Department is currently focusing on applicant quality as well as volume.

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- The Department continues to post job listings/requisitions for specific regions on azstatejobs.gov to encourage applications from individuals searching for employment in a specific community.
- To properly facilitate the new centralized recruiting process, two staffing analysts and two coordinators continue to manage the applications process. Through these process improvements, the Department has become extremely efficient in navigating applicants through the hiring process, leading to better results.
- The Department implemented a career ladder for case aides to promote into Child Safety Specialist I positions, which brings staff already familiar with the child welfare system to areas of need. The first Undergraduate Child Welfare Case Aide Core: DCS Case Aide started in Spring 2014 with 13 Case Aides. The Case Aides completed the program and were promoted in January and February of 2015 to Child Safety Specialists.
- The Department of Child Safety Specialist IV classification, created in July 2012, has opened promotional opportunities for senior staff, and as of April 2015 there were 141 DCSS IVs statewide. DCSS IVs assist supervisors with mentoring and educating new hires in the DCS classification. The Department revised the position description based on feedback from current CSS IVs and their leadership. The revision will allow the DCSS IVs to take on some expanded duties to better assist the staff they mentor and their unit supervisors. In order to better equip the DCSS IVs to perform the new duties, they attend function specific Supervisor Core courses.
- The virtual job tryout combines custom job simulations and assessments with a variety of realistic job preview features for potential job candidates. The Department launched the realistic job preview in September 2013. Feedback from candidates has been positive. When asked "Having participated in the Virtual Job Tryout experience, I am better equipped to determine if the Child Safety Specialist role is right for me," 65% strongly agreed. When asked if "The Virtual Job Tryout provided me with a better understanding of the Child Safety Specialist role," 66% strongly agreed. The Department is also engaged in a Talent Science pilot that will roll out in July 2015.
- To expedite the fingerprint card process, a full time person at the Department of Public Safety currently handles all requests for fingerprint cards. Currently, the average processing time is thirty days for a new card and sixteen days for validation of an existing card. This falls perfectly into line with the new Child Safety Specialist core training timeframes. At the same time a new Child Safety Specialist completes core, their card is ready, so they can begin to apply what they have learned with minimal down time.
- The Department is deploying laptops with 4G capabilities to field staff so they can look up and enter information while in the field, without having to contact the field office and use a second person's time.

See *Section X: Child Abuse Prevention and Treatment Act State Plan Update*, for more information on the Department's workforce.

2. Safety Outcomes 1 and 2

Safety Outcome Progress Measures

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, CHILDS extract date 6-6-15)

FFY 2013:	54.9% (of 43,653 reports)
FFY 2014:	60.3% (of 47,387 reports)

The Department's Practice Improvement Case Review instrument includes a determination of whether each alleged child victim was seen face-to-face and alone during the initial assessment. The requirement to see each child alone during the initial assessment exceeds the federal requirements. The Department will adjust this item to align with the federal CFSR requirement and will report this data starting with the CY 2016 case review results.

CFSR Measure: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.1% or less (CFSR Data Profile 5/26/2015)

FFY 2012-2013:	5.3%
FFY 2013-2014:	5.7%

CFSR Measure: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12 –month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 8.50 or less (CFSR Data Profile 5/26/2015)

FFY 2013:	2.36
FFY 2014:	2.72

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry) will be 95% or more (Initial Assessment PICR Item 6.A.4.)

CY 2013:	73% (24 of 33 applicable cases)
CY 2014:	66% (25 of 38 applicable cases)

Item 6.A. of the Department's Practice Improvement Case Review instrument evaluates whether the Department made concerted efforts to prevent removal or re-entry by taking the least intrusive actions to control safety threats, such as provision of safety services, services to address risk, and/or development of an in-home safety plan to control the safety threats.

The number of children in out-of-home care under the age of eighteen will decrease by approximately 2% annually (*Child Welfare Reporting Requirements Semi-Annual Reports*)

Statewide 9/30/12:	13,509
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Statewide 9/30/13:	14,406	(6.6% increase)
Statewide 9/30/14:	16,248	(12.8% increase)

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 6.A.3.)

CY 2013:	85% (28 of 33 applicable cases)
CY 2014:	75% (30 of 40 applicable cases)

The percentage of in-home and out-of-home cases in which the agency completed the risk and safety assessments at times required by State policy, maintained an up to date safety plan, and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1)

CY 2013:	24%
CY 2014:	22% (22 of 98 applicable cases)

Assessment of Performance Achieving Safety Outcomes

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified interventions to improve safety related processes and safety outcomes. While there are areas of strength within these processes and outcomes, the Department's safety outcome data supports the conclusion that insufficient capacity and lack of standardized decision-making have resulted in slow initial response, repeated reports of abuse or neglect, and an increased removal rate per 1,000 children in the State's population:

- Statewide in FFY 2014, 60% of all reports received a timely response. Timely response is more frequent with higher level reports. By level, the on-time response rate was: response time 1 – 85%, response time 2 – 72%, response time 3 – 45%, response time 4 – 59%. This is the percentage of reports to which the Department responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded first and confirmed the child was not in present danger. This data does not account for the length of a delay, which could be minutes, hours, days, or weeks.
- The Department performed better than the national CFSR standard that 9.1% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year.
- The Department performed better than the national CFSR standard that the rate of children with a substantiated abuse or neglect report per 100,000 days of out-of-home care is 8.50 or less.
- Arizona has a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew significantly from 2009 through 2014. According the *Child Welfare Reporting Requirements Semi-Annual Report*, the number of children in out-of-home care increased 20% between FFY 2012 and FFY 2014. The number of children in care increased from 13,509 on September 30, 2012 to 16,248 on September 30, 2014. The majority of these children require out-of-home placement to ensure they are safe. However, these data indicate a need for prevention services to impact family risks before they become

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safety threats, and accessible services and supports that remove or control safety threats so children can remain at home more often.

- The Department’s PICR results indicate a need to improve standardization of practice so that in-home options to control safety threats are always thoroughly explored before removing the child. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats and end the need for removal.
- The Department's PICR results indicate a need for more consistent application of the safety and risk assessment model to decisions affecting children in out-of-home care, such as consideration of unsupervised visitation or reunification. These decisions are made with service team members and court oversight, but the Continuous Child Safety and Risk Assessment (C-CSRA) instrument is not completed at the times required in many in-home service and out-of-home care cases.

See *Section VII: Progress Implementing Goals and Objectives* for information about the Department’s current activities to improve safety outcomes and processes.

3. Permanency Outcomes 1 and 2

Permanency Outcome Progress Measures

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

CFSR Item 4: Stability of Foster Care Placement

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

CFSR Measure: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.12 or less (CFSR Data Profile 5/26/2015)

FFY 2013:	3.82
FFY 2014:	3.53

CFSR Item 5: Permanency Goal for Child

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

PICR CY 2013:	88%
PICR CY 2014:	78% (93 of 119)

CFSR Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

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

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Data for children with an OPPLA goal related to permanency of the child's living arrangement and services to support transition to adulthood is captured through the PICR in the item on Needs and Services of Child, Parents, and Foster Parents.

CFSR Measure: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for 8 days or longer, the percentage who discharge to permanency within 12 months of removal will be 40.5% or more (CFSR Data Profile 5/26/2015)

FFY 2011:	30.4%
FFY 2012:	31.3%

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 43.6% or more (CFSR Data Profile 5/26/2015)

FFY 2013:	51.8%
FFY 2014:	52.4%

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 30.3% or more (CFSR Data Profile 5/26/2015)

FFY 2013:	42.3%
FFY 2014:	42.4%

CFSR Measure: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.3% or less (CFSR Data Profile 5/26/2015)

FFY 2011:	9.9%
FFY 2012:	7.6%

CFSR Item 7: Placement with Siblings

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

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

9/30/13:	65%
9/30/14:	66%

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

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

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9/30/13:	76%
9/30/15:	76%

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

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

The percentage of cases where children in out-of-home care have visits of sufficient quality with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (Out-of-Home PICR Item 6)

CY 2013:	56%
CY 2014:	50% (52 of 105 applicable cases)

CFSR Item 9: Preserving Connections

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

FFY 2013:	92%
FFY 2014	91%

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

FFY 2013:	37%
FFY 2014:	40%

This CFSR item has been added to the Department's Practice Improvement Case Review instrument for CY 2015. The Department will report this data starting with the CY 2015 case review results.

CFSR Item 10: Relative Placement

The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (Out-of-Home PICR Item 7)

CY 2013:	75%
CY 2014:	72% (81 of 113 applicable cases)

CFSR Item 11: Relationship of child in care with parents.

During the 2007 CFSR On-site review, 61% of cases were rated strength on relationship of child in care with parents. This area was not evaluated through the Department's Practice Improvement Case Review in 2014.

This CFSR item will be added to the Department's Practice Improvement Case Review instrument for CY 2016. The Department will report this data starting with the CY 2016 case review results.

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Assessment of Performance Achieving Permanency Outcomes

Permanency outcomes are achieved for the majority of children served in out-of-home care. Many children who are removed from their parents exit to a safe and permanent home, timely, with only one or no placement changes while in out-of-home care. Many children are placed with relatives, with their siblings, and routinely visit with their parents. The Department is committed to continually improving practice and services so these positive outcomes are achieved for all children served. The Department's permanency outcome data assists the Department of Child Safety to identify priorities for improvement:

- Arizona is performing better than the CFSR national standard for placement stability. Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care was 3.53, which is better than the national standard of 4.12 or less (this data does include placements in shelters or DCS offices when those placements are overnight). Although Arizona has met the current national target goal, the Department aims to achieve placement stability for all children served.
- Practice Improvement Case Reviews reveal that the child's permanency goal is appropriate to the child's needs, set timely, and pursued according to Adoption and Safe Families Act (ASFA) termination of parental rights (TPR) requirements in roughly 80% of cases. Some cases were rated as needing improvement because a compelling reason to not file a TPR motion was not documented in the case plan or court documents. In some of these cases there did appear to be a compelling reason, but that reason was not clearly documented in the record.
- Arizona has not achieved the CFSR goal for permanency within twelve months of entry. Children are increasingly less likely to exit to reunification, and they experience longer lengths of stay before reunifying. The likelihood of reunification is lowest for infants.
- Arizona has achieved the CFSR goal for re-entry within 12 months of exit to reunification, live with relative, or guardianship. Of children who entered care in FFY 2012 and subsequently exited to permanency, 7.6% re-entered care within twelve months. The national standard is 8.3% or less.
- Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. Of children in care on the first day of FFY 2014 who had been in care between 12 and 23 months, 52.4% had discharged to permanency by the last day of FFY 2014, exceeding the national standard of 43.6% or more. Of children in care on the first day of FFY 2014 who had been in care for 24 months or more, 42.4% discharged to permanency by the last day of FFY 2014, exceeding the national standard of 30.3% or more. Many of the children who have been in care for 24 months or more exit to adoption. The Department has found that many children who exited to adoption were in their adoptive placement for at least two years by the date of adoption. This information suggests that identification of an adoptive placement is not a barrier to the adoption of many of the children who exit in more than 24 months from removal and that adoption could be achieved in less than twenty-four months for more children. Staff report delays in case management, court continuances, and delays of several months for termination of parental rights hearings.
- On September 30, 2014, 66% of sibling groups in care had all siblings placed together, and 76% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because a case is identified as "siblings placed

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together” if two children are placed together on the given day, even if the children spent other days in separate placements.

- Child visitation with parents and siblings in out-of-home care was found to be a strength in 50% of the cases reviewed in CY 2014. Concerted efforts were made to ensure that visitation was sufficiently frequent to maintain or promote continuity of the child’s relationship with the mother in 73% of cases, with the father in 63% of cases, and with siblings in 68% of cases reviewed in CY 2014. Given the increased number of children in out-of-home care, particularly young children, the Department has been responsible for an increasing number of parent-child and siblings visits. Capacity among Department staff and contracted service providers is insufficient to meet the demand for visit transportation and supervision services. In addition, some cases were rated as needing improvement because greater effort to locate, contact, and discuss visitation with the parent was needed.
- The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent.
- Of the cases reviewed in 2014, there was sufficient inquiry conducted to determine whether the child may be a member of, or eligible for membership in an Indian tribe in 84% of the applicable cases reviewed (PICR Item 5B). In addition, timely notification was provided to the tribe in 64% of the applicable cases (PICR Item 5C) and 86% of the child placements were in accordance with, or concerted efforts were made to place the child in accordance with, ICWA placement preferences (PICR Item 5D). Improvement is needed in order to reach the Department’s target performance level.
- The child was placed in a stable relative placement in 47% of the cases reviewed during the PICR in 2014. Of children in out-of-home care on September 30, 2014, 44% were placed with a relative (*Child Welfare Reporting Requirements Semi-Annual Report*).
- Case reviewers found that the child was placed in a stable relative placement or that sufficient efforts to identify and assess maternal and paternal relatives had been made in 72% of cases reviewed in CY 2014. In many of the cases needing improvement, there was a lack of documentation or other evidence that a thorough relative search had been conducted. The paternal relatives were more likely than the maternal relatives to have insufficient efforts.

See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department’s activities to improve permanency outcomes and processes.

4. Child and Family Well-Being Outcomes 1, 2 and 3

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

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

The percentage of cases in which the needs of the child(ren) are assessed and necessary services are provided (including independent living skills for children age 16 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8)

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PICR CY 2013: 89%
PICR CY 2014: 91% (of 131 applicable cases)

The percentage of cases in which the needs of the mother are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8)

PICR CY 2013: 68%
PICR CY 2014: 70% (of 102 applicable cases)

The percentage of cases in which the needs of the father are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8)

PICR CY 2013: 49%
PICR CY 2014: 56% (of 93 applicable cases)

The percentage of cases in which the needs of the foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8)

PICR CY 2013: 83%
PICR CY 2014: 82% (of 108 applicable cases)

CFSR Item 13: Child and family involvement in case planning

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9. B.)

CY 2013: 54%
CY 2014: 57% (58 of 102 applicable cases)

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9. C.)

CY 2013: 36%
CY 2014: 42% (35 of 83 applicable cases)

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9.A.)

CY 2013: 64%
CY 2014: 62% (44 of 71 applicable cases)

CFSR Item 14: Caseworker visits with children

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 10.A.1.)

CY 2013: 77%
CY 2014: 81% (107 of 132 applicable cases)

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The percentage of cases in which the quality of visits between the Child Safety Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit, will be 95% or more (In-Home and Out-of-Home PICR Item 10.B.)

CY 2013:	58%
CY 2014:	51% (65 of 127 applicable cases)

CFSR item 15: Caseworker visits with parents

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact with the mother will be 95% or more (In-Home and Out-of-Home PICR Item 11)

CY 2013:	36%
CY 2014:	31% (of 105 applicable cases)

The percentage of cases in which the assigned Child Safety Specialist made concerted efforts to have sufficient frequency and quality of contact with the father will be 95% or more (In-Home and Out-of-Home PICR Item 11)

CY 2013:	18%
CY 2014:	24% (Of 83 applicable cases)

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

CFSR Item 16: Educational needs of the child

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

CY 2013:	87%
CY 2014:	93% (97 of 104 applicable cases)

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

CFSR Item 17: Physical health of the child

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

CY 2013:	36%
CY 2014:	47% (57 of 121 applicable cases)

This PICR item does not currently include a question related to oversight of medication monitoring. The Department will add a question to the Practice Improvement Case Review instrument for CY 2016, once the federal requirements are clear regarding the case worker's role in this oversight.

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

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indicate significant improvement or maintenance of high performance in all the measures, with CMDP rates among the highest in the state. CMDP exceeded the statewide average in seven of the nine performance measures and exceeded the national Medicaid and commercial insurance means for:

- Children’s Access to Health Care; (exceeded state & national means in 3 of 4 age groups),
- Adolescent Well Care (EPSDT visits),
- Annual Dental Care - preventative and restorative visits,
- Dental Participation - preventative dental visit performed, and
- EPSDT Participation.

2014 CMDP Performance Measures – Data from FFY 2012*

Measure	Minimum Performance Standard (MPS)	2011 CMDP Rate	2012 CMDP Rate	Arizona Medicaid Average	NCQA Medicaid Mean	NCQA Commercial Mean
Children's Access to Care (12 - 24 months)	93%	96.5%	99.7%	97.0%	96.0%	97.9%
Children's Access to Care (25 months - 6 years)	83%	91.3%	91.1%	87.7%	88.3%	91.6%
Children's Access to Care (7 - 11 years)	83%	94.4%	94.8%	89.9%	89.9%	92.2%
Children's Access to Care (12 - 19 years.)	81%	95.9%	96.8%	87.7%	88.4%	89.7%
Well Child Visits (3-6 years)	66%	64.8%	63.7%	66.8%	72.0%	72.9%
Adolescent Well Care Visits	42%	64.0%	63.9%	38.0%	49.7%	43.3%
Annual Dental Visits	57%	80.3%	82.7%	61.8%	*	*
EPSDT Participation	68%	97.8%	100.0%	65.7%	*	*
Dental Participation	46%	68.3%	79.0%	44.1%	*	*

*Data is provided by AHCCCS and the Department will provide updated data when provided by AHCCCS.

CFSR Item 18: Mental/behavioral health of the child

The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 14)

CY 2013: 83%
 CY 2014: 89% (91 of 102 applicable cases)

This PICR item does not currently include a question related to oversight of medication monitoring. The Department will add a question to the Practice Improvement Case Review instrument for CY 2016, once the federal requirements are clear regarding the case worker's role in this oversight.

Assessment of Performance Achieving Child and Family Well-Being Outcomes

Well-being outcomes are achieved for the majority of children served in out-of-home care. Provision of services to meet children’s educational needs was a strength in 93% of cases, and to meet children's mental health needs was a strength in 89% of cases. Performance is stronger with mothers than fathers. More

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

- The Department continually assessed and provided services to address the needs of children in 91% of cases, and their foster or kinship caregivers in 82% of cases reviewed in CY 2014. This item does not include assessments and services to meet children's educational, physical health, and mental health needs, which are assessed in other PICR items. Foster and kinship parents interviewed during PICRs often report that they are pleased with the support they receive and that their needs are promptly addressed by the Child Safety Specialist.
- The mother's needs were thoroughly and continually assessed in 73% of cases reviewed in CY 2014, and sufficient services were provided to address the mother's identified needs in 83% of the cases reviewed. Assessment and services to address the needs of fathers continues to be an area needing improvement. Father's needs were thoroughly and continuously assessed in 55% of cases, and sufficient services were provided to address the father's identified needs in 69% of cases. In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children.
- During the 2014 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned Child Safety Specialist, or the Child Safety Specialist made concerted efforts to have these conversations.
- In some cases there was not sufficient effort to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but these contacts did not include efforts to elicit the parent's input about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).
- Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the Child Safety Specialist visited with the child each month, but did not ask for the child's input into case planning issues.
- In 81% of cases reviewed in CY 2014, the target child in out-of-home care and those served in-home received monthly in-person contact from the assigned Child Safety Specialist. Due to extremely high caseloads, other Child Safety Specialists, DCS Supervisors, Program Specialists, and Case Aides sometimes conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case worker contacts during the PICRs.
- Data retrieved from the Department's Business Intelligence Dashboard (data current as of June 6, 2015) shows that the statewide average of monthly contact rates by the assigned Child Safety Specialist or another person (such as the supervisor or case aide) was 91% in CY 2014. This data

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excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.

- The quality of the case worker's contact with the child met the practice standard in 51% of cases reviewed in 2014. There is a need to increase the percentage of children who are seen alone for part of each monthly contact.
- PICR data reveals higher rates of contact with mothers than fathers. Contact was sufficiently frequent with 43% of mothers and 31% of fathers. In some cases greater and continual efforts to locate a missing parent were needed, or there was insufficient contact with a parent who was detained or incarcerated. The quality of contacts was also better with mothers (66%) than fathers (63%).
- Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. The Department is performing well in this area, achieving the standards in 93% of cases reviewed.
- The PICR evaluates whether the Department's specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers found that 81% of children who had been in care for more than twelve months had a comprehensive physical health examination in the most recent twelve months, and 69% of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule. Of applicable cases reviewed in CY 2014, 58% of children who had been in care more than six months had received a dental examination within the most recent six months. Reviewers found that more than 79% of children who required physical or dental health treatment services did receive timely and appropriate services.
- State Medicaid audits indicate significant improvement or maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in seven of the nine performance measures and exceeded the national Medicaid and commercial insurance means for Children's Access to Health Care, Adolescent Well Care (EPSDT visits), Annual Dental Care - preventative and restorative visits, Dental Participation - preventative dental visit performed, and EPSDT Participation.
- Arizona's PICR data indicates that behavioral health care is an area of strength for 89% of children served in-home or in out-of-home care. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

See *Section VI: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department's activities to improve permanency outcomes and processes.

Section V

Assessment of Systems Performance

Assessment of Systems Performance

1. Statewide Information System Capacity

Statewide Information System Description

Since February 1998, Department of Child Safety staff have used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child in foster care. CHILDS supports Hotline intake, initial assessment/investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides on-line help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services.

CHILDS is available statewide to DCS staff in all local offices and has more than 3,000 registered users. Service providers and other agencies are granted access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit, and placement codes to differentiate between families served by the Department and those served by other state agencies. CHILDS is a SACWIS compliant system that conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide an initial, one day, new employee orientation to familiarize staff with CHILDS. New employee training covers system navigation, e-mail usage, and Child Safety Specialist core training using the ongoing case management and investigation windows. Specialized training is presented to staff, tribes, and contracted providers for provider maintenance, payment processing, and case notes entry. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. User training, Missing Mandatory Data alerts, data field edits, and ongoing review of data error reports are the basis of an effective system to ensure data accuracy. The DCS Regional Automation Liaisons (RALs) also have an important role in training new staff and providers when system changes and enhancements are implemented.

The CHILDS Project measures success by its ability to capture the data necessary to respond to the evolving needs of its users and maintain SACWIS compliance. In SFY 2014, the CHILDS Project held monthly RAL meetings to preview CHILDS enhancements and modifications. The RALs then informed and trained field staff on the changes. CHILDS continues to conduct quarterly system modifications. Deployments typically include six to ten system changes. System changes are assigned a priority based on the urgency of federal and state legislation, the schedule for Operating Advance Planning Document Updates (submitted to the federal government annually), Governor and Director directives, and recommendations from process improvement workgroups.

The Department is currently considering CHILDS replacement. The CHILDS system was designed to meet the DHS/ACF Statewide Automated Child Welfare Information System (SACWIS) requirements enacted in 1993. SACWIS requirements were initiated to assist states with creation of systems to significantly improve foster care, adoption, and child welfare services delivery. Improvements included better tracking of children, abuse reporting, provider recruitment and payment, and management information reporting. These systems also include interfaces to exchange data with other human services systems such as Medicaid, SNAP (food stamps), TANF (cash assistance) and Child Support. CHILDS uses legacy mainframe technology that is increasingly difficult and expensive to maintain, fix and enhance. Modern systems utilize internet based technologies that are significantly improved in function,

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data presentation, and ease of use. The next generation of child welfare systems includes design and technology improvements that enhance caseworker performance and productivity. The primary focus for CHILDS replacement will be ease of use for caseworkers to improve service delivery to children and families.

Statewide Information System Strengths and Concerns

System Requirement: Statewide Information System

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

The Department's statewide information system, CHILDS, is functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. CHILDS is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff.

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

CHILDS was found to be Statewide Automated Child Welfare Information System (SACWIS) compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which include collection and retention of the information included in CFSR item 19. The most recent SACWIS review was held in September 2014. The final report found several items that need to be addressed to maintain SACWIS compliance. CHILDS status was changed to "enhancing to maintain compliance." The Department is working to replace CHILDS with a new system and will be addressing the findings from the SACWIS review in the requirements.

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

FC-06 Date of Birth:	0 missing records
FC-07 Sex:	20 missing records of 21,819 (0.09% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records

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

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

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

- First removal date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Last discharge date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Latest (most recent) removal date: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Date of birth: 97% confirmed accurate, 3% confirmed or suspected inaccurate
- Race: 83% confirmed accurate and complete, 9% showed undetermined race in CHILDS but data was available in the FAA database, 8% confirmed or suspected inaccurate
- Gender: 100% confirmed accurate
- Most recent placement: 92% confirmed accurate, 3% data missing on placement location window but available in narrative or other documentation, 5% caregiver identity confirmed accurate but incorrectly identified in the placement location window as a relative or non-relative
- Most recent permanency goal – 89% confirmed accurate, 11% data missing or inaccurate in most recent case plan but available in court reports or narrative documentation

2. Case Review System

Case Review System Description

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The Department's policies and procedures require written case plans that address all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that these case plans be developed with family and child input. Case plan staffing, TDM, CFT, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

The Department's case plan includes sections that address the child's physical and mental health and educational needs, describe services and supports to enable the out-of-home caregiver to meet the child's needs, and describe the independent living plan for youth age sixteen or older. The case plan format prompts Child Safety Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

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

Periodic review requirements are met through juvenile court hearings and FCRB meetings. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

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

Department policy requires that the Department file a motion for the termination of parental rights (TPR) when the child's permanency goal is adoption. The Department assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Department file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. For children who are initially placed in out-of-home care under a voluntary placement agreement, the time in out-of-home placement is considered in calculating the cumulative time in out-of-home care for TPR purposes.

Foster parents, pre-adoptive parents, and relative caregivers of dependent children are to receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. FCRB staff have access to CHILDS so they are able to retrieve reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver within five days of placement include a copy of any minute entry setting

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a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or TPR proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

The state's CASA Program plays a vital role in dependency cases, ensuring the needs and best interest of the child are considered by the judge and other team members. Where appointed, CASA advocates meet with all interested parties, including family and relatives, in order to provide the most accurate information and recommendations to the court. CASA reports are disseminated to the juvenile court and the assigned Child Safety Specialist to describe the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend DCS staffings and CFT meetings on their children's cases, offering input and opinions on needed services and case planning.

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

Case Review System Strengths and Concerns

System Requirement: Written Case Plan

The State provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions.

System Measures: The percentage of cases in which the agency 1) developed the initial permanent case plan according to required timeframes, if applicable during the Period Under Review (PUR), 2) maintained a written case plan that was no more than 6 months old, and 3) reassessed and revised the case plan when a change in permanency goal was considered or there was a significant change in case circumstances, if applicable during the PUR (PICR Item 9.D.)

CY 2013:	38%
CY 2014:	46%

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9.B.)

CY 2013:	54%
CY 2014:	57%

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The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (In-Home and Out-of-Home PICR Item 9.C.)

CY 2013:	36%
CY 2014:	42%

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9.A.)

CY 2013:	64%
CY 2014:	62%

The Department's Practice Improvement Case Review (PICR) generates statewide data on the timely development of written case plans and the involvement of mothers, fathers, and children in the development of those plans. Cases are reviewed each month in each region, statewide. PICR results and practice trends are distributed agency-wide, and are discussed with Child Safety Specialists and Department of Child Safety Supervisors throughout the year to generate root cause analysis and improvement activity.

The Department has identified timely case plan development and involvement of parents and children in case plan development as areas needing improvement. Parents, especially fathers, are not sufficiently involved in case plan development. A workgroup of field and central office staff developed a new case plan format in SFY 2014 that simplified the documentation process, but extremely high caseloads continue to be a barrier to timely case plan development and contact with parents to seek their input. Arizona's caseload standard for Child Safety Specialists is:

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

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

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

System Requirement: Periodic Reviews

The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every 6 months, either by a court or by administrative review.

The occurrence of periodic review hearings for each child no less frequently than once every six months is a strength for Arizona's child welfare system. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, Foster Care Review Board hearings, and administrative reviews all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types includes a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case

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plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan. An administrative review is an internal review process that can substitute for an FCRB meeting when the FCRB is unable to conduct a review within required timeframes.

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

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

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

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

System Requirement: Permanency Hearings

The state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes the required provisions no later than 12 months

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from the date the child entered foster care and no less frequently than every 12 months thereafter.

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

- Of all children who were the subject of a dependency petition filed in FFY 2013, 97.6% had a permanency hearing held within twelve months of the petition being filed.
- Of all children who were the subject of a permanency planning hearing held in FFY 2013 and who remained under the court's jurisdiction for the next twelve months, 96.4% had a subsequent permanency hearing held within twelve months of the hearing that was held in FFY 2013.
- This data was obtained by the Arizona AOC from each county court system's juvenile court database. The AOC's Court Improvement Program Data Specialist reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

System Requirement: Filing for Termination of Parental Rights

The state provides a process for filing for termination of parental rights (TPR) proceedings in accordance with required provisions.

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

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

The Department is clearly meeting the required provisions for nearly three of every four applicable children, but improvement is needed to ensure timely filing or documentation of the compelling reason to not file for TPR. In seven of the 17 cases that did not meet the provisions, the motion for TPR was filed within two months of the date on which the child had been in care for 15 months. In three of the 17 cases

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the children are Native American and reunification efforts were continuing or the children eventually reunified with a parent, which suggests a compelling reason existed but was not documented in the case plan.

Data obtained through this review and through the Department's Practice Improvement Case Review is discussed with field staff during Practice Improvement Case Review feedback meetings, and was discussed on February 6, 2015, with a team of Department employees representing the Department's executive team, policy unit, continuous quality improvement program, and legal department. Feedback obtained through these discussions includes the following:

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

The Department's Adoption Policy Specialist facilitated a workgroup of internal stakeholders who identified barriers to timely adoption. The information collected about timely TPR motions and documentation of compelling reasons was provided to this workgroup, which conducted further evaluation and improvement activities.

System Requirements: Notice of Hearings and Reviews to Caregivers

The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard in, any review or hearing held with respect to the child.

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

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

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

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

The Department does not have quantitative data specific to this requirement, but a survey of foster parents conducted in May 2014 provides relevant information. The survey was sent by email or postal service to 4,522 licensed foster parents. A response was received from 1,095 of the foster parents, and 990 (22%) responded to the question: "I am kept up to date on court hearings, visitations, and staffings related to the children placed in my home." Of the 990 respondents who answered this question, 77% completely

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agreed or mostly agreed with the statement, 11% neither agreed nor disagreed, and 21% mostly disagreed or completely disagreed. Although the survey question encompasses other important areas for communication with foster parents, 79% of foster parents responded favorably or neutrally to this broader question. If the question were directed solely to notification of court hearings, the percentage of favorable or neutral responses would likely be higher.

The Department's PICR instrument now includes an item to assess whether the caregivers were given notice of, and invited to attend, court hearings and Foster Care Review Board hearings.

3. Quality Assurance and Quality Improvement Systems

Quality Assurance and Quality Improvement Systems Description

The Department's Office of Quality Improvement includes five units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and evidence-informed approach:

- *The Ombudsman's Office* – The Ombudsman's Office receives and addresses complaints from family members, foster parents, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *Multidisciplinary Child Fatality Review Team* – The Critical Incident Unit is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. 8-807 (F.2.). This involves research to determine if the fatality or near-fatality meets the criteria for posting. This unit also participates in the Arizona Child Fatality Review Program. This Unit tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.
- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review and Child and Family Services State Planning processes, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service, and out-of-home cases. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes and implementation of related practices. Practice Improvement (PI) Specialists conduct feedback meetings to coach field staff and gather information about root causes of identified problems. This unit identifies problems and gathers information to inform the analysis of those problems.
- *Audit and Process Improvement Unit* – This unit will complete process performance, contract compliance, and financial auditing projects utilizing industry standard project management tools to define scope, objectives, and sampling; identify risk; and provide recommended corrective action. This team provides a systematic examination of operational functions, contractual compliance, and fraud investigation to assess current strengths and weaknesses as a prerequisite to future strategic planning.

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- *The Program Development Unit* - The Program Development team is responsible for the oversight of program and practice development to create long-term sustainable change that will transform Arizona's child welfare system. The team researches, analyzes, and summarizes best practices and interventions for the purpose of development and implementation of new programs and practice for the Department. Plans are developed to implement various program initiatives, including but not limited to a child welfare practice model, an alternative response system, and evidence-based programs within the title IV-E waiver goal of reducing children in congregate care.

Quality assurance and quality improvement functions are also embedded within some service programs and occur within the case management process through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services provided by the Department is also reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified. Furthermore, the Department has a quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, so that stakeholders and decision-makers can make informed decisions, develop effective change initiatives, and monitor the results of system change.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as DCS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect; the alleged perpetrator is a parent, guardian, or custodian; and the related documentation is sufficient and accurate;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the Child Safety Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve employee performance.

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The Department's current quality improvement system meets each of the five CQI functional components described in ACYF-CB-IM-12-07.

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Office of Quality Improvement. The Department's policy and procedures manual describes statewide practice standards and is available to all staff through the agency's intranet site. The Department's implementation of key practices and achievement of related outcomes are measured statewide through data reports and the Department's Practice Improvement Case Review (PICR). The Department's clinical supervision practices also support consistent application of the Department's practice standards across regions and units.

The Department's Policy Unit, Child Welfare Training Institute (CWTI), and Practice Improvement Unit communicate regularly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. In particular, this team uses quality and trend information to identify adjustments to training, policy, or practice improvement procedures. Practice standards are discussed to ensure they are interpreted correctly and communicated consistently to field staff.

- *Quality Data Collection* – Administrative data is collected through CHILDS. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and CHILDS user guides. CHILDS includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Central Office Reports and Statistics Unit provides AFCARS Data Quality Utility and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Data and Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The PICR provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Region and Central Office staff review a random sample of initial assessment, in-home service, and out-of-home cases from each region to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of initial assessment cases focuses on implementation of the Child Safety and Risk Assessment (CSRA) process. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:
 - identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
 - provides Department management, committees, and workgroups with information to identify and initiate improvement activities;
 - provides an opportunity for direct service and management staff to learn from peers; and
 - identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. The annual sample includes at least two cases from each unit in the state, with adjustments for mixed or partial units. The Department has nine dedicated regional Practice

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Improvement Specialist positions and one Statewide Practice Improvement Specialist who assists to review cases when there is a vacancy at the regional level.

Out-of-home cases involving youth 16 years of age or older and children free for adoption are included in each annual sample by reviewing cases from all specialized units who serve these children. Additional cases representing these special populations appear in the full random sample of out-of-home cases in regions that do not have specialized units (Southeast Region has no specialized units, and Northern Region does not have a specialized Young Adult Program unit). The sample includes in-home cases from all specialized in-home units. Additional in-home cases are selected for review on a pre-determined schedule set by agreement between the region and the Practice Improvement Manager.

All cases are reviewed using the Initial Assessment Practice Improvement Case Review Instrument or the In-Home and Out-of-Home Practice Improvement Case Review Instrument. Case reviewers apply the guidance provided in the PICR Reviewer's Guides to complete the PICR instruments, evaluating practice and outcome achievement in each case. Practice Improvement Case Reviews are completed by a PI Specialist or another person approved by the Practice Improvement Manager. All PICR reviewers are trained by the Central Office Practice Improvement Unit. All PI Specialists and other reviewers must have direct service child welfare experience.

Reviewers must make concerted efforts to gather all necessary information so that each review measures the family's experience and outcomes, not the documentation's thoroughness. Reviewers must read all pertinent information in CHILDS and review the hard copy record if it might contain information to clarify or fill gaps in the CHILDS documentation. During the preliminary review, the reviewer seeks to fill gaps in the information documented in CHILDS by reviewing the case file and communicating with the assigned Child Safety Specialist or supervisor by phone or e-mail. The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 16 or older involved in the in-home and out-of-home cases. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in the guides when conducting case reviews. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guides as indicated once clarification is received.

Case review accuracy is a prerequisite for effective improvement planning. The Department's *Quality Improvement System Procedures and Training Manual* describes procedures to ensure the accuracy of case review findings. The PI Specialist reviews all the completed instruments to verify all applicable items and sub-questions have been completed, the case facts recorded on the instrument confirm and support the answers and ratings, and all items have been answered in accordance with the practice standards described in State policy and the PICR Reviewer's Guides. The CO Practice Improvement Unit conducts a quality assurance review of a sample of the cases reviewed by each region. The CO Practice Improvement Unit member reads the CHILDS documentation of the selected cases to confirm the results of the initial review, and will call the preliminary reviewer and/or the assigned Child Safety Specialist or supervisor for additional information when needed. If the quality assurance review indicates that cases are not

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being accurately reviewed, the CO Practice Improvement Unit meets with the case reviewer to discuss methods for ensuring all the cases are accurately reviewed. Additional training on accurately conducting case reviews is provided if a need is identified.

- *Analysis and Dissemination of Quality Data* - Region and Central Office staff maintain administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard, databases on a data server (accessible by all regions), and hard copy reports. Data in these reports is typically available at the region, county, section, unit, worker, and child or case level. Pre-designed tables and charts are available to track results over time, where applicable. The Department's Data and Technology Administrator consults with the Department's executive team, regional Program Managers and others to identify priority data reports for the Department. The Reports and Statistics Unit maintains user guides for the Department's priority reports, which include:
 - Cases with no case note activity for 60 days
 - Out-of-home – Congregate care
 - Out-of-home – No placement identified
 - Out-of-home – At a glance
 - Missing dispositions
 - Missing findings
 - AFCARS error reports
 - Child Care – DCS reauthorization
 - DCS Reports open and closed
 - Timeliness of investigations (data dashboard)
 - Timeliness of initial response (data dashboard)
 - Federal visitation – Child Safety Specialist visits with children (data dashboard)
 - Visitation with children, parents, and caregivers (data dashboard)
 - Removals and returns (data dashboard)
 - Open investigations requiring closure (data dashboard)
 - Adoption movement summary and related sub-reports (report 48)

The Reports and Statistics Unit creates and submits Adoption and Foster Care Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) files according to the federal requirements. In addition, each month the Reports and Statistics Unit creates a twelve month dataset that contains all the AFCARS foster care elements and additional elements that allow analysis at the region, county, field unit, case manager, and child levels.

With funding from Casey Family Programs, Arizona continues to participate in Chapin Hall's Multistate Foster Care Data Archive (FCDA). Chapin Hall at the University of Chicago provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with elements defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories. Department staff use the FCDA's web tool to produce statewide and county level longitudinal permanency and placement data on children served in out-of-home care.

The CO Practice Improvement Unit conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Two members of the CO Practice Improvement Unit have been trained through the Chapin Hall Advanced Analytics course. In

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addition, each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

The Reports and Statistics Unit also publishes the *Child Welfare Reporting Requirements* semi-annual report that is available to the public on the Department's internet site. This report contains data about the number and type of child abuse and neglect reports received, the number and type of reports assigned for investigation, the number of DCS investigations that are open at the time of the report, the number and findings (substantiation decision) for completed investigations, the number of children entering care, the number and placements of children in out-of-home care, the number and type of exits from out-of-home care, the number of foster home licenses and closures, the number and characteristics of children with a case plan goal of adoption, and time in care to reach milestones in the adoption process.

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions. At the region level, the PI Specialist meets with Child Safety Specialists and Supervisors from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the Child Safety Specialist or Child Safety Specialist's Unit Supervisor. PI Specialists also routinely attend their region's management and/or supervisor meetings to discuss practice and outcome trends.

The CO Practice Improvement Unit works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The CO Reports and Statistics Unit and the regional Automation Liaisons ensure timely distribution of quantitative data reports. Reports on the Department's business intelligence dashboard are refreshed weekly. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

The Department's *Child Welfare Requirements* semi-annual report is available to the public on the Department's internet site. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement.

Department leadership uses field staff input, data analysis, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, local community leaders, and others. The Department seeks to engage a broad array of partners in program and process improvement.

In May 2014, the Arizona Legislature and Governor Brewer approved into law a new Community Advisory Committee, which has broad membership including, but not limited to, representation from the following: child advocacy; individuals with experience in child welfare, medical

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providers, law enforcement, schools, American Indian tribes, FCRB, faith-based organizations, and the Courts. The Committee is required:

1. to inform the Department, analyze current law and policy, and make recommendations to improve the ability of the Department to increase the safety of children, respond to child maltreatment, and ensure the well-being of and timely permanency for children who are referred to and involved in the child welfare system;
2. for collaboration among state, local, community, tribal, public, and private stakeholders in child welfare programs and services that are administered by the Department; and
3. to improve communication between mandatory reporters and the Department.

Quality Assurance and Continuous Quality Improvement Systems Strengths and Concerns

Systemic Requirement: Quality Assurance System

The state is operating an identifiable quality assurance system that is (1) in place in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services, (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

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

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

The Department's QA and CQI system is centrally administered and operating in all jurisdictions of the state. The Department's CQI functions are administered by the Office of Quality Improvement, described above. Practice Improvement Unit perform essential CSI functions and are located across all of the Department's five regions.

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

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

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as Department of Child Safety reports for investigation;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect and the related documentation is accurate and sufficient to meet the legal standard for substantiation;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;

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- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the Child Safety Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as timely entry of after-investigation findings and monthly case worker contacts with children;
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve employee performance;
- review of AFCARS data quality reports to identify and correct missing data and other data entry errors affecting the state's AFCARS submissions; and
- quality assurance reviews in the foster home and child care facility licensing processes, as described in items 33 and 34 of this Statewide Assessment report.

Has standards to evaluate the quality of services

Practice and service standards from intake to permanency are defined through federal law, state law, and DCS policy. These standards are compiled in the Department's policy and procedure manual, available at www.dcs.az.gov. Department process and outcome measures are based on federal requirements (such as the federal CFSR data indicators) and state policy. For example, the Department's data dashboard includes a measure of timely entry of investigation findings, which is measured against the timeframes set by Arizona statute. In addition, Practice Improvement Case Reviews (PICR) are conducted using standardized instruments with detailed instructions based on the standards described in law and policy. PICRs of initial assessment cases evaluate the collection of information to inform risk and safety assessment; the analysis of risk and child safety; the sufficiency of safety planning to control safety threats; and the accuracy of decisions related to substantiation, service provision, and case closure. PICRs of in-home service and out-of-home care cases evaluate safety, permanency, and well-being outcomes using an instrument that is closely based on the federal CFSR on-site review instrument.

Identifies strengths and needs of the service delivery system

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

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

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- identifying and implementing process improvements using Lean and other methodologies to develop consistent, measureable, efficient processes and standards;
- implementing a management system to maintain and oversee ongoing compliance to improved processes and standards; and
- creating a culture of innovation and waste elimination throughout the workforce.

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

- Redaction / Disclosure Workgroup – The many hours dedicated to redacting confidential information and disclosing records as required by law takes field employees across the state away from doing the highest value work because of the extraordinary amount of labor involved. This workgroup is recommending and piloting options to streamline and standardize redaction and disclosure, and take advantage of technology and specialized training that yields consistent, quick, quality results without adding staff.
- Investigation Workgroup – Children, families, courts, case managers, and others experience delays caused by the current process of handoff from the initial Child Safety Specialist who assesses safety and risk, to the ongoing CSS who monitors the child's safety and well-being in out-of-home care while working with the family and team to achieve permanency. This "relay race" style handoff delays permanency by requiring that the initial safety and risk assessment be fully completed before the ongoing CSS is assigned. By allowing these processes to work in parallel, instead of sequentially, safe permanency for children can be achieved sooner. Early transfer of cases from investigations to ongoing is being field tested in Pima County.
- Child Safety and Risk Assessment (CSRA) Documentation Guide Workgroup – After Child Safety Specialists investigate reports, they enter a safety and risk assessment, interview notes, and historical information into CHILDS. The data entry process is time consuming, and with the overwhelming volume of new reports assigned for investigation, this final step of documentation is often delayed while the CSS ensures the safety of children in the new reports. This workgroup is focused on reducing the time to enter data so that Child Safety Specialists can quickly enter a complete, accurate record of the investigation and move on to the next investigation. A decision-guided worksheet that is a hybrid of checklist and narrative documentation is being field tested in Pinal County.
- Service Referrals – Child safety requires services such as transportation, parent-child visit supervision, in-home counseling and parent aide services, adult psychological evaluations, and others. Recent capacity strain has resulted in wait lists for services in some areas of the State. Process improvement projects have begun to examine service referral and provision processes so they are more efficient and timely.

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Provides relevant reports

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

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

Evaluates implemented program improvement measures

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

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

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4. Staff and Provider Training Description

See the *Arizona Staff and Provider Training Plan for FFY 2016* submitted separately with this APSR.

The Child Welfare Training Institute has instituted an automated system to collect and monitor data on the number of staff who require initial and advanced training, and their completion of the training.

5. Service Array and Resource Development

Description of the Child and Family Services Continuum

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

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

Services are provided directly by Department staff or through provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice agencies, and Arizona's title XIX behavioral health managed care system. Contracts are awarded through a competitive solicitation process that includes input from community stakeholders. Responses to the solicitation must address the required tasks that are to be provided as part of the service. The submitted proposals are evaluated for experience and expertise of the responder, proposed service methodology and rate of conformance to the submittal requirements.

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

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

- The Arizona Children’s Executive Committee; including the Family Involvement, Clinical/Adolescent Substance Abuse, and Training Subcommittees
- The Council of Governments’ (COGS) county-based Councils
- The Childhelp Children’s Center of Arizona
- Arizona Families F.I.R.S.T.
- The Single Purchase of Care (SPOC) Committee
- Partnerships with State Universities and Community Colleges
- The Court Improvement Program
- The Pima County One Court Workgroup
- Arizona Head Start Association

The Department coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Department of Health Services/Division of Behavioral Health Services. The Department coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security (DES). Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. The DES/Division of Child Support Services assists the Department to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department of Economic Security’s Child Care Administration, as is the referral process to the State’s Part C program under IDEA, the Arizona Early Intervention Program for children involved with the Department.

Extensive and continual collaboration occurs between the Department and Arizona’s Department of Health Services/Division of Behavioral Health Services. The Department has also partnered with Arizona’s Department of Education to develop educational services for youth in out-of-home care and to coordinate for potential Early Head Start and Head Start placement for children involved with the Department. More information about collaboration to support child mental health assessment and treatment services and child educational services is located in Section III.

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

- Investigative Child Safety Specialists are co-located with law enforcement and other agencies in child advocacy centers throughout the state. In Maricopa County, Child Safety Specialists are co-located at the Center Against Domestic Violence (Mesa), the Childhelp Children’s Center of Arizona (Phoenix), the Scottsdale Family Advocacy Center, and the Southwest Family Advocacy Center (Goodyear and Glendale). In Pima County, Child Safety Specialists are co-located with Pima County Sheriff’s Department and Las Familias counseling agency staff at the Southern Arizona Children’s Advocacy Center. Child Safety Specialists are assigned to partner with law enforcement and other agency staff at several other advocacy centers across the state. The Department’s new Child Safety Specialist IV positions are also frequently assigned to work closely with advocacy centers and law enforcement. In smaller communities, physical co-location is not necessary because the offices are near each other and close working relationships naturally exist.
- Regional Behavioral Health Agencies (RHBA) and Arizona Families First (AFF) contract with a service provider to provide services in the community. In Maricopa County, AFF contracted service providers are co-located in eight DCS offices across the Southwest and Central Regions

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and nine DCS offices in the Southeast region of Arizona. RBHA service providers are co-located across several DCS offices. Pima County has a liaison from each of the five Comprehensive Service Providers. These liaisons are mobile and available to support any of the DCS locations.

- Maricopa and Pima Counties have Department staff co-located at their county court buildings. Two court liaisons are placed at the Pima County court. DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. In addition, a visitation center is now operating at one of the Maricopa County Juvenile Court buildings. One Child Safety Specialist and four Case Aides are allocated to the visitation center. Families served in Cradles to Crayons by the Glendale or South Mountain DCS Offices are eligible to have their visits there. Case Aides provide the transportation and FCRB and/or CASA volunteers supervise the visits.
- Staff from DCS and the DES/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, three DDD staff are co-located at the Multi Service Center in central Tucson to allow for greater collaboration on cases where DCS and DDD are both working with a family and/or child. This Multi Service Center also houses staff from Adult Protective Service, Child Support Enforcement, Child Support Enforcement Attorney Generals, The Jobs Program, FAA, and Rehabilitation Services Administration. In Maricopa County, DDD staff are co-located in eight DCS offices.
- The Family Drug Court in Pima County provides intensive case management and judicial oversight to parents with alcohol and drug problems. Since its inception in 2001, Family Drug Court graduates have a 90% reunification rate with their children. Department of Child Services specialist are co-located at the Pima County Juvenile Court to provide intensive case management to families enrolled in Family Drug Court. FDC also partners with Easter Seals Blake Foundation, Pima County Public Health Nurse and Parent Mentor Recovery Specialists to demonstrate the efficacy of an early-reunification model with strong evidence-based in home intervention.

Service Array Strengths and Concerns

System Requirement: Array of Services

The state provides an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The state ensures that these services are accessible in all political jurisdictions covered the CFSP.

Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. This service array includes child and family assessment services, in-home services to prevent removal or support safe reunification, and services to achieve placement stability and permanency with foster and adoptive parents.

To evaluate the sufficiency of the state's service array, Arizona established a Service Array (SA) Design Team that consists of DCS professionals from across the state and community partners including the

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following: the City of Phoenix; Community Action Program; Arizona Department of Health Services, Women's and Children's Bureau; City of Tucson, After-school program; a kinship placement that is associated with Arizona Grandparent Ambassadors; Judicial Officers; Casey Family Programs; Phoenix Children's Hospital; Arizona Coalition Against Sexual and Domestic Violence; Arizona Department of Economic Security, Division of Development Disabilities and Division of Benefits and Medical Eligibility; and Maricopa County Juvenile Probation Department. The SA Design Team began meeting in March 2014 and developed recommendations to enhance the existing service array and identify gaps where additional services are needed to better meet the unique needs of children and families. A third goal was to better understand the availability of supports and resources for children and families in local communities throughout the state.

The SA Design Team and focus groups identified the Department's Family Support, Preservation, and Reunification Services contracts as an existing service asset. This integrated services model includes intensive, reunification, and placement stabilization, moderate family support, and clinical assessment services. The Team and focus groups also identified several opportunities to strengthen the service array:

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

The Department is working to improve data collection to better assess the range and prevalence of family needs, so that effective programs can be aligned accordingly. Improved data will include information about child and family needs, safety, permanency, and well-being outcomes, as well as process and outcome data from service providers. A more robust data infrastructure will identify opportunities to develop a more specialized service array that meets the specific needs of children and families served by the Department.

System Requirement: Individualizing Services

The service array (see services described in the above-referenced “array of services”) can be individualized to meet the unique needs of children and families served by the agency.

Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. The majority of services are provided based on an assessment of the children’s and family’s unique needs. As described above, the Department is working to improve data collection to better assess the sufficiency of the service array and to identify opportunities for improvement. Evaluation of the service array will include an assessment of the degree to which the services can be individualized. The Department has requested assistance from the National Capacity Building Center for States to evaluate Arizona's child welfare service array.

6. Agency Responsiveness to the Community

System Requirement: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers,

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service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

See Section II for a description of these collaborations and the types of participants who were engaged and consulted.

System Requirement: Coordination of CFSP Services with Other Federal programs

The State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

See Section III for a description of the Department's coordination of CFSP services with other federal programs.

7. Diligent Recruitment of Foster and Adoptive Homes

See the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2016*, submitted separately with this APSR.

Section VI

Update to the Plan for Improvement

Update to the Plan for Improvement

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization based on best practices. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the new Department has been to strengthen communication and engagement across the state in an effort to keenly identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes. For this reason, the Department, with the support of Casey Family Programs, engaged Clarus Consulting Group to assist in the development of an agency wide strategic plan.

The Department of Child Safety's Director, Gregory McKay, was appointed in February 2015, and has led the Department's continued engagement with stakeholders to identify improvement priorities and interventions. Taking into consideration the extensive input received from stakeholders, the Department's current leadership defined priority problem areas, assessed those problem areas, and selected interventions to improve safety, permanency, and well-being outcomes. The Department of Child Safety's strategic plan for SFY2016 was published in July 2015.

At the time the CFSP was submitted in June 2014, the Department was newly created and implementing the recommendations listed in the C.A.R.E. Team's report. These recommendations were based upon a rigorous and comprehensive evaluation of Department policies and practices, particularly related to intake processes (the Child Abuse Reporting Hotline), investigation processes, and agency culture. The recommendations in the C.A.R.E. team report, and therefore the goals, objectives, and interventions in the CFSP, were likewise directed toward intake processes, investigation processes, workforce development, and creation of a new agency structure and culture. The Department has completed most of the activities listed in the CFSP, with some remaining as long-term and ongoing projects. See Section VII for a description of the accomplishments implementing those objectives.

The Department's strategic plan is provided as an attachment to this APSR and is available on the Department's website at dcs.az.gov.

Section VII

Progress Implementing the Goals, Objectives, and Interventions

Progress Implementing the Goals, Objectives, and Interventions

The following are the Department's updates to the goals and objectives outlined in the CFSR 2015-2019.

Goal: Reduce caseloads to meet reasonable caseload standards

Objective 1: Increase and reorganize the workforce to meet demand for family assessment, investigation, in-home, and out-of-home case management services		
1.1	Hire new Child Safety Specialists, as authorized by the Arizona legislature in May 2014	By FFY 2015
1.2	Hire new field unit supervisors, as authorized by the Arizona legislature in May 2014	By FFY 2015
1.3	Create new field units	FFY 2015
1.4	Redesign field unit structure to lower the staff-to-supervisor ratio to a level that allows quality supervision, mentoring, and coaching	FFY 2015
1.5	Continually validate appropriate caseload standards, based on well documented time-studies of current known best practices and information about current process capabilities	FFYs 2015-2019
1.6	Continually examine and adjust the organization and assignment of field units to meet changing needs (such as shifts in demand from out-of-home to in-home case management)	FFYs 2015-2019

In the SFY 2015 budget appropriations, the total number of Department of Child Safety Specialist positions increased to 1,406. As of April 2015, the Department had filled 96% of the 1,406 positions. In February 2014, the Department received emergency supplemental funding, which increased the number of supervisor positions from 180 to 200. The new SFY 2015 budget appropriations increased that number to 218. The Department has actively recruited to fill these supervisor positions, reducing the Child Safety Specialist to supervisor ratio. As of April 2015, the Department had filled 99% of the 218 supervisor positions. With these new staff, the Department was able to increase the number of units by 31, including ten in the Central region, twelve in the Southwest Region, and nine in Pima Region.

The Department has created new field units and opened new field offices in an effort to better serve the needs of the community while lowering the staff-to-supervisor ratio. During SFY 2015, the Department:

- opened two new DCS offices in the Southwest Region;
- opened two new DCS offices in the Central Region;
- created one additional specialized ongoing unit dedicated to cases requiring compliance under the Indian Child Welfare Act (ICWA);
- created one additional ongoing unit to serve the Central Region and the Southwest Region;
- created a new Assistant Program Manager position to supervise three co-located Office of Child Welfare Investigations units and the After Hours Investigation Team Unit;
- added one new ongoing unit with a new supervisor position to the Cradle to Crayons Units, which are co-located at the Durango Juvenile Court Building in Phoenix;
- reduced the staff-to-supervisor ratio in some units to a 5:1 ratio (Cradle to Crayons Units) and continuing to assess and reassess the need for new units based upon the needs across the Department's geographic regions and the staff-to-supervisor ratios; and
- dedicated six units to in-home case management responsibilities, two of which were previously dedicated to out-of-home cases, to provide more specialized intensive case management services to higher risk cases and enable more children to remain safely in their homes instead of being placed in out-of-home care.

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On a bi-weekly basis, the Department's Regional Program Managers are reviewing the number of cases assigned to each direct service staff in an effort to have balanced caseloads within and across geographic regions.

Objective 2: Eliminate the backlog of inactive cases		
Benchmarks		Timeframe
2.1	Evaluate the backlog to determine the volume and case type, and the amount of resources needed to serve the cases	By FFY 2015
2.2	Fund overtime pay for staff who volunteer to serve the inactive cases	FFY 2015-2016

On June 2, 2014, the Department identified 13,024 cases in which no documentation was entered into the CHILDS automated system during the previous 60 days. The Department's Central Office, Regional Offices, and local field offices formed a team of 80 professionals with the goal of reviewing these cases and ensuring that documentation occurred within a continual 60 day period until case closure. Each case identified as inactive required both a Level I and a Level II review. The Level 1 review determined the case type (investigation or ongoing) and if the case required an immediate response. The Level II review identified the action items and who was assigned to complete the action items. As Level II reviews were completed, the Reviewers assisted with case-related tasks. As of June 2015, over 7,900 of those 13,024 inactive cases were closed. The Department continues to monitor inactive cases, and has developed additional tactics in the Department's SFY 2016 strategic plan to address reports that are overdue for closure.

Objective 3: Adjust Child Safety Specialist workload by reassigning tasks that do not require the CSS level of professional skill		
Benchmarks		Timeframe
3.1	Hire new case aides, as authorized by the Arizona legislature in May 2014	By FFY 2015
3.2	Identify opportunities for case aides and support staff to complete tasks that allow higher skilled professionals to focus on their core tasks	FFY 2015
3.3	Develop opportunities for volunteers and interns to augment existing agency staff	FFY 2015

The Department's caseload standards are as follows:

- Investigations: 13 reports/month/Child Safety Specialist;
- In-Home services: 33 children/month/Child Safety Specialist; and
- Out-of-Home services: 20 children/month/Child Safety Specialist.

Child Safety Specialists have been carrying caseloads above the standards for many years. Input received from focus groups, DCS staff, and stakeholders is that caseloads greatly exceeding the standards contribute to the inconsistent adherence to written policies and procedures.

As detailed in several sections of this APSR, the Department is working to address workload and capacity issues, and continually assessing the staff-to-supervisor ratio for units throughout the state. These efforts are expected to greatly help DCS meet the demand for services, retain qualified staff, and maintain organizational stability.

It is essential that Child Safety Specialists practice according to the standards in Department's Policy and Procedure Manual, while receiving effective and timely supervision. Improved outcomes for children and families are anticipated when staff and supervisors are well trained, supported, and have manageable caseloads. These improved outcomes include: higher rates of timely initial response to reports; more comprehensive safety and risk assessments; less intrusive safety plans; greater agency and parent

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involvement in case planning; and more frequent and higher quality parent-child visitation. Long-range impact is expected to include reduced repeat reports rates; reductions in the size of the out-of-home care population without compromising child safety; faster achievement of safe and permanent reunification; faster achievement of adoption; and increased child well-being.

Goal: Recruit and retain high quality employees

Objective 4: Implement incentives and benefits to recruit and retain high quality employees		
Benchmarks		Timeframe
4.1	Evaluate compensation to improve staff retention	FFY 2015-2019
4.2	Consider bringing all Department of Child Safety employees under the Governor’s Personnel Reform as “uncovered”	FFY 2015-2019
4.3	Continually review tuition reimbursement programs and curricula in higher education institutions, particularly in schools of Social Work and Criminal Justice	FFY 2015-2019

As an incentive to retain high quality employees, the Department has been providing employees with a financial stipend when a Child Safety Specialist attains 18 and 36 months of employment with the Department.

As part of Arizona state government's personnel reform in September 2012, all employees at a pay grade 19 or higher were classified as "uncovered" employees and all employees at a grade 18 or lower pay grade level remained "covered" until the employee leaves their current position. Employees at grade 19 or above include DCS Case Supervisors, Program Specialists, and Managers, while employees at grade 18 and below include Child Safety Specialists, Case Aides, and Administrative Support staff. All new state hires are "uncovered." This personnel reform provides the Department with more flexibility for salary adjustments and performance pay increases, both of which are viewed as incentives for employee recruitment and retention.

The Department continues to partner with universities and the Children's Bureau (through the title IV-E Foster Care Grant) to provide tuition reimbursement and stipends for prospective and current employees selected to participate in Bachelor of Social Work or Master of Social Work programs. This effort has greatly increased the quality and education level of many of our direct service staff and supervisors.

Objective 5: Provide all staff with modern technology and access to data systems necessary to ensure child safety, improve efficiency, and achieve quality standard work		
Benchmarks		Target Date
5.1	Enhance or replace the statewide automated information system to promote efficient and effective management of information that is available on a real-time basis to OCWI, Child Safety Specialists, and agency supervisors	FFY 2019
5.2	Provide mobile device interface and remote access to the SACWIS system to support the investigation process	FFY 2015-2018
5.3	Develop procedures outlining cooperation between the Intake Bureau and OCWI for assistance in locating families	FFY 2015-2018
5.4	Revise statute as needed to ensure that DCS professionals have appropriate access to Department of Economic Security data systems for the purposes of locating children and families, including food stamps, TANF, etc.	FFY 2018

Arizona was one of the first states in the nation to have a federally-approved SACWIS system (CHILDS). While this was a great achievement at the time (1996-1998), Arizona's CHILDS system now requires

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major enhancements or replacement. It is essential that Arizona's statewide child welfare information system promote efficient and effective management of information that is available on a real-time basis to DCS staff and management.

Arizona is currently working with Public Consulting Group (PCG) to gather the requirements and conduct a feasibility study and alternatives analysis. This is part of the preliminary advanced planning document approved by ACF and viewed as Phase I of Arizona's assessment process of CHILDS. Phase I is scheduled to be completed in November 2015.

During SFY 2015, the Department issued mobile laptops and smart phones to DCS staff responsible for investigating reports of alleged child abuse and neglect. Deployment of these devices will continue during the upcoming fiscal year. This technology will greatly assist Investigators to expedite connections necessary during this important safety assessment process.

Arizona state law and corresponding Department policy now specifies that “a report for investigation must be prepared even if the identity or location of the person suspected of abuse or neglect or the victim of the abuse or neglect is not known.” If Department staff are unable to determine the location of the perpetrator or child victim through CHILDS, DCS and the Department of Economic Security have a data-sharing agreement for inquiry into Arizona's public assistance system. Since most reports of child abuse and neglect are based on neglect and there is a correlation between neglect and poverty, the ability to access address information from the public assistance system greatly assists the Department in locating the child victim and alleged perpetrator when the reporting source does not know the address. With or without the address at the time of intake, the report is assigned to the field for continued "location" research and investigation.

Objective 6: Improve caseworker safety in the field		
Benchmarks		Timeframe
6.1	Develop robust safety training to contribute to caseworker situational awareness regarding field safety, potentially in partnership with law enforcement and the Administrative Office of the Courts	FFY 2015-2017
6.2	Develop operational guidelines that pertain to safety in the field, including a decision process to know when to place personal safety above the priority of completing investigations	FFY 2016-2017
6.3	Through the use of the CAC/Law Enforcement (LE) Liaison, work with LE agencies, building relationships and participating in MDT meetings	FFY 2015-2019
6.4	Identify necessary resources for investigators and caseworkers, in order for them to fulfill the specific duties of their job. (e.g., mobile technology, adequate supplies of child car seats needed to transport children safely and expeditiously)	FFY 2015-2018
6.5	Evaluate the sufficiency of the pool of government vehicles available to employees and consider the personal and agency risk surrounding the use of personal vehicles	FFY 2018-2019

CWTI delivered two sessions of a pilot training entitled "Staff Safety" on March 3, 2015 and April 17, 2015, to provide Department staff with the knowledge and skills necessary to ensure personal safety during field (home) visits and office meetings with clients. The training introduces staff to DCS safety best practices, including how to report an "unusual incident" if one occurs. The Department plans to offer the *Advanced Staff Safety Training* course monthly beginning June 11, 2015.

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CWTI leadership staff has additionally developed contacts within several states to stay informed on how other states are handling staff safety issues, including sharing of curriculum and training materials. The CWTI has enlisted the assistance of ASU who will help coordinate a multi-state conversation on staff safety issues.

Currently, OCWI has three full investigative units co-located within Children's Advocacy Centers (CAC), working closely with law enforcement, building strong relationships, and participating in MDT meetings. OCWI recently added another partial unit co-located in another CAC and continues efforts on an ongoing basis to co-locate additional OCWI units in other CAC's around the state. The Department is also identifying necessary equipment that is "role-based" in nature so that staff have the equipment necessary to ensure staff safety (e.g., mobile phones) as well as child safety (e.g., car seats for various ages/stages).

Goal: Develop a skilled workforce

Objective 7: Deliver consistent, current, efficient instruction to all field staff		
Benchmarks		Target Date
7.1	Conduct initial and reassessment reviews of all training relative to the needs and skill gaps of the Department	FFY 2015, FFY 2019
7.2	Create clear accountability for training curriculum development	FFY 2015-2016
7.3	In partnership with Arizona State University's Center for Applied Behavioral Health program, and with input from field staff, redesign the timelines, duration and content of training for newly hired Child Safety Specialists	FFY 2015
7.4	Periodically revise pre-service and in-service training to address the skill gaps in the Department and incorporate current best practices and the latest research on evaluating child safety	FFY 2015, FFY 2019
7.5	Develop an Individualized Training Needs Assessment that will allow employees and supervisors to gauge the employee's competence in each skill/knowledge area, tailor an employee's training, and reduce the length of training for some employees	FFY 2015
7.6	Develop training tracks so that newly hired employees receive training on the knowledge and skills necessary to perform the specific job function for which the employee was hired	FFY 2015
7.7	Implement investigator training, similar to law-enforcement training, and explore a partnership with higher education for educational credits to be awarded	FFY 2015-2017
7.8	Provide ongoing criminal conduct training to all staff that respond to cases or manage investigators so they are conversant in identifying and assessing criminal conduct	FFY 2015-2016
7.9	Implement a requirement that staff not current with required training are not eligible to work in the field	FFY 2015-2017
7.1	Conduct initial and reassessment reviews of all training relative to the needs and skill gaps of the Department	FFY 2015, FFY 2019
7.2	Create clear accountability for training curriculum development	FFY 2015-2016
7.3	In partnership with Arizona State University's Center for Applied Behavioral Health program, and with input from field staff, redesign the timelines, duration and content of training for newly hired Child Safety Specialists	FFY 2015
7.4	Periodically revise pre-service and in-service training to address the skill gaps in the Department and incorporate current best practices and the latest research on evaluating child safety	FFY 2015, FFY 2019

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7.5	Develop an Individualized Training Needs Assessment that will allow employees and supervisors to gauge the employee's competence in each skill/knowledge area, tailor an employee's training, and reduce the length of training for some employees	FFY 2015
7.6	Develop training tracks so that newly hired employees receive training on the knowledge and skills necessary to perform the specific job function for which the employee was hired	FFY 2015
7.7	Implement investigator training, similar to law-enforcement training, and explore a partnership with higher education for educational credits to be awarded	FFY 2015-2017
7.8	Provide ongoing criminal conduct training to all staff that respond to cases or manage investigators so they are conversant in identifying and assessing criminal conduct	FFY 2015-2016
7.9	Implement a requirement that staff not current with required training are not eligible to work in the field	FFY 2015-2017

While the ASU Partnership includes the ability to make requests for curriculum development, the CWTI retains sole accountability for training curriculum development. Through the partnership, ASU completed the initial assessment of existing Child Safety Specialist Core training curriculum in 2015. Current topics in the Specialist Core training were determined to align with what other child welfare systems are providing new staff across the nation.

The CWTI routinely reviews and assesses curriculum to ensure content is accurate and consistent with best practice and policy; ensuring updates are made as necessary. Reassessment reviews through the use of survey and other tools are available through the ASU Partnership upon request. In addition to reassessment of current curriculum, the partnership provides for the development and revision of new curriculum to address identified skill gaps; incorporate input from field staff; and incorporate best practice on evaluating child safety and other practice areas.

The CWTI continues outreach to other states through participation in the national IV-E conference, and plans to participate in facilitated conversations (with the assistance of ASU) with those states in the coming year. Development of an individualized training needs assessment was not accomplished during FFY 2015; however, a no cost extension with ASU has been approved to continue work toward this outcome in FFY 2016. CWTI completed a review of existing Specialist Core content, and identified those learning objectives specific to the role and responsibility of an ongoing versus an investigations specialist. The implementation of simultaneous, multiple training tracks were considered and determined to be cost prohibitive. CWTI has proposed advanced training tracks and recommendations for specific job functions for implementation in 2016.

The CWTI developed Advanced Joint Investigations training and began offering sessions in 2015. The CWTI will continue to provide this course monthly, focusing first on investigators and supervisors, with the goal of training all current staff this year. New specialists are expected to complete this course six months into employment. The New Specialist Plan outlines the case assignment restrictions for employees during the 22 week period they are considered to be in training status.

Goal: Operate with transparency and accountability to the practice standards described in law, rules, policy, and procedure.

Objective 8: Maximize transparency in Department actions to recapture the trust of the public and create agency accountability

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Benchmarks		Timetable
8.1	Share agency success stories, with permission from families who have enjoyed the best outcomes thanks to the work of the Agency	FFY 2015-2019
8.2	Examine how other states and the federal government operate regarding transparency (reporting data and outcomes, telling the stories of success and being honest about failures) in order to encourage and accept accountability	FFY 2015
8.3	Implement a public information and community liaison office within the Department to share agency outcomes and communicate both positive and negative information in order to be held accountable by the public the agency serves	FFY 2015
8.4	Post reports with agency safety and permanency outcome data on the Department's public website and update the reports routinely	FFY 2015-2019
8.5	Create greater accountability and fiscal transparency so that the Department's operation and practices are consistent with its mission	FFY 2015-2019
8.6	Create policy for internally managing public records requests	FFY 2015-2016
8.7	Implement modifications to the statewide automated information system so that entries cannot be modified or deleted, in order to have a trusted historical record of all information and related employee actions	FFY 2015

In June 2015, DCS established the “Shout Out” function to highlight agency successes. Director McKay tasked agency leadership with providing the Communications Office with positive stories on a weekly basis. These items focus primarily on employees who excelled at casework, permanency planning, supporting caregivers, or other core agency functions. Employees are encouraged to make submissions at the new shoutout@azdes.gov email. These Shout Outs are also tweeted when posted on this site. The page is updated with new material at least once every business day. The Communications Office also pursues positive stories that can be submitted to the news media. Additionally, DCS is engaged with a consulting firm, Clarus, which is working on similar strategies to address this objective as part of the agency's Strategic Plan.

In February, 2015, DCS hired a Communications Director to oversee the implementation of the strategies and tactics essential to this benchmark. The agency also hired a Media Coordinator to handle web-based communications functions, such as the redesigned agency website, video components, and assistance with social media strategies, among other functions.

The Department is continually adding new data and information to its public website. The Communications Office is working with internal stakeholders, such as Information Technology and the Office of Quality Improvement, to disseminate data reports and other materials in a timely and accurate fashion.

The Department has developed a draft administrative policy describing the Department's processes for responding to public records requests per A.R.S. § 8-807. The policy will be finalized in FFY 2016.

CHILDS has been modified to preserve report disposition history and the Department is continuing to address findings from the SACWIS review held in the fall of 2014. The Department will also address this area in the CHILDS replacement project.

Objective 9: Align agency culture, practices, and operation with state and federal law and legislative objectives and the Department's core mission of child safety

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Benchmarks		Target Date
9.1	Seamlessly transition from the Department of Economic Security to the Department of Child Safety, by comprehensively reviewing and assessing all collaborative arrangements and programs that provide services to children and families associated with the child protective agency	FFY 2015
9.2	Hire an Inspector General to lead the Inspections Bureau, reporting to the Director, and a CQI Manager	By FFY 2015
9.3	Hire a team of highly skilled child investigations and child welfare professionals to staff the Inspections Bureau and regularly assess whether the operational practices of the Department reflect compliance with statute, policy, and procedure that reflect best practices	FFY 2015
9.4	Create a permanent process improvement team as part of the Inspections Bureau, with employees conversant in Lean Six Sigma, to prevent recurring problems and create best practices and efficiencies	FFY 2015
9.5	Implement a quality assurance case review process to monitor that timely, thorough, and proper investigations are conducted, conforming and compliant with statute	FFY 2015-2016

Since the creation of the Department of Child Safety, the agency has been working jointly with the Department of Economic Security to transition the administrative and business functions from the larger agency. Interagency Services Agreements (ISAs) have been signed between DCS and DES so that these key services and functions are not disrupted while DCS works on setting up their own support services. These agreements cover services such as facilities management, fleet and fixed asset management, accounting functions, operational support services (business contracts), and other functions involving business and administrative services.

In the Spring 2015, DCS hired a Chief Quality Improvement Officer who reports to the Director. The CQI Officer heads a team of highly skilled child welfare and audit professionals who provide quality assurance, continuous quality improvement, audit, and process improvement functions.

Goal: Thoroughly and efficiently collect information from the public about children who may be abused or neglected.

Objective 10: Implement best practices for call center management as they apply to the work of child protection		
Benchmarks		Timeframe
10.1	Examine other states' intake screening processes related to automation and formatting of information collection	FFY 2015
10.2	Standardize information collection and documentation into the system of record to have the most efficient and effective process in place	FFY 2015
10.3	Explore partnerships with organizations that can provide community information and referral services to community members seeking support and assistance in their area	FFY 2016
10.4	Implement automation enhancements that allow DCS staff to electronically submit communications regarding open investigations, such as additional information about abuse or neglect discovered during an open investigation	FFY 2016
10.7	Establish a measurable and standardized quality assurance process for the review of Hotline referrals that are determined to not meet statutory report criteria	FFY 2016

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The Department's Child Abuse Reporting line (intake call center) is the starting point for all Department field activity to achieve the mission of child safety. In order to assess child safety and risks, a referral must be received at the call center and correctly categorized as a report if it meets the statutory criteria. The CARE Team evaluation found that the call center did not have sufficient staff capacity to meet the demand of incoming communication volume, and that "High abandoned call rates, long wait times and the current interview design do not facilitate efficient collection of information from the public." The CARE Team concluded that "clear performance standards need to be established and maintained."

After some research on other states' existing intake screening processes, DCS developed the "Encounter Form," which is now used for information collection at the point of intake. This form has not only streamlined the process, but has also simplified the upload of the data into the CHILDS system.

Standardized information collection and documentation into the system of record was fully rolled out by January 2015. This included both a change to automation and practice. The Encounter Form which was build in-house by CHILDS in 2014, and a standardized call flow which was determined by Intake Specialists were trained to all existing staff by the Child Welfare Training Institute (CWTI). New hires are only trained on the standardized method of information collection and documentation in to CHILDS.

The Department has been meeting with Arizona 211 Community Information and Referral and will continue to explore the possibility of partnerships with other organizations that can serve community members seeking community resource information, thereby meeting the customer's need while reducing call volume at the Child Abuse Reporting call center.

Due to changes within the agency in FFY 2015, enhancements that allow DCS staff to electronically submit communications regarding open investigations, such as additional information about abuse or neglect discovered during an open investigation, were not implemented by June 2015. Submission of this information by DCS staff will preclude future communications with the same information to be generated as a new report and a second investigation. This new process would improve efficiency for field and call center employees, and increase the likelihood that field staff will communicate the information to the call center. In the meantime, there continues to be effective collaboration between the field staff and the Hotline staff to submit additional information into the CHILDS system.

The Hotline tracks and reports on the number of Hotline Communications that are changed to a report, also known as an assessment error. Assessment error tracking is reported on by specialist, unit, and section so that trends can be observed and addressed. The Department has identified strategies to standardize the collection and documentation of information. The new standard process will prove to be a more efficient response to communications, which will reduce caller wait time and the abandoned call rate.

As a result of all of these activities, more thorough and timely information will be collected from the public and forwarded to field units, allowing a faster response to concerns and ultimately improving child safety.

Goal: Provide an appropriate response to allegations, based on risk and needs

Objective 11: Strictly adhere to joint investigation protocols in investigations of criminal conduct allegations

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Benchmarks		Target Date
11.1	Clarify roles and responsibilities of OCWI, law enforcement, and Child Safety Specialists in investigations of allegations of criminal conduct against children.	FFY 2015
11.2	Improve the integration of the Office of Child Welfare Investigations (OCWI) throughout the Department, particularly in the operation of the Intake Bureau (Child Abuse Reporting Hotline) and in the investigative track	FFY 2015-2019
11.3	Explore best practice models from other state agencies or municipalities, regarding the integration of sworn Peace Officers within OCWI, to work in collaboration with and at the request of law enforcement on child fatality cases only (for example some arson investigators have sworn status limited to arson investigations)	FFY 2015
11.4	Develop an improved partnership with law enforcement and automated capabilities to provide law enforcement with appropriate and timely access to Hotline information consistent with existing statute, to include agency compliance with statutory mandates for cross-reporting to law enforcement	FFY 2015-2016

2014 Arizona Revised Statutes Title 8 – Child Safety §8-471 Office of child welfare investigations; training responsibilities set out the duties of the OCWI. In addition, DCS is currently promulgating Administrative Rules, which will further clarify the roles and responsibilities of OCWI, law enforcement, and Child Safety Specialists in investigations of allegations of criminal conduct against children.

The DCS Child Abuse Reporting Hotline has created and implemented improved tools and desk aids that Hotline staff use while processing reports alleging criminal conduct. These tools have facilitated clearer, more complete, and more accurate information gathering and effective communication between the Hotline, OCWI, and the field staff. The Department is continuously finding ways to expedite the availability of Hotline information to law enforcement. At this time, calls from law enforcement are triaged and treated as a priority.

The OCWI works diligently with law enforcement professionals and experts in the field when investigating criminal conduct (CC) allegations of child abuse. The Office of Child Welfare Investigations may employ sworn peace officers; however, civilian non-sworn investigators comprise the majority of personnel.

Objective 12: Examine, clarify, and improve the consistency of Titles 8 and 13 to maximize and strengthen each discipline’s ability to ensure child safety as the primary goal		
Benchmarks		Target Date
12.1	Clarify statutes and policy to unequivocally emphasize the role of Department employees as mandated cross reporters to law enforcement	FFY 2015
12.2	Clarify the role of Department Child Safety Specialists when investigating alleged criminal conduct, and realignment of statute 8-803 regarding “Duty to Inform” in the case of a criminal conduct allegation	FFY 2015-2016
12.3	Change statute and rules to admit “other acts evidence” in physical and sexual abuse	FFY 2016
12.4	Promote the prompt release of DCS records when a criminal defendant or child is the subject of such information, in accordance with statute	FFY 2015

The Department has rolled out the Advanced Joint Investigation Protocol training, which was created and piloted in March 2015. This training is a requirement for all DCS Investigators and Supervisors. The

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training is provided on a monthly basis and specifically educates on the role of Department employees as mandated cross reporters to law enforcement.

A.R.S.§8-807 mandates prompt distribution of Department records to agencies and other parties that need this information to promote the safety and wellbeing of children, help investigate, prosecute, etc. DCS is complying with this mandate. To further promote prompt release of DCS records when a criminal defendant or child is subject of such information, the Department issued a directive clarifying that when there is an open and active law enforcement investigation related to child welfare within the State of Arizona, the process allows for law enforcement to immediately request and receive DCS records directly from the local field office.

Objective 13: Engage experts – including community based providers, foster parents, the medical community, law enforcement, child advocates, and the courts – in collaboration and partnership, to keep children safe and families together		
Benchmarks		Target Date
13.1	Establish additional co-located, Multi-Disciplinary Teams of law enforcement, medical providers, and social service providers to enact multi-disciplinary approaches to child abuse investigations and treatment	FFY 2015-2019
13.2	Expand the co-location of investigation and social work units in advocacy centers, law enforcement agencies, and specialized hospitals, where it is feasible	FFY 2015-2019
13.3	In collaboration with stakeholders, explore quality assurance processes to monitor that MDTs adhere to their county multi-disciplinary protocols	FFY 2016
13.4	Continue to collaborate with university and community college partners to develop a workforce accustomed to the MDT protocol	FFY 2015-2019
13.5	Participate in the Community Advisory Committee, formed by statute to make recommendations to the Department, increase stakeholder collaboration, and improve communication between mandatory reporters and the Department	FFY 2015-2019

OCWI moved a unit of investigators into the Peoria Police Department's Child Crimes Unit, so they are now co-located with Law Enforcement. Two other OCWI investigators have been scheduled to co-locate in the Mesa Police Department Advocacy Center with law enforcement and DCS. Discussions with Phoenix Children's Hospital have been finalized and in the near future an office in the Emergency Room area is being created to house an OCWI on-call investigator. This will allow for immediate response to incoming child abuse cases.

Multi-Disciplinary Teams comprised of experts in their field meet on a routine basis to enact multi-disciplinary approaches to child abuse investigations and treatment. Although there is no 'formal' quality assurance processes to monitor that MDTs adhere to county multi-disciplinary protocols, the MDT meetings are guided by those protocols and best practice. A formalized quality assurance process will continue to be explored.

The new DCS Administration has organized the Community Advisory Committee. In addition, the Department receives regular feedback and recommendations from other community partners and stakeholders, including the Citizens Review Panel, the DCS Oversight Committee, and the Ombudsman Citizen-Aide Office.

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Objective 14: Provide an Appropriate Response to Allegations, Based on Risk and Needs		
Benchmarks		Target Date
14.1	Review and adjust the priority system rules to drive the appropriate response levels to assure child safety	FFY 2015
14.2	Clarify and rigorously enforce the criminal conduct component of the response system, to include differentiation of real-time criminal conduct from alleged previous criminal conduct where a child is not currently endangered	FFY 2015
14.3	Introduce language for statutory legislation to improve the ability to verify ongoing safety of the child in high risk cases where child safety remains a concern	FFY 2015
14.4	Evaluate existing “unable to locate” policies to ensure all reasonable attempts to locate children are followed, including through communications and information sharing across all disciplines including law enforcement, AHCCCS, schools, and medical providers	FFY 2015
14.5	Design and roll-out a Family Assessment response system to respond to reports that do not require an investigation	FFY 2015-2019

The Department received an exception in 2015 to the Governor’s Executive Order issuing a moratorium on rulewriting activities. With the exception, the Department is proceeding to analyze and promulgate new Administrative Rules, which may include adjusting the priority system.

In collaboration between the Hotline and the Office of Child Welfare Investigations, the Criminal Conduct Screening Tool and corresponding desk aid were updated to clarify criminal conduct screening decisions. This update occurred in October 2014.

Per new legislation in 2014, the Hotline no longer screens out a report due to unable to locate. The steps to locate children via partnerships with law enforcement, AHCCCS, schools, medical, etc. are encouraged.

The Department is developing a Family Assessment model to support families with low risk cases through a family-centered, non-confrontational assessment that engages families in services to treat risks before they escalate into safety threats. The Department expects that these interventions will result in medium-range outcomes of reduced repeat reports, and long-term outcomes of reduced entry and re-entry into out-of-home care. In 2015, the Department conducted public hearings to gather additional input on the Family Assessment model, and submitted a report to the legislature as required by 2014 legislation.

Goal: Remove only those children who require it for their immediate safety and safely achieve faster permanency for children who must be removed

Objective 15: Support programs that prevent child abuse and reduce entry, reentry, recurrence of abuse, and use of congregate care		
Benchmarks		Target Date
15.1	Make adequate resources available to provide family services that promote family preservation or reunification, as long as child safety is not compromised	FFY 2016-2017
15.2	Work with community partners to identify and establish Arizona best practices and programs	FFY 2015-2019

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15.3	Restore successful family support programs that were cut due to budget constraints, such as childcare subsidies, substance abuse treatment, behavioral health treatment, and domestic violence interventions	FFY 2016-2019
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See Section III, *Programs and Services to Achieve Safety, Permanency, and Well-Being* and Section V *Assessment of Systems Performance* for a description of efforts to make adequate services available.

Objective 16: Improve communication and coordination with the court to streamline processes to the benefit of both entities and the families served		
Benchmarks		Target Date
16.1	Improve timely communication regarding notifications for court hearings, case planning, and placement decisions, requests for releasable information, and other interrelated processes	FFY 2015-2016
16.2	Partner with the Administrative Offices of the Courts and juvenile justice to streamline and improve the dependency process	FFY 2015-2019
16.3	Work with the Arizona Supreme Court to ensure rules are aligned with statutory changes and Agency mission	FFY 2015
16.4	Act upon opportunities to cross-train with court and Department staff, and to collaborate with the courts	FFY 2015-2019
16.5	Collaborate on the Cross-over Youth Project to improve outcomes for children involved in both the juvenile justice and child welfare systems	FFY 2015-2019

The Department is involved in several projects to improve communication and coordination with the court. See Section II, *Collaboration with Stakeholders*, for information on these projects.

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

Objective 17: Support and collaborate with foster and adoptive parents		
Benchmarks		Target Date
17.1	Implement methods to strengthen information-sharing with foster and adoptive families about the histories of the children in their care	FFY 2015-2019
17.2	Implement methods to improve notification of foster and adoptive parents about hearings and other time-sensitive matters	FFY 2015-2019
17.3	Increase the level of involvement of caregivers in decision-making related to the welfare of the children in their care	FFY 2015-2019
17.4	Review processes to streamline the transition from foster to adoptive care	FFY 2015-2019

In an effort to strengthen the sharing of information with out-of-home care providers, the Department revised its policy that describes the information DCS staff is required to share with to out-of-home care providers at the time of placement. To assist the staff, the Department developed a checklist with the information to be provided at placement and as the information is received/developed by the Department. The policy and checklist will be implemented in FFY 2016.

In 2014-15, Arizona sought to increase the level of involvement of caregivers in decision-making related to the welfare of the children in their care through development of the new Home Recruitment, Study and Supervision (HRSS) contracts that will go into effect July 1, 2015. Specific sections of these contracts regarding the supervision of foster homes have been strengthened in light of the Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183, including sections that give foster families the ability to select a short-term caregiver for a foster child in their care. This is also codified in state law.

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The Department is planning to convene a workgroup comprised of DCS staff, DCS-OLR (foster home licensing) staff, HRSS agency staff, foster families, foster care alumni and other stakeholders to define reasonable and prudent parent standards for children of various ages. This information will be shared with families over the course of the next year via the Arizona Statewide newsletter and other information sharing mechanisms.

Following process review, the Department has made a number of improvements to streamline the transition from foster to adoptive care. Court certification to adopt is no longer needed for kinship families. The foster home licensure process and the adoptive certification process have been reviewed and modified to better mirror each other as another streamlining step. Through the Children's Heart Galley, DCS is more quickly able to identify adoptive homes for children. For the first time in DCS' history a separate contract for child specific adoptive home recruitment has been awarded, effective July 1, 2015. DCS has also added two internal staff at the Central Office level who specialize in child specific adoptive home recruitment and the Department is utilizing the services and technical assistance available from AdoptUSKids.

Staff Training, Technical Assistance and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2016* for the Department's staff development and training plan in support of the goals and objectives in the CFSP, and an explanation of how the training activities are designed to support the goals and objectives in the plan.

Arizona made a request for technical assistance from the NRC for Diligent Recruitment to implement market segmentation to improve foster home recruitment marketing strategies. This assistance will begin in August 2014 and is expected to continue into FFY 2015. The Department has not identified any other training or technical assistance (T/TA) that will be requested in FFY 2015-2019 in support of the CFSP/APSR goals.

The Department is not involved in any evaluation and research activities at this time, but has applied for a title IV-E demonstration project waiver, which would include an evaluation component. This would evaluate the impact of evidence supported practices and other strategies on reducing the use of congregate care.

Section VIII

Consultation and Coordination with Tribes

Consultation and Coordination with Tribes

Arizona's Five Year Plan (2015-2019) identified the following five objectives for the Department with regard to the Indian Child Welfare Act:

ICWA Objective 1: Increase ICWA Units or Specialized Child Safety Specialists throughout the state to consistently use best practices when working with American Indian children and families.

ICWA Objective 2: Update ICWA initial training and develop advanced ICWA training for Child Safety Specialists statewide.

ICWA Objective 3: Increase and improve data collection on American Indian children placed out-of-home and subject to ICWA, including the ability to report quarterly data on the number of children identified as American Indian, the number of children subject to ICWA, the number of agency notices sent to Tribes, and the number of children placed per placement preference.

ICWA Objective 4: Maintain updated department policy and forms related to elements of ICWA: Identification, Notice to Tribes, Placement Preferences, QEW, and Active Efforts.

ICWA Objective 5: Develop mechanisms of Quality Assurance for ICWA cases.

The Department's progress in addressing all of the above objectives is provided throughout the following narrative:

Consultations and Coordination between States and Tribes

Department staff work closely with our tribal counterparts throughout the year. Communication and consultation between the state and tribes are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, and Indian child welfare case-related issues.

The Department has 15 contracts or IGAs with tribes: seven contracts for Family Support, Family Preservation and Family Reunification Services; four contracts for Specialized Substance Abuse Treatment services; one contract for Comprehensive Service Development; one Title IV-E IGA; one ICWA IGA; and one consultation contract. The Department has contracts for Family Preservation, Family Support, and Family Reunification Services with the following tribes: Gila River Indian Community, Navajo Nation, Quechan Indian Tribe, Pascua Yaqui Tribe, San Carlos Apache Tribe, Salt River Pima Maricopa Indian Community, and the White Mountain Apache Tribe. The Department has contracts for Substance Abuse Treatment services with the following tribes: Fort Mojave Indian Tribe, Pascua Yaqui Tribe, White Mountain Apache Tribe, and the San Carlos Apache Tribe.

For several years, the Department and the Navajo Nation have engaged in extensive discussions to develop a revised IGA for coordinating child welfare cases under ICWA. The revised IGA was finalized in December 2014, and the Department and the Navajo Nation continue to meet to ensure successful implementation of the IGA's provisions. The Department is engaging in discussions with the Hopi Tribe to coordinate child welfare cases under ICWA with an IGA.

Additional tribal collaboration activities during FFY 2015 and continuing in FFY 2016 include the following:

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.
- Department staff actively participated in the Arizona Tribal Social Services Workgroup at ITCA and served as presenters at the ITCA American Indian Conference in December 2014. This

liaison between Department and tribal staff has proven to be very effective for strengthening relationships and for sharing and discussing child welfare policies and practices.

- The Department, ITCA, and Arizona State University's Office of American Indian Projects partnered in the delivery of ICWA training seminars and Tribal child welfare academies throughout the year. The Department participates on Workgroups and Task Forces comprised of Tribal, State, and Federal representatives. A representative from the Salt River Pima Maricopa community currently participates on the Department's Family Assessment Response (previously known as Differential Response) Team.
- The Department facilitates and participates in the Tribal /State ICWA Liaison Workgroup. Invitations are sent out to each Arizona Tribe, Community Partners, and Department ICWA Assistant Program Managers and Supervisors.
- The Department is active in the Arizona State, Tribal, and Federal Court Forum. The Department's Indian Child Welfare Specialist has been appointed to the Indian Child Welfare Act Committee of the Arizona State, Tribal, and Federal Forum by Co Chairs Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. A positive outcome of this collaboration was the creation of the "Arizona Resource Guide: Indian Child Welfare Act of 1978." The Arizona Guide is an online guide for the state, the tribes, and the courts.
- The Arizona State, Tribal, and Federal Court Forum and Indian Child Welfare Act Committee are also planning the "2015 Connecting Legacies Conference", scheduled for August 6- 7, 2015. The conference theme is "Collaboration and Innovation with ICWA."
- The Department is very active with the Phoenix Indian Center and participates in the Urban Child Welfare Sub Committee. This Subcommittee includes representatives from Phoenix Indian Center, our Department's Foster Care Program, ICWA Specialist, contracted foster home recruitment licensing agencies, and Casey Family Programs.
- An action plan of activities related to Cultural Competency training and American Indian Foster Home recruitment was developed by a work group of the Phoenix Urban Child Welfare Committee. To date, fifteen foster care licensing agencies have requested cultural competency training with three of these trainings being completed.

During SFY 2015, the Department held three formal Tribal Consultations. One discussion included the issue of the children residing on reservations who are not served by the Tribe for child abuse and neglect investigations, in part because certain tribal children codes do not give the tribe the authority to make decisions for non -American Indian children. This process varies between tribes. There are opportunities available for MOU's for tribes that are seeking child abuse and neglect investigations for non-American Indian children on reservation. During the consultations, discussion focused on training on the state's child abuse and neglect investigation process and risk assessments. The overall theme from these valuable consultations was to enhance communication between the state and tribes.

To continue coordination and collaboration with the Tribes on child and family services program goals, the Department plans to finalize a revised Tribal Consultation policy, participate in quarterly Intergovernmental Agreement meetings with the Navajo Nation and other tribes as requested, attend Child Protection Team Meetings with the Fort Mohave Tribe, and continue the quarterly Tribal/State ICWA Liaison Meetings. To supplement the ITCA contract for Tribal Consultation, the Department

hired a Tribal Liaison position to focus on the Tribal Consultation process and the changes needed to the case review system by the enactment of P.L.113-183.

Monitoring ICWA compliance

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports a full-time Indian Child Welfare Specialist position dedicated to ICWA policy and practice compliance. In addition, the Department funds and supports a full-time position as a Qualified Expert Witness (QEW) Coordinator. The QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions.

The Department's Indian Child Welfare Specialist meets regularly with tribal affiliates to consult and review the progress made toward ICWA compliance and the timely and appropriate delivery of Indian child welfare services. A new Tribal/State ICWA Workgroup has been formed, with over 20 Tribal and State representatives. The work group convened in September 2014, February 2015, and April 2015. The outcome of these meetings including the development of a new mission, vision and purpose centering on strengthening Tribal and State relationships, addressing ICWA issues, and encouraging cultural partnerships through communication and supports.

The Department created two, new ICWA tableau reports to improve the tracking of ICWA identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from their automated system on a monthly basis. Reconciling the data from both agencies greatly assists ICWA compliance and the ICWA element of "identification."

The Department conducted an assessment of ICWA trainings available to staff throughout the state. This assessment is still in process and will most likely result in additional ICWA trainings being provided to Department staff in various geographic regions throughout the state.

To better monitor ICWA cases, a new ICWA case management unit was added in the Department's Central Region in Maricopa County, which has the largest number of American Indian children being removed from their homes. The Southwest Region has the second largest number of American Indian children removed from their homes. The existing ICWA Units and the new ICWA Unit will receive and case manage ICWA cases in both the Southwest and Central Regions.

Current goals for improving ICWA compliance are based upon recommendations made in a previously conducted study by Casey Family Programs entitled "Indian Child Welfare Examination of State Compliance in ICWA". Goals for improving ICWA compliance are also based upon discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, the Northern Lights Conference Needs Assessment of the Arizona Indian Child Welfare System, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist.

During SFY 2015, the Department participated in three formal Tribal Consultations, four Tribal/State ICWA Liaison meetings and, as invited, Department staff attended the Inter-Tribal Council of Arizona's Tribal Social Service Director's meetings. The Department is committed to engaging in regular and meaningful consultation and collaboration with Arizona tribes on ICWA compliance.

Identification

In June 2015, there were 1,336 American Indian children in out-of-home placement. Of these children, 60% have a case plan goal of reunification with parent, principal caretaker, or relative. Twenty-one

percent (21%) of the children have a case plan goal of adoption. Eighty four percent (84%) of the American Indian children in out-of-home placement are in a family-like setting, with 42% of these children placed with relatives.

The Department recognizes that “identification of tribal affiliation” is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking, at the beginning of certain court hearings, if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

Department policy requires direct service staff to ask every family during the investigation of child abuse and neglect if the family/child has any American Indian heritage or descent. The Department's “Notice of Duty to Inform” and “Temporary Custody Notice” also prompts Department staff to inquire as to tribal identification.

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family’s tribal affiliation and an immediate (informal) child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case. The Department and the Office of the Attorney General are working closely to obtain the resources needed for cross-references ICWA case data (data matching), at minimum quarterly and ideally monthly.

Notification

Arizona’s notification process initiates through the Office of the Attorney General. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed Temporary Custody Order back from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. The Department continues to determine if ICWA applies to the case at the next court hearing (Preliminary Protective Hearing). The Office of the Attorney General and the Department diligently try to determine if ICWA services are needed prior to the next court hearing.

The Office of the Attorney General’s Service Matrix reminds the clerk doing the service that the tribe/parent/BIA must receive notices at least 10 days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent/tribe/BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with a “post-hearing sheet” so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

On February 25, 2015, the BIA revised the ICWA guidelines from 1979. The new guidelines also include guidelines relevant to Interstate Compact for Placement of Children (ICPC) placement changes. The Office of the Attorney General and the Department are reviewing ICPC motions for ICWA requirements to notify the tribe of the placement change.

Placement preferences of American Indian children in foster care, pre-adoptive, and adoptive homes

ICWA requires placement preferences in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. Placement with a maternal and/or paternal family member and extended family member who is willing and able to provide care for the child is always a priority for working with American Indian children and families. The biggest challenge is the lack of homes in state and tribal communities compared to the rate of children needing child safety services.

The recently issued BIA guidelines include information on “placement preferences.” The Department is reviewing current state policy to identify if policy and procedure changes are needed to conform with the revised BIA guidelines. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child’s tribe has a different order of placement preference established): placement with child’s extended family; a foster home licensed, approved, or specified by the child’s tribe; an American Indian foster home licensed or approved by an authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization.

With regard to an adoptive placement for an American Indian child, unless the child’s tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child’s extended family, with other members of the child’s American Indian tribe; or with other American Indian families. The new BIA guidelines address the issue of “good cause to deviate from the order of placement preference”. Currently, Arizona lacks a sufficient number of licensed foster homes. This includes American Indian foster and adoptive homes. As described in the AZ Foster and Adoptive Parent Diligent Recruitment Plan, effective July 1, 2015, Arizona entered into contracts with ten additional foster and adoptive home licensing agencies to recruit and retain qualified foster and adoptive homes.

Throughout 2015-2019, the Department plans statewide efforts to improve the collection of data necessary for monitoring ICWA outcomes for American Indian children. Collection of sufficient data will allow the Department to better analyze ICWA compliance and to identify best practices to achieve positive outcomes for American Indian children and families. The quarterly Tribal/State ICWA Liaison meetings are an important communication venue for reviewing and implementing the ICWA goals of Arizona’s 5 year plan.

As stated in the Plan, the benchmarks associated with each objective will be updated every year with input from the tribes, the Department’s Child Safety Specialists, and information gathered through the quality assurance process. Although all objectives have activities in progress, during the past year, compliance with ICWA objectives and benchmarks have been prioritized as “high” by the Department.

During SFY 2015, the Department also addressed the objectives and benchmarks specified in our 2015-2019 ICWA Plan by completing the following:

- Creating GIS trend maps for American Indian children removed from their homes during the past four years by region, county, zip code, and Department office. This information will greatly assist in identifying areas for recruiting diverse foster and adoptive homes, assessing, to the extent possible, if out-of-home placement settings are in close proximity to the child’s home, and determining staffing needs for ICWA cases throughout the state;
- Expanding the number of specialized ICWA units in Maricopa County. An assessment is planned for the Pima, Northern, and Southwest regions to evaluate their region’s need for specialized ICWA units;

- Providing "advanced" ICWA training to 26 direct service staff;
- Facilitating the process for having Qualified Expert Witness ICWA testimonies for over 60 cases during SFY 2015;
- Prioritizing ICWA training for staff as a "high" Department priority. A competency survey was sent to direct service staff to measure their level of knowledge on the Indian Child Welfare Act and required compliances. Arizona State University reviewed the completed surveys. A need was identified to train case supervisors. A newly designed ICWA training is now provided to Department Supervisors. During SFY 2015, over 225 Supervisors were training on the elements of ICWA. In addition, ICWA trainings were completed by over 290 ongoing Case Specialists, 30 tribal case managers, eleven Program Specialists, four In-Home Case Specialists, and five Case Aides; and
- Training on "Awareness, Acceptance and Valuing Cultural Differences" was developed by the Phoenix Indian Center and was attended by Department staff and staff from foster home licensing agencies.

During SFY 2015, the Department hired a Tribal Liaison who works closely with a Policy Specialist in developing a formal Tribal Consultation Policy. To better support the Department's efforts for consistency in ICWA policy and practice, the statewide ICWA Specialist and QEW Coordinator have been restructured and housed in the Department's Policy Unit. As previously stated in this APSR, the Department and the Office of the Attorney General are focusing efforts on the February 2015 issuance of revised BIA guidelines for ICWA cases. A comparison of current policy with the new BIA guidelines has started. During the April 2015 Tribal/State ICWA Liaison meeting, participants reviewed a preliminary policy comparison and had open discussion. The Department requested input from Tribal ICWA staff. A letter requesting input was also sent to Tribal Leaders. In-depth discussions will continue at the next Tribal/State ICWA Liaison meeting scheduled for July 30, 2015.

As part of the current Child and Family Services Review, the Department is reviewing in-home and out-of-home cases using the federally-approved case review instrument. Questions directly related to ICWA are included in the instrument. The period under review is April through September 2014.

Update regarding discussions with Indian tribes regarding CFCIP

Arizona tribes continue to work with local contracted Independent Living Program (ILP) providers to access foster care and ILP services for eligible American Indian youth. ILP teams present information to tribes throughout the state and provide services to tribal youth, both on and off reservation.

See Section XII, Chaffee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report, "Consultation with Tribes," for a summary of the Independent Living Program's Tribal Community Engagement activities.

Title IV-E of the Social Security Act

When requested, the Department works closely with tribes who are interested in developing their own Title IV-E program. The Department also enters into IGAs with the tribes for Title IV-E pass-through funding. On May 14, 2014, Department staff and the Navajo Division of Family services met at the Department's Central Office to engage in dialogue on the Title IV E program and fiscal process. The outcome of that meeting was a review of the Title IV-E quarterly claiming process, periodic estimates of future Title IV-E expenditures, random moment sample systems for capturing eligible Title IV-E administrative expenditures, cost allocation methodologies, and other Title IV-E requirements. On April 10-11, 2015, at the invitation of the Navajo Nation, Department staff participated in the revealing of the

Navajo Nation's Title IV E State Plan proposal. Department staff subsequently went to the Navajo Nation to celebrate the federal approval of their Title IV-E Program. Representatives from the Children's Bureau Central Office and Region IX Office in addition to Casey Family Programs attended this monumental ceremony.

The Department's ICWA Specialist and Title IV-E Specialist participated in Tribal Title IV-B joint planning meetings with Tohono O'odham Nation and the Pascua Yaqui Tribe. The topics discussed included the sharing of Title IV-B plans and the Title IV-E planning status for the Tohono O'odham Nation and Pascua Yaqui Tribe. The Department offered assistance regarding Title IV-E whenever requested by the tribe.

The Department had discussions with tribes and requested feedback regarding Arizona's proposed Title IV-E Child Welfare Demonstration Project. Department staff presented detailed information on the proposed Title IV- E Child Welfare Demonstration Project at the ICWA Tribal/State Workgroup; Navajo Nation's Tri-State Inter-governmental (IGA) meeting (Arizona, Utah and New Mexico), and the ITCA Annual American Indian Conference.

Update on planned changes to laws, policies, procedures, communications strategies, or trainings to improve compliance with ICWA that the state has developed in partnership with tribes

As previously noted in this APSR, in December 2014, the Department and the Navajo Nation entered into a new IGA for ICWA. An extensive amount of work and collaboration between the Department and the Navajo Nation was required for the IGA. Ongoing meetings are occurring between the Department and the Navajo Nation so that state and tribal staff can be trained on the provisions of the new IGA. The Department and the Hopi Tribe are discussing an IGA related to the provisions, process, and procedures required for compliance with the Indian Child Welfare Act.

The Department is committed to strengthening our relationship with tribal social services throughout Arizona. On the forefront is the development of a formal Tribal Consultation policy and the implementation of the revised BIA guidelines. During the restructuring of our Department in SFY 2014-15, the Department and Tribal representatives closely communicated. Highlights of the Child Advocate Response Examination Report (CARE) were presented at the Native American Caucus. An update on the cases referred to as "Not Investigated (NI) cases" was presented at the Inter-Tribal Council of Arizona's Tribal Leader's meeting. At this meeting, questions were answered and contact information was made available to all Tribal Leaders.

On January 20, 2015, the Department participated in the Indian Nations and Tribes Legislative day at the Arizona State Capitol. Arizona tribes and tribal youth were actively involved in this event. There was a focus on health and wellness. The youth participated in a Question-and-Answer activity that included learning about ICWA, the availability of state government job in their future, and how to report child abuse if they become aware of a child who may be unsafe at home.

Section IX

Child Welfare Waiver Demonstration Activities

Child Waiver Demonstration Activities

Arizona's Title IV-E Waiver Demonstration Project aims to right-size congregate care. The Department's waiver application was approved by the Children's Bureau and analysis is occurring to define the target population and the interventions that will be evaluated through the demonstration project.

Together with the Title IV-B funding that Arizona maximizes each year, flexible Title IV-E dollars from the demonstration project will help Arizona support the goals of:

- Keeping families together;
- Protecting and promoting the welfare of all children;
- Preventing the neglect, abuse or exploitation of children;
- Supporting at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- Promoting the safety, permanence and well-being of children in foster care and adoptive families; and
- Providing training, professional development and support to ensure a well-qualified workforce.

Arizona currently already maximizes its allocation of Title IV-B funding each fiscal year. With the addition of the flexible Title IV-E dollars from the demonstration project, Arizona will continue to use its Title IV-B funds to help support the goal of:

- keeping families together
- protect and promote the welfare of all children;
- prevent the neglect, abuse or exploitation of children;
- support at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- promote the safety, permanence and well-being of children in foster care and adoptive families; and
- provide training, professional development and support to ensure a well-qualified workforce.

Section X

Child Abuse Prevention and Treatment Act State Plan Update

Child Abuse and Prevention Treatment Act State Plan Update

During FFY 2015, there have been no significant changes in how the Department uses Arizona's CAPTA Basic Grant funds. The Department continues to support several of the CAPTA section 106 program areas through our Basic Grant funding. These section 106 program areas include:

- Improving the intake, assessment, screening and investigation of reports of child abuse or neglect, and
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

Federal Fiscal Year 2015 Updates

Arizona Citizen Review Panels (CRPs)

Arizona continues to maintain active and diverse membership in the three CRPs located throughout the state. During FFY 2015, the Central Arizona Panel had 25 community members, the Northern Arizona Panel had 11 community members, and the Southern Arizona Panel had 11 community members. These community panel members have professional experience in the following areas: child abuse prevention, social services, child and family advocacy, adult probation, tribal social services, education, developmental disabilities, mental and behavioral health care, adoptions, legal systems, and domestic violence.

At the suggestion of these panels, the Department will focus on enhanced efforts in the following areas:

- updating initial and advanced trainings on the Indian Child Welfare Act (ICWA) for case managers and supervisors;
- working closely with child welfare partners to assure timely permanency efforts, services, and supports for adolescent youth who are approaching emancipation; and
- examining best practice when working with medically complex children.

Statewide Assessment and Case Planning Specialist

During this reporting period, the Department has continued to provide intensive on-site support to increase front-line staff skills, knowledge, and expertise in child safety assessments, assessments of risk of harm, family-centered assessment of strengths and needs, and behaviorally-based case planning.

The statewide Assessment and Case Planning Specialist provided technical assistance to at least 30 DCS Case Management and Investigation Units throughout the state, in addition to meeting with 20 groups of at least 10 DCS Case Supervisors each. These technical assistance forums focused on staff needs and areas needing improvement, including:

- understanding safety planning and the use of safety monitors;
- understanding the concepts of safety, present danger, impending danger and risk;
- linkage between safety, risk, and case planning; and
- effective use of clinical supervision in the decision making process.

During this reporting period, the statewide Assessment and Case Planning Specialist aligned case planning policies with practice, including onsite assistance in areas such as avoiding the use of independent living as a case plan goal and how to determine appropriate compelling reasons for not terminating parental rights when children are in out of home care.

Child Safety Specialist for Group Home Investigations

The Department continues to support specialized investigations of child abuse and neglect reports received on children residing in congregate care (licensed group homes and residential settings). During this reporting period, the specialized function for conducting group home investigations was placed within the Department's Office of Child Welfare Investigations (OCWI). Investigations include coordination with group care facility staff, law enforcement, licensing authorities, Child Safety Specialists, and other state agencies including the Arizona Department of Economic Security's Division of Developmental Disabilities and the Arizona Department of Health Services.

Federal Fiscal Year 2016 Plans

While not directly related to the Department's spending of CAPTA Basic Grant funds, DCS is providing information on an initiative planned for the upcoming fiscal year(s). This initiative is consistent with CAPTA section 106 program areas.

The Department is exploring the creation of a response continuum for reports that includes two "tracks" – a traditional Investigation Response for high to moderate risk cases and a Family Assessment Response for low to potential risk cases. A two-tiered decision-making assessment process is being explored with criteria established to determine the appropriate Department response to reports.

The Department is considering a Family Assessment Response because 70% of the reports received by the Department are due to neglect: families are in need of concrete resources and basic household items, parents are unable to financially support their families, and families have medical or behavioral health issues that greatly affect their ability to adequately parent their children.

The Department formed a Family Assessment Design Team, consisting of 30 representatives from a diverse group of child welfare stakeholders. These stakeholders consisted of law enforcement, hospital personnel, tribal affiliated, attorneys, school personnel, juvenile court, domestic violence specialists, and DCS professionals.

Long term outcomes expected through a Family Assessment Response system include: safe reduction in future out-of-home placements; safe reduction in repeat maltreatment; safe reduction in repeat reports; and improved child and family well-being.

Department of Child Safety Workforce Data

Staff Recruitment and Selection Processes

The Child Protective Services Workforce responsible for intake, screening, assessment, and investigation of child abuse and neglect are classified into a Child Protective Services (CPS) Specialist series. All positions are classified at the CPS Specialist III level. If an employee does not meet the qualifications for a CPS Specialist III, he/she may be underfilled into a CPS Specialist I or II until the minimum requirements for the classification are met.

The Agency uses a full spectrum of staff recruitment activities, including sponsoring or attending job fairs statewide; establishing relationships with educational institutions offering social work and related degree programs; and posting employment opportunities on Arizona's employment website, azstatejob.gov. Candidates apply online through the State's online job board website. A staffing analyst reviews the resume and qualifies the candidate as a CPS Specialist I, II, or III based on the established minimum qualifications. The staffing analyst then contact all qualified candidates to follow up on the candidates interest, request necessary documentation. Candidates are required to take a Virtual Job Tryout®. This is an online screening tool that collects data through an online assessment to assist in identifying best fit

candidates. Field offices conduct the interview process using the Hire for Fit process introduced in 2010. Background checks including references, criminal history, CPS Central Registry, public records search, and other actions are conducted by Human Resources before a candidate is offered a position.

Education and Qualifications

Child Protective Services Specialist I - Master's or Bachelor's Degree from an accredited college or university; OR five years as a CPS Case Aide II in Arizona state service and Completion of the ASU Undergraduate Child Welfare CORE This is an underfill classification. When an employee meets the work standards and knowledge, skills, and ability (KSAs) of the CPS Specialist II level, management has the discretion to promote the employee to a CPS Specialist II.

Child Protective Services Specialist II – One year as a CPS Spec I in Arizona state service; OR Master's or Bachelor's Degree from an accredited college or university and one year of CPS experience; OR Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the CPS-ASU/NAU Title IV-E program. This is an underfill classification. When an employee meets the work standards and KSAs of the CPS Specialist III level, management has the discretion to promote the employee to a CPS Specialist III.

Child Protective Services Specialist III – One year as a CPS Spec II in Arizona state service; OR Master's or Bachelor's Degree and two years of CPS experience/.

When an employee meets the work standards and KSAs of the CPS Unit Supervisor, the employee may apply and be considered for promotion to a CPS Unit Supervisor position.

Child Protective Services Specialist IV – One year as a CPS Spec III in Arizona state service; OR Master's or Bachelor's Degree from an accredited college or university and three years of CPS experience.

Child Protective Services Unit Supervisor – One year as a CPS Spec IV/Prog Spec in Arizona state service; OR Master's or Bachelor's Degree from an accredited college or university and four years of CPS experience, OR ASU/NAU Title IV-E MSW/BSW Degree graduate and three years CPS experience.

When an employee meets the work standards and KSAs of the CPS Assistant Program Manager (APM), the employee may apply and be considered for promotion to the APM position. An APM manages and provides oversight for six to seven CPS Units. The APM may also manage other support functions such Team Decision Making (TDM) facilitators, Regional Automation Liaisons, Human Resources, Parent Locator Services, Contract Services, Practice Improvement, etc.

Data on Education, qualifications and training of such personnel

The following table provides the educational degrees for CPS Specialists and Supervisors who were employed on September 30, 2014, and who entered this data into CHILDS.

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Degree	CPS Specialists	CPS Supervisors	Total Degrees	Percentage of Total
MSW	73	13	86	9.17%
Masters/Related	49	11	60	6.40%
Masters/Non-Related	14	3	17	1.81%
BSW	93	21	114	12.15%
BA/Related	380	63	443	47.23%
BA/Non-Related	50	13	63	6.72%
Unspecified	152	3	155	16.52%
TOTAL	811	127	938	100%

Demographic information of such personnel

The following table provides the ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on September 30, 2014. (This data is from Human Resources Information Solution maintained by ADOA).

	CPS Specialists	CPS Supervisors	Number of Employees	Percentage of Total
ETHNICITY				
Pacific	0	0	0	
American Indian	18	4	22	1%
Asian/	18	5	23	2%
African American	154	19	173	12%
Hispanic	255	51	306	21%
Caucasian	581	125	706	48%
Unspecified	245	10	255	17%
TOTAL	1271	214	1485	100%
GENDER				
Female	1026	185	1211	81.55%
Male	245	29	274	18.45%
TOTAL	1271	214	1485	100%

AGE	CPS I	CPS II	CPS III	CPS IV	CPSUS	TOTALS
Under 30 yrs.	157	170	141	21	16	505
30-39 yrs.	94	92	138	45	86	455
40-49 yrs.	51	38	105	24	68	286
50-59 yrs.	29	18	80	18	36	181
≥60 yrs.	4	7	33	6	8	58
TOTAL	335	325	497	114	214	1485

TENURE*	CPS I	CPS II	CPS III	CPS IV	CPSUS	TOTALS
<5 yrs.	335	325	409	114	171	1354
5-10 yrs.			71		37	108
11-20 yrs.			15		6	21
21-30 yrs.			1			1
>30 yrs.			1			1
TOTAL	335	325	497	114	214	1485

*This is tenure in the classification not tenure in state service.

Juvenile Justice Transfers

In some cases, it is determined that the youth's needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Division are no longer necessary. During FFY 2014, three children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections or another state's correctional department at the time of exit from the foster care system.

These children were identified by creating from the State's FFY 2014 AFCARS data a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of "transfer to another agency." A review of narrative case information identified the agency to which each child transferred. All three of these children were in the care and custody of the Department for at least one day during FFY 2014 before transferring to the sole custody of the juvenile justice or correctional agency.

Section XI

Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2015

Chafee Foster Care Independence Program and ETV Program Update

The following information is submitted to serve as the annual progress report for Fiscal Year 2015. This report contains information on services provided, as outlined in Program Instruction ACYF-CB-PI-15-03 dated March 31, 2015.

The Department of Child Safety (DCS) is the responsible State agency administering the Title IV-E Program. The Department will administer the Chafee Foster Care Independence Program (CFCIP) under sections 471, 472, 474, 475, and 477 in Title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; and the Education and Training Vouchers Program (ETVP) under purpose 6 of Section 477(a). Arizona's CFCIP is hereafter referred to as the "Young Adult Program" or "YAP." The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477(b)(2)(F).

2015 Accomplishments and 2016 Planned Activities

Transition to self-sufficiency

- a. Reduce case manager workload through lower case loads and increased number of specialized (AYAP) case managers.
- b. Increase housing options through increasing youth participating in the Independent Living Subsidy Program (ILSP), and create short term housing for 18+ youth who experience placement disruptions and increase the array of independent and semi-independent housing.
- c. Improve planning process by integrating an effective planning tool into the planning process (such as the "transitioning youth index", Foster Club Transition Plan, "passport" or other tool), and starting the transitional planning process earlier in a youths life (i.e. reviewing the schedule for use of the Team Decision Making model).
- d. Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care.
- e. Improve access to services by ensuring youth begin receiving formal skills training at age 16, enhance the array of supports and services available and ensure youth with severe mental health needs receive a timely SMI determination.

The Department is working on a number of strategies to assist DCS Specialists in managing high caseloads, particularly in Maricopa County, Arizona's most populous area. Efforts include simplifying and providing clarity on related policies, streamlining required procedures and providing increased training and informational workshops. The DCS is also exploring alternative methods for managing services for youth 18 and older.

Maricopa and Pima counties maintain specialized units of staff who serve only youth identified as likely to age out, while the rural counties have worked to identify one or more (as needed) DCS Specialists to manage the services for eligible youth in their counties. Arizona continues to struggle with vacancy and turnover and is working diligently to produce and implement strategies to fill positions and retain qualified staff.

Contracts are currently being developed which address the specific housing needs of older youth in care, including youth who are 18 and older, and who need semi-independent housing. With the expanded range of specific types of housing and supportive living, DCS believes disruptions will decrease. The Independent Living Subsidy Program has also shown an increase in participation. Comparing the month

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of June 2014 to June 2015, the subsidy program served 22% more youth, increasing the total number of youth served in a single month from 405 in 2014 to 493 youth in 2015.

In 2015 the Team Decision Making Age of Majority Summary Report was altered to better address the needs of youth transitioning to adulthood. It now includes youth's goals; long and short term; youth's accomplishments and barriers; as well as addressing the specific needs and supports youth need as they are work toward self-sufficiency. In the coming year, the Department will work with agency partners to create a comprehensive implementation plan for integrating a single planning tool into the transition/case planning process for youth age 14 and older in out of home care.

Members of the DCS Permanency and Youth Services unit, including the state Independent Living Coordinator, Projects Specialist and Education Case Managers continue to host informational workshops in Arizona's five regions on a continual basis throughout the year. These workshops are attended by care providers including foster parents, Court Appointed Special Advocates, attorneys, judges and others, as well as DCS staff. In the coming year, the Permanency and Youth Services unit will work with representatives from the DCS Child Welfare Training Unit and Arizona State University to continue efforts in creating a tiered training curriculum that will include computer based modules as well as in person training.

A plan for outreach and training to group care staff will also be created over the next year. While group care staff is currently invited to attend sponsored training/workshops, it is often difficult for care staff to participate off-site. The outreach and training plan will include the provision of workshops to be held onsite with group care agencies. Agencies such as the Arizona Department of Health Services have provided on-site training on health care issues including teen pregnancy prevention (for group care staff).

In an effort to improve the Behavioral Health services offered to youth in care, a centralized Behavioral Health (BH) Unit has been created. Two Behavioral Health Clinical Supervisors (BHCS) who are Behavioral Health Professionals, and hold an active license with the AZ Board of Behavioral Health Examiners, oversee a team of clinically credentialed (BHT). The new BH Unit oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BH Unit ensures clinical decisions are made using a Trauma Informed Care approach that produces best outcomes for youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities.

Related data includes the following:

- Comparing CY 2013 to CY 2014, the total number of youth participants increased 7% from 1,795 to 1,921. (This number excludes the TILP.)
- On average, 700 youth a year enroll in AHCCCS through the YATI program, with a 23% increase in CY 2014, to 738 enrolled (on average, 62 youth per month).
- Program youth continued to benefit from the ILSP with the total number of participants increased from 480 in SFY 2013 to 595 in SFY 2014, a 24% increase. The number of youth participants for the first 6 months of SFY 2015 is 521, and is expected to increase prior to closure of the state fiscal year.
- 42% (806 of 1,921) of the youth served participated in independent living skills training.
- 66% (200 of 301) of discharged youth participated in Independent Living Skills Training.

Education, training, and services necessary to obtain employment

- f. Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop "soft skills" such as how to keep a job, respond to authority, rules and direction, and time management, etc.

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Ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation including supporting more youth to participate in driver's education programs.

- g. Increase the availability of practical applications such as internships (paid and unpaid), job shadowing / ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering.
- h. Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories.

Arizona Friends of Foster Children Foundation implemented a new Career Development program, "Keys to Success" in 2014. The goal of the program is to provide youth with the opportunities to engage in meaningful employment that aligns with their short and long term career goals. By providing individualized employment readiness activities/opportunities, youth will gain valuable work history and experience that will enable them to achieve financial stability.

The Keys to Success program has been successful in developing relationships with community partners to address the multitude of barriers youth face in achieving career and financial stability. Sample partnerships include Trinity Youth Opportunity (engaging employment partners), Mesa United Way (resources for youth and program) as well as 36 employers representing a variety of industries willing to offer youth employment and/or work experience. DCS's Contract provider of Skills Training has also been making efforts in the collaborations with WIA program providers, Job Corp, and Vocational Rehabilitation.

There are three stages to this service model. First, youth work with their Career Development Specialist (CDS) to research occupations of interest, assess occupational trends, and consider opportunities available in the field as well as associated wages. Then the youth, along with the CDS, creates a master application and resume, and develops or enhances interview skills. Youth also have the option of being matched with a screened, trained, and supported volunteer career coach who will work with them for a minimum of three months. The career coach will help the youth with communication and interpersonal skills that will assist in the youth's achievement of their short and long term career goals. Lastly, youth are placed in employment opportunities that align with the career goals outlined in their career plan. Each placement will be made based on the unique needs and circumstances of the youth, to help them acquire work experience and build skills.

In 2015, DCS intensified their role in this initiative beyond that of a referring agency. DCS is now providing through the Chafee grant, a financial incentive for youth placed in employment opportunities. This allows the youth to have real life understanding of receiving a paycheck and allowing them the ability to budget and learn good savings habits.

To date, 86 youth have been referred for services: 12 are pending assignment to a career development specialist, 63 are actively enrolled and 11 are inactive (two are on runaway status, two moved out of state and one was referred to Vocational Rehabilitation for more intensive services). Of the 63 active participants 61% are currently employed or participating in a work experience, and 98% of participants who have been engaged in services for 90 days or longer, have developed a career plan, and been enrolled in education and/or training required to achieve the goal.

The Goal for 2015 is to serve 100 unduplicated youth in the calendar year, and retain at least 75% of enrolled participants after one year of services. The expected outcome is that 90% of those youth will have developed a career plan, 75% will demonstrate the ability to implement their plan based on enrollment in education or vocational training and/or entry level employment in their career of choice; and 65% of participants retained in the program beyond the first year of service will effectively use their

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network of career support in order to continue to attain educational goals and/or retain or advance employment.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary employment activities.

Related data includes the following:

- 31% of the youth currently in the Young Adult Program (age 17 and older) are employed or participating in employment related training.
- 32 % (93 of 294) of the discharged youth were employed or participating in employment related training at the time of discharge.
- 18 % (53 of 294) of discharged youth who were not employed at the time of discharge had been employed in the past.

Prepare for and enter post-secondary training and educational institutions and vouchers for education and training, including postsecondary education

- i. Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part time jobs while in school, on campus mentoring/support programs, assistance in obtaining services necessary to achieve stability in housing and mental health services.
- j. Institute the use of assessments to target readiness, aptitude and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests.

The Department is an active participant in the Bridging Success Joint Community Advisory Council. The Council is comprised of various administrative staff from Arizona State University (ASU), the Maricopa County Community College District (MCCCD) and various supportive Community Agencies. The Advisory Council came together for the purpose of developing strategies and supports to assist youth transitioning into Community College and the University and to offer continuing support and resources to the youth to assist in retention and eventual graduation.

The Department is a participant in the Maricopa County Education Service Agency (MCESA) Youth Transition Advisory Council (MYTAC). MYTAC focuses on the specialized group of foster care youth who are dually involved with the Arizona Department of Juvenile Corrections. The Council assists in the implementation of evidence-based practices on matters including, but not limited to programming, resource development, advocacy, and transition services that promote youth development through supportive environments for successful transition. The Council includes 4 committees consisting of Education & Career, Home and Family, Community & Service, and Hobbies & Recreation.

The Department is currently researching and exploring various interest inventories and assessments used by the Arizona Department of Education and other Community and Educational Agencies. The goal for 2015 is to adopt an appropriate tool to assist DCS staff and youth served to create education and career plans that complement the youth's strengths and abilities.

Vouchers for education and training, including post-secondary education are available through the State's Education and Training Voucher Program (ETVP) and Arizona Tuition Waiver (ATW). The ATW is limited to applicants attending one of the three state universities or one of the many community colleges throughout the state. The ATW is not available to students attending out of state schools or private schools including vocational programs. The ETVP provides vouchers for youth attending accredited universities, community colleges and post-secondary training programs, both in-state and out of state, as

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well as private, for profit and non-profit, schools and vocational based programs .

Pima County is host and home to the Arizona FosterEd Initiative, a pilot program made available through National Center on Youth Law (NCYL). The state initiative involves a process focused on creating an environment where youth in out of home care not only experience stability in their education experience, but thrive with the support of an Educational Champion (appointed by the Court) and an Education Team comprised of family members, educators and involved professionals (including child welfare staff). Goalbook, a web based program, provides a means for gathering, maintaining and sharing information on each youth's team, education goals, progress, challenges and needs. Goalbook provides a familiar platform (similar to Facebook) where team members can quickly request and share necessary information as well as celebrate youth's accomplishments as they work toward achieving their individualized education goals. This pilot serves school aged youth entering out of home care and as such, older as well as younger youth captured in the pilot group are benefitting from this initiative.

In January 2013, NCYL contracted with RTI International to conduct an external evaluation of the Pima County FosterEd pilot. The evaluation is expected to run through December 2015. The following information, authored by Jennifer Laird of RTI International, is available in the Year 1 Evaluating Report:

In collaboration with FosterEd staff, RTI developed an evaluation indicators matrix, which groups indicators into three major sections: infrastructure, practice, and outcomes. This Year 1 evaluation report focuses on the preparation for the launch of the FosterEd Pima County pilot and the first nine months of implementation (January 2014 through September 2014). Infrastructure accomplishments include finalizing of data sharing agreements, hiring and training of staff, co-location of Education Liaisons at DCS offices and county education offices, etc.

Practice accomplishments include the following:

- 193 youth were served.
- 362 (unduplicated) adults serving across 193 education teams.
- 37 volunteers recruited and trained.

Youth outcomes include:

- 729 educational goals were set for foster youth.
- 221 (30%) of goals were completed in the first nine months of implementation.
- 149 (20%) of goals not completed had some objectives met.

Although education data were not yet available for a sufficient number of students to adequately examine desired outcomes (i.e. attendance rates), adult team members are reporting positive impact of FosterEd in areas such as grades, attendance, and attitudes towards school.

More information on the FosterEd pilot is available online at:

<http://foster-ed.org/Modules%20SCC/AZ%20Year%201%20Evaluation%20Report.pdf>

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary post-secondary preparation activities. (Note: Chafee funds are **not** approved for the costs associated with attending post-secondary education and training institutions, as funding for these costs may only be accessed through the ETVP.)

Related data includes the following:

- 79% of youth age 18 and older participating in the YAP who were still in an out of home

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placement were enrolled in or completed a college or trade school after completing high school or obtaining a GED versus 20% of former foster youth participating in aftercare services.

- In school year 2013-2014, 340 students received ETVP vouchers for the following types of institutions:

Type of Institution	Number of Students
Public 2 Year	211
Public 4 Year	67
Private or Proprietary	58
Public Technical or Career	4
Total*	340

* 18 of 340 students or 5% attended an out-of-state post-secondary institution/program.

Personal and emotional support through mentors and the promotion of interactions with dedicated adults

- k. Increase efforts to help youth identify persons with whom they may develop lifelong connection through the creation of community based activities such as community service/volunteer projects where youth may interact with positive adults in a “natural” setting.
- l. Develop staff resources to dedicate time to engage, train and support alumni and community members as mentors/supports for youth.

The Community Advisor is an integral part of the Independent Living Subsidy Program. These persons are dedicated adults, drawn from each participating youth’s natural support system. The Community Advisor provides information and ongoing support throughout the youth’s participation in this program. When a youth is unable to identify an advisor may receive assistance from their DCS Specialist or an agency such as Aid to Adoption of Special Kids (AASK) and Arizona’s Children Association, to engage this support.

The DCS contractor of life skills training and support, Arizona’s Children Association, has worked to enhance their Mentoring program, “THRIVE.” The THRIVE Mentor Program is a one-on-one mentor program that matches volunteer mentors to adolescents involved with Independent Living Services. The mentees are in the process of ‘aging out’ of foster care and are in need of permanent connections with positive adults in their communities.

THRIVE recruits and trains mentors to be well versed in the needs of young adults who are in the process of transitioning out of foster care. A successful match will positively contribute to the adolescent’s personal, social and educational growth. Youth are matched at 16 or 17 years of age and matches are maintained for 2 years. Currently, 41 youth are being served across six counties, with 21 youth matched with a mentor and 20 youth pending a mentor match.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary mentoring activities.

Related data:

- The number of youth reported to be involved with a community advisor or mentor increased from 647 in CY 2013 to 838 in CY 2014.

Financial, housing, counseling, employment, education, and other appropriate support and services to

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former foster care recipients between 18 and 21 years of age

- m. Increase affordable housing opportunities by creating/enhancing relationships with local public housing authorities, community housing programs, and transitional housing programs, and provide short term housing opportunities through the use of hotel vouchers and rapid rehousing programs.
- n. Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning and developing specialized providers for working with transitional age young adults and support groups for transitioning youth.

Through its contractors, Arizona continues to provide "aftercare" services and financial support for post-secondary pursuits through the TILP and ETVP. Any legal resident of Arizona under the age of 21, who was previous in any state, county or tribal (federally recognized) foster care system at age 16 or older, may receive services. This includes youth who exited to kinship permanent guardianship, adoption and reunification at age 16 or older.

Arizona youth continue to be provided the option of continuous out of home care and supervision through the Department to age 21. These youth are currently case managed by DCS Specialists. Youth are strongly encouraged to participate in this voluntary service. Youth who choose to not participate at age 18, or choose to exit this service after age 18, may "re-enter" this service any time prior to the age of 21. The extended out of home care service may not extend beyond a youth's 21st birthday.

As noted in Section I above, DCS contracts are currently being developed which address the specific housing needs of older youth in care, including youth who are 18 and older, and who need semi-independent housing. The AYOI/FAAZ has additionally been instrumental in engaging community housing partners to share information and begin looking at ways program youth may be supported in their programs. The DCS TILP contractor also has access to "flex funds" whereby immediate needs (such as a hotel voucher) may be purchased for a particular youth, based on that youth's needs and available resources.

Also noted in Section I is the effort to improve Behavioral Health services offered to youth in care through the establishment of a centralized Behavioral Health (BH) Unit. The new BH Unit oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BH Unit ensures clinical decisions are made using a Trauma Informed Care approach that produces best outcomes for youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities.

Related data:

- From FFY 2013 to FFY 2014, the number of youth 18-21 participating in continued voluntary foster care on the last day of the reporting period increased from 631 to 742.
- Of young adults age 18-21 discharged in FFY 2014, 42% participated in continued voluntary foster care at least two months past the 18th birthday prior to discharge:
 - 34% remained in care to age 21
 - 7% exited care during their 20th year
 - 16% exited care during their 19th year
 - 43% exited care during their 18th year.
- 235 former foster youth and tribal foster care youth (current or former) were served through the TILP contract provider in CFY 2014, a 10% increase from 214 youth served in CFY 2013. Efforts continue to identify youth eligible to participate in this service.

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- 340 youth received an ETV during the 2013-2014 school year. 322 youth had received a voucher by the end of March, 2015 for the 2014-2015 school year, with additional youth anticipated to receive awards prior to the end of the state fiscal year.
- 80% of young adults were enrolled in a health plan by the end of the reporting period, versus (an increase of 10%)
- 71% of young adults served maintained or moved into stable living situations at the end of the reporting period, a 6% increase from the beginning of the reporting period.
- 39% of young adults were living on their own (in independent housing) by the end of the reporting period, a 1% decrease from the beginning of the reporting period.

Services to youth who left foster care for kinship guardianship or adoption after turning age 16 or older

Youth exiting foster care at the age of 16 or older for kinship guardianship or adoption are eligible to receive services through the TILP, ETVP and the ATW. The Department will work with its contractors to begin identifying and extracting outcomes data for these youth.

Related data: The Department does not currently require its contractors to monitor or extract data specific to participating youth who exited foster care at age 16 or older for kinship guardianship or adoption. The Department will work with its contractors over the next year to develop and implement a process for doing so and contain information on outcomes of these youth in relation to other youth served in the FY 2016 report. _

Opportunities to engage in age or developmentally-appropriate activities

Program youth are encouraged to participate in age/developmentally appropriate activities as part of their independent living case plan. The DCS understands and advocates the importance of normalcy for youth in out of home care. Funding and other resources for such activities comes from a variety of sources, including community based programs supporting prom attendance, graduation celebrations, school trips and community agencies such as the Pima Prevention Partnership and Arizona Friends of Foster Children Foundation. Funding through the federally allocated state Chafee dollars is accessed when a community or other resource cannot be identified. State policy and procedures related will be revised in the coming year to provide additional guidance on securing funding for age/developmentally appropriate activities for Chafee eligible youth. Arizona will continue to utilize Chafee funding to provide incentives and to support youth involvement in age/developmentally appropriate activities in the coming year.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in age and developmentally appropriate activities.

Related data:

- 304 youth received funds for items to support their case plan in the areas of education, employment, vocational training and activities to build self-esteem and normalcy (age/developmentally appropriate activities).
- 45 youth additionally received a Savings Match at the time they exited care and services.

National Youth in Transition Database (NYTD)

Opportunities for informing and analyzing NYTD data with community partners including youth, tribes, courts and other stakeholders has occurred primarily during the Statewide Independent Living

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Coordinators quarterly meetings, individual meetings with Tribes, and various Regional and Statewide Dependency trainings (attended by judges, attorneys, CASAs, foster parents, and others). NYTD data is presented in conjunction with other program information to update partners on the numbers of youth served, services provided and outcomes of youth served. Discussions include identifying service gaps, barriers to achieving positive outcomes (i.e. educational attainment, employment, permanent connections) and recommendations for improvement. Recommendations from youth and other stakeholders have resulted in adjustments to the stipend rate schedule for the Independent Living Subsidy Program, expediting Re-entry for eligible youth, improvement to enrollment processes for youth entering life skills training and transitioning into the Young Adult Transitional Insurance (Medicaid to Age 26), and incentives and supports for youth pursuing post-secondary education and training.

Department case management staff continues to receive automatic alerts at designated intervals directing them to complete the “NYTD federal reporting window.” If information is not entered by the initial deadline, a second alert is received and additionally addressed to supervisory staff. The State Independent Living Coordinator communicates regularly throughout the year through emails and in person trainings, to remind field staff and managers of the importance of completing the NYTD Federal Reporting window. The Department Reports and Statistics unit continues to work closely with The State Independent Living Coordinator to monitor field compliance.

The State Independent Living Coordinator continues to work directly with Department contract staff to ensure NYTD information is accurately collected and reported for youth receiving aftercare services, and with the Department Reports and Statistics staff to ensure record errors are identified and resolved prior to transmission. While efforts continue to collect outcome survey information from current and former foster youth, the Department has had difficulty reaching the required thresholds. Youth often do not respond timely, or cannot be located if they have exited care. The Department is considering options to improve the outcome survey return rate.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in NYTD activities.

Involving the public and private sectors

The state involves the public and private sectors in helping adolescents in foster care achieve independence in a variety of ways. This includes ongoing partnerships with public agencies such as local workforce boards and federally funded Runaway and Homeless Youth Programs, as well as with private agencies such as the Arizona Friends of Foster Children Foundation which provides funding for an array of items and activities for youth in foster care, the FosterEd Pilot Program operating in Tucson, Arizona, Keys to Success, an employment partnership, and an ongoing partnership with the national Jim Casey Youth Opportunities Initiative (JCYOI). (More information about the FosterEd Pilot Program is available under item III, on post-secondary education and for the Keys to Success Program under Item II, on preparation for employment.)

The JCYOI initiative works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies. With the leadership and support of the Nina Mason Pulliam Charitable Trust, Arizona became a Jim Casey Initiative site in 2013. Children's Action Alliance (CAA) serves as the lead agency for the state's effort - the Arizona Youth Opportunity Initiative (AYOI). Subsequent to the forming of the Youth Adult Leadership Board, the Arizona Initiative adopted a new identity, "Fostering Advocates Arizona" or FAAZ.

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Through the FAAZ and in partnership with the Community Advisory Board, the three-year Implementation Plan focused on improving outcomes for youth transitioning from foster care to independence has been in full force, targeting efforts in the following areas: permanence, education, employment, financial capability, housing, physical and mental health and social capital (mentors/dedicated adults). The FAAZ works not only to improve outcomes but to increase awareness of the needs of youth and young adults in foster care.

Accomplishments in 2014 include:

- Established a diverse, Young Adult Leadership Board as the primary voices and critical advisors for the Initiative in Arizona. Convening all 12 young adults for a day and a half retreat on Strategic Story Sharing and Messaging.
- Established a Community Advisory Board to work in collaboration with the Young Adult Leadership Board on Initiative priorities
- Launched the Opportunity Passport™ match-savings program
- Created and facilitated trainings and presentations for young adults currently in Arizona foster care, educators and other community stakeholders on topics such as leadership, educational resources, youth-adult partnerships, program supports and services available to young adults, etc.
- Created an Initiative outreach and communication plan.
- Launched FAAZ Face Book page including a branding campaign and logo.
- Created and distributed a Health Care Toolkit that included informational brochures and commonly asked questions and answers about health care coverage.
- Partnered with Kids Health Link to train community providers and matched agencies that serve transitioning youth with specific community agencies who assist people in health insurance applications so young adults can get direct and personal assistance.

In 2015, FAAZ will focus on increasing access to education, employment, family connections, financial capability, health care, housing and social capital. Youth voice and participation will increase at all levels of policy and program decision-making led by the FAAZ Young Adult Leadership Board that was formed in 2014.

- Traditional stakeholders and non-traditional partners will be involved through the FAAZ Community Partnership Board to understand and help guide access to supports for youth transitioning from foster care. This includes, but is not limited to, access to job training and employment, access to more housing opportunities, and increased financial capability for transitioning youth.
- Youth and providers (i.e. foster families, relatives, congregate facilities, independent living program staff, etc.) will have critical information on transitioning services available to help young adults achieve their goals through the launch of a FAAZ resource website combined with marketing outreach for the website.
- More transitioning youth will have access to savings accounts, match-savings funds and financial management training to help manage their personal budgets and achieve their financial goals.
- More transitioning youth will be knowledgeable about scholarships, education training vouchers and tuition waivers available for post-secondary education.
- Arizona Board of Regents, universities and community colleges will work with transitioning youth, Department of Child Safety (DCS), CAA and other stakeholders to strengthen the support services needed for foster youth to be successful in post-secondary education.
- Working with Foster Care To Success, outcome data will be collected and available to evaluate the implementation of SB 1208 (Laws of 2013) – Tuition Waivers for Foster Youth.

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- More transitioning youth from ages 18-26 will have enrollment assistance and will maintain available health insurance coverage through AHCCCS, Arizona's Medicaid program.
- With technical assistance from the Jim Casey Youth Opportunities Initiative and Mainspring Consulting, partner with DCS to conduct a fiscal analysis on drawing down Title VI E funds to support young adults transitioning out of foster care.
- Partnering with Jim Casey Youth Opportunities Initiative, host a two day, Youth-Adult Partnership training for the Community Advisory Board and Young Adult Leadership Board.
- More youth will be supported by extended care programs and services such as the Independent Living Program, Transitional Independent Living Supports and the Independent Living Subsidy Program.

Coordination with other federal and state programs for youth

Success in the coordination of the YAP with other federal and state programs for youth, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs has largely been dependent on the availability of the service in a specific region/area and eligibility criteria for individual programs. Progress has occurred through YAP's work in collaboration with the ADHS Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state's IL Skills contract provider.

The state's IL Skills provider, as well as state staff, works together with the Arizona Workforce Connection to get youth enrolled in the programs offered. The YAP also informs state and contract staff on the availability of Rapid Re-Housing Young Adult Programs. Presentations from a variety of housing partners were made available through the AYOI/FAAZ. Local presentations with area YAP units will be scheduled over the next year. A representative of the Maricopa County Human Services Department provided an overview of service and opportunities available through the Workforce Innovation and Opportunity Act during a recent AYOI/FAAZ Community Advisory Board meeting. In 2015, DCS Regional units will be assisted to contact their local WIOA representatives to improve partnerships and access to services for eligible youth.

Representatives of YAP continue to work with representatives of the state Medicaid agency (Arizona Health Care Cost Containment System/AHCCCS) and the Department of Economic Security's Family Assistance Administration (the agency responsible for completing eligibility and maintaining assistance cases), along with community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and problem solved issues, as well as discussed strategies to locate, inform and enroll former foster youth under the age of 26 as well as youth aging out of Tribal foster care programs, into a Medicaid health plan.

Arizona maintains an expedited enrollment process created under the Young Adult Transitional Insurance (YATI) program, wherein eligible youth who reach the age of 18 while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18. Youth who exit care at 18 and older who have either never enrolled in a health plan (possibly due to being on runaway status at age 18 and not available to sign for enrollment) or whose coverage lapsed, may also be enrolled/re-enrolled using this process. Through the Over 700 youth who reached the age of 18 while in out of home care were enrolled into a health plan in 2014 through the YATI.

Collaborate with governmental or other community entities on Human Trafficking

Arizona's policy team has put together a workgroup of stakeholders to create a comprehensive plan for identifying and addressing the complicated needs of youth touched by Human Trafficking. These youth are most often engaged into the sex trade aspect of Human Trafficking by predators that are adept at capitalizing on their youth, inexperience, and desperation for love, acceptance and a sense of belonging. The plan will not only include policy and procedures for identifying victims and youth at risk, but on securing developmentally appropriate services and resources. Over the last year, a number of activities have occurred to place focus on this critical issue.

On July 22 and 23 of 2014, the Arizona Department of Health Services provided a two day Professional Training for DCS Case Specialists on variety of issues affecting adolescent health, including Sex Trafficking. This workshop provided information on understanding the often complicated issues surrounding sex trafficking and strategies for working with youth who have experienced this trauma.

On January 17th, 2015 DCS and contracted independent living skills training staff were invited to bring youth who had been involved in sex trafficking situations to a one day event which, coordinated with 22 service organizations. These organizations were available to provide services including medical, housing assistance, mental health, substance abuse resources, ongoing supportive services, links to mentoring programs and financial assistance as well as a whole host of other resources (clothes, hygiene kits, etc.).

On April 30 and May 1 of 2015, the Arizona Partnership to End Domestic Violence provided a Summit on Sex Trafficking. DCS staff was invited and attended this Summit. The goal of the Summit was to provide an opportunity to build competency engaging clients, identifying potential trafficking situations, and implementing tools to address sex trafficking at an agency level.

Additionally, Arizona's contractor of life skills training and aftercare services (Arizona's Children Association/AzCA) has provided frequent training over the past year so to equip staff with skills and knowledge to identify the signs that may indicate a youth has been a victim (or may become a victim) of the sex trafficking trade. Over the next year, AzCA will be amending their service assessment to include questions related to trafficking. AzCA is also exploring the use of a survey developed through the Arizona Partnership to End Domestic Trafficking and currently utilized by a well-established, local Runaway/Homeless Youth program (Tumbleweed Center for Youth Development).

AzCA reports several incidents where they have been able to intervene in a more effective way due to this increased training:

- Phoenix TILP client was identified and support services were coordinated through a Phoenix (Vice Squad) Detective.
- Assistance provided to multiple clients exhibiting trafficking behaviors to help youth advocate with police, placements, DCS, etc.

Training to address issues confronting adolescents preparing for independent living

Formal Training and informational workshops continue to be made available statewide to an array of community partners and stakeholders to educate on the issues confronting adolescents preparing for independent living. In 2014 training/informational workshops were delivered to (and will continue in 2015):

- Caregivers including foster parents, group care staff, kinship providers
- Court Staff including judges, attorneys and Court Appointed Special Advocates
- DCS field staff and managers (Region, Section and Unit level as well as 1:1 assistance and case consultation)
- Agency partners including AJDC, County Probation, Education staff (high school and post-secondary level)

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The AYAP is currently pursuing approval through the Department to fund staff to complete a new, online training course for DCS Specialists offered through Daniel Memorial Institute (Jacksonville, Florida). The Daniel Memorial Institute On-line Independent Living Specialist Certification is a 13-module course that provides a comprehensive orientation in understanding the basics of the independent living field. The course covers history, goals, service components, relevant research, legislative history, case and agency examples and challenges the field has and will continue to face. Each module is approximately one hour long including a 10-15 minute post-test.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in training activities.

Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

Youth and young adults remain involved in agency efforts to improve services and supports primarily through involvement in the State Youth Advisory Board and local, Regional Youth Advisory Boards. These boards have been instrumental in securing youth participation in focus groups targeting efforts to improve communication (internal and external) as well as in the current CFSR cycle. Additionally, the Arizona Youth Opportunities Initiative supports a Youth Advisory Board that is available for consultation. Other strategies such as surveys, and small and large group youth forums occur each year in conjunction with the statewide Youth Conference and regionally as needed.

Additionally, the state Independent Living Coordinator assists in coordinating youth forums (upon request) at the state and regional level. Most recently youth participated in a CFSR related Q&A and in an inter-agency improvement effort around the development of an agency communication plan.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in agency oversight and improvement.

Consultation with Tribes

Benefits and services under the YAP and ETVP are available to Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refers youth age 16 and older who have been identified as likely to reach the age of majority while in out of home care, directly to the contract service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan and the ETV. Youth age 18 and older who were formerly in out of home care under tribal jurisdiction may self-refer to the Department contract provider for services through the aftercare program, which is the same process used by youth formerly in state foster programs. Department staff contacts tribal foster care staff directly to verify eligibility for services for all applicants. Tribal youth apply for the state ETVP in the same manner as other applicants, through the online application at www.statevoucher.org.

The Department remains available to negotiate with any tribe that requests to develop an agreement to administer or supervise the CFCIP or an ETV program. To date, no tribe has made such request. The Department has hired a Tribal Liaison who is actively working to engage tribes

Over the last year, Arizona's contract provider had contact with the following tribal communities for the purpose of developing relationships, explaining Independent Living Services and coordinating service referrals for eligible youth. Efforts will continue over the next year to maintain, strengthen and build relationships with Arizona's Tribal communities. The AYAP will continue to work with the DCS Tribal Liaison and the Inter Tribal Council of Arizona for assistance in engaging communities.

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In December of 2014, IL staff and DCS presented a workshop titled *Tools, Resources, and Options for Foster Youth Self Sufficiency* at the 30th Annual Indian Child and Family Conference. The intention is to apply to present a workshop addressing the unique needs and services of foster youth at this conference annually. Effectiveness of service provision to tribal youth will be monitored through a variety of methods including regular satisfaction surveys of youth participating in services, as well as assessment of individual achievement of service plan goals. Functional outcomes such as obtaining appropriate housing, maintenance of employment, and achievement of educational goals will be monitored. In addition, tribal youth will be invited to become active participants on AzCA's Youth Advisory Boards. Through participation on these boards, tribal youth will have opportunities to provide direct feedback regarding the effectiveness of services, including the ability to have input into program development and improvement processes.

The following chart provides a snapshot of activities for each community engaged over the last year:

Ak-Chin Indian Community	Met with Ak-Chin Community Social Service Director and provided him and his team with information about Independent Living Services & Supports. Ak-Chin reports few youth age 16-21 who may be eligible for services, however, should one be eligible for services, the tribal case managers intend to refer.
Cocopah Tribe	The Yuma office continues to work with the Cocopah tribe. The Associate Program Director, Program Supervisor, and IL Specialist met with the new director to provide an overview of the program and interactions with tribal youth and the tribal social services department over the past two years. Referrals have continued to be received. Youth are included in available Youth Advisory Boards, individual services, and aftercare services.
Colorado River Indian Tribe	Colorado River Indian Tribe - Summer 2014 - gave presentation and outlined referral process - they have given us referrals and ILP is currently working with some of their youth
Fort Mojave Tribe	We met with and provided information to the Fort Mohave Tribe. We currently serve Fort Mohave clients.
Gila River Indian Community	Completed intakes and initial meetings with youth who are starting services with ILP as well as TILP. Attended CFT's for Gila River potential referrals to discuss what services can be offered to the youth and to begin a potential date for the start of services.
Navajo Nation	Recently had a meeting with a representative from the Navajo community. Discussed services available for TILP youth.
Pascua Yaqui Tribe	In Cochise County we have had communication with tribal social services (TSS) and have presented information to their team. We've had clients referred from TSS as well as clients that self-identify as Pascua Yaqui referred through the DCS system. We have also worked with the Pascua Yaqui tribe in Tucson Arizona. We attended Child and Family Team (CFT) meetings and staffings as well as supported clients during home visits. We have had brief interaction with Center Spirit which is the Behavioral Health Center for Pascua Yaqui. We have also had staffings with the therapist about clients who were receiving IL services.
Fort Yuma Quechan Tribe	A meeting has not occurred but outreach has been attempted with Quechan tribe. *Contact not successful to date- no response to messages left.

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Salt River- Pima- Maricopa Indian Tribe	We have attended CFT's and conducted intake meetings for youth to start services. Contact has also been made with a representative of the Salt River Community Court systems to discuss strategies for boosting referrals.
Tohono O'odham Nation	We serve clients who identify as Tohono O'odham, but we have not yet reached out to their social services office in Sells, AZ.
White Mountain Apache Tribe	We met with and provided materials to the White Mountain Apache Tribe.
Yavapai Apache Tribe	Youth have been referred for IL services, and services provided to eligible youth.
Yavapai- Prescott Tribe	Continue to give annual presentation but no referrals have been received to date.

Regional Leaders for the AzCA Independent Living Program will continue to build relationships with their area ICWA Coordinators in an effort to educate Tribal members and youth about opportunities available to them. Written materials will be disseminated to entities such as the Phoenix Indian Hospital, Indian Center, and each individual tribal community.

Education and Training Voucher Program

Establish, expand, or strengthen the state's postsecondary educational assistance

Arizona makes vouchers available to residents of Arizona who were in foster care in any state or federally recognized tribe at the age of 16 or older, including youth who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship.

The Department contracts with the Orphan Foundation of America (dba Foster Care to Success) to operate the state's ETV Program. Current and former foster youth apply directly for the voucher by submitting an application online at www.statevoucher.org. Designated Department staff provides verification of former foster care status for all initial applicants. Verification is obtained through the electronic case file and for youth from other states and tribes, through direct contact with (other) state and tribal child welfare staff. Contract staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, school room and board and fees are paid directly to the institution. Funding for living expenses are distributed monthly directly to the student, based on the approved application and budget.

The Department contract further provides ongoing support to students through one on one contact with Foster Care to Success staff, care packages and involvement in supplemental support services (for struggling students). Department staff hold a teleconference with contract staff on a monthly basis (or as needed) to discuss progress and resolve issues/barriers to student success, and review and approve invoices on a monthly basis, monitoring the number and types of assistance provided to students.

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Changes in how the ETV program is administered

There has been no change in how the Arizona ETV program is administered. The Arizona ETV continues as a contracted service with the Orphan Foundation of America dba Foster Care to Success.

Unduplicated number of ETVs awarded each school year (July 1st to June 30th)

	Total ETVs Awarded	Number of New ETVs
Final Number: 2013-2014 School Year (July 1, 2013 to June 30, 2014)	340	153
2014-2015 School Year* (July 1, 2014 to June 30, 2015)	322	163

*Information for School year 2014-2015 is through March 31, 2015.

Performance Measures

YAP/ETVP Goal 1: The percentage of youth age 18 and older in the Young Adult Program participating in the Independent Living Subsidy (ILS) Program will increase 5% or more annually.

- Baseline year of 2014: 595 of 849 or 70%.

YAP/ETVP Goal 2: The number of former foster youth participating in the Transitional Independent Living Program services will increase 10% or more annually.

- Baseline year of 2014: 235 former foster youth and tribal (current and former) foster care youth were served through the TILP contract provider (AZCA only) in CFY 2014.

YAP/ETVP Goal 3: The percentage of participants in the Independent Living Program (ILP) and Transitional Independent Living Program (TILP) who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will increase 10% or more annually.

- Baseline year of 2014: ILP: 310 of 393 or 79%, TILP: 46 of 235 or 20%

YAP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will increase 10% or more annually.

- Baseline year of 2014: ILP: 423 of 1361 or 31%, TILP: 80 of 235) or 34%

SECTION XII

Updates to Targeted Plans within the 2015 – 2019 CFSP

Updates to Targeted Plans within the 2015 – 2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan – Changes are reported in the separate document entitled *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2016*.

Health Care Oversight and Coordination Plan – Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan Updates FFY 2016*.

Disaster Plan - There were no disasters in FFY 2015. There are no updates to the Department's Disaster Plan submitted with the CFSR 2015-2019.

Training Plan - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan for FFY 2016*.

Section XIII

Statistical and Supporting Information

Statistical and Supporting Information

CAPTA Annual State Data Report Items

See Section X, Child Abuse Prevention and Treatment Act State Plan Update.

Sources of Data on Child Maltreatment Deaths

The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during the FFY (regardless of the date of the report or the date of the child's death). For example, if the child's death and the Intake Bureau report occurred in FFY 2013, but the substantiated finding was not entered into CHILDS until FFY 2014, the child would not be counted in the Child Safety Profile data or NCANDS in FFY 2013.

Arizona uses information from the Arizona Department of Health Services' Office of Vital Records, child fatality review teams, law enforcement agencies, and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee, housed at the Department of Health Services, reviews all child deaths in the state, including all deaths that would be identified through the sources listed above. When a local Child Fatality Review Team identifies a death due to maltreatment that has not been previously reported to CPS, the Child Fatality Review Program notifies the DCS Child Abuse Intake Bureau of the team's assessment. The Intake Bureau determines if the information meets the statutory definition of a report for DCS investigation. Through this process, DCS receives information about all child deaths in Arizona that may have been caused by abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS or in this report because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death, and also considers child fatalities caused by an individual other than the child's parent, caregiver, or custodian. The data in NCANDS and this report includes only those child fatality reports with a substantiated finding of child death or arrest of a parent for the death, which requires evidence of a *causal* relationship to meet the standard of proof, and that the death was caused by the child's parent, caregiver, or custodian. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Department would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

Education and Training Vouchers

See Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report

Inter-Country Adoptions

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

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Case information was reviewed for each child who entered out-of-home care during FFY 2014 and was identified in CHILDS as having been previously adopted. No children who entered out-of-home care in FFY 2014 were the subject of an inter-country adoption.

Monthly Caseworker Visit Data

Data will be reported by December 15, 2015.