



CHILD AND FAMILY SERVICES
Annual Progress and Services Report
FFY 2021

Department of Child Safety
STATE OF ARIZONA

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Section I

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

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Section I: 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 prevention services; child abuse and neglect investigations; child safety 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 several operational sections that report to the Department's Director:

- Field Operations
- Support Services
- Office of Child Welfare Investigations
- Office of Quality Improvement
- Office of General Counsel
- Legislative Affairs
- Information Technology
- Office of Accountability

Field Operations include:

- Five regions providing direct services for children and families
- Arizona Child Abuse Hotline
- Office of Prevention
- Placement Coordination
- Office of Communications
- Correspondence Control
- Learning & Development

Support Services include:

- Comprehensive Medical and Dental Program
- Facilities and Business Support Services
- Budget and Finance
- Office of Procurement and Contracts
- Fidelity and Compliance Services Unit
- Office of Licensing and Regulation
- Audit Management Services
- Central Records Coordinating Unit
- Office of Continuous Improvement
- Foster Care Support and Post Permanency Support
- Interstate Compact on Placement of Children
- Statewide parent and relative locate services
- Adoption and resource home development and support programs
- Human Resources

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The Office of Quality Improvement includes:

- Practice Improvement
- Practice, Program, and Service Development

The Office of Accountability includes:

- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Protective Services Review Team
- Field Resources and Policy Unit
- Ombudsman’s Office

Regional Operations

During the reporting period, Arizona’s fifteen counties were re-distributed into the following five regions. The Maricopa East, Maricopa West, and South Regions encompass the state’s urban areas. The Northeast and Northwest Regions are rural. The counties within each region are:

Maricopa East	Maricopa West	South	Northwest	Northeast
Eastern Maricopa	Western Maricopa	Pima	Yavapai	Pinal
		Cochise	Coconino	Gila
		Yuma	Mohave	Graham
		Santa Cruz	La Paz	Greenlee
				Navajo
				Apache

Each region provides:

- Investigation of child abuse and neglect reports
- Case management
- In-home services
- Out-of-home services
- Permanency planning

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

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The Department's framework for collaboration with stakeholders continue to include three components: a strategic plan, 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 activities so that improvement initiatives are supported and sustainable.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's consultation framework, the Department has shared outcome and goal-related data with staff and external stakeholders. The Department's *Semi-Annual Child Welfare Report*, 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 has presented outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings.

Strategic Planning

The Department develops its strategic plans with consideration of available data, and the advice and insights of numerous internal and external stakeholders. Court partners, American Indian Tribes, advocacy groups, DCS staff, Casey Family Programs, ACTION for Child Protection, the Capacity Building Center for States, and the Children's Bureau are among the stakeholders and national child welfare organizations that the Department consulted to inform the selection of goals and strategic initiatives.

The Department has dedicated resources to promote transparency and the continued inclusion of internal and external stakeholders in the Department's continuous improvement activities. The Department's Communications Director continues to ensure communication occurs with internal and external stakeholders. Internal communication to staff includes periodic and timely messages from the Director, as well as an intranet site. External communication includes issuing regular press releases and social media engagement.

- Since July 2019, communication efforts have concentrated on foster and adoptive parent recruitment.
 - A complete re-design of the Children's Heart Gallery website brings more public awareness of children in need of a forever family. The Department created a modern, mobile-friendly experience that was more closely aligned with the AZDCS brand and highlighted the children in a fun and colorful way, allowing their personalities to shine through. The Department also proactively worked to get the stories of these children featured in news outlets across Arizona (<https://www.childrensheartgallery.org/>).
 - The Department launched "Dear Future Foster Parent" and "You are Essential" campaigns that resulted in a 45% increase in inquires for becoming a foster parent (<https://dcs.az.gov/change2lives/>).
- The Department also launched its Shared Parenting support page along with a booklet that is both printed and downloadable to support building strong relationships between foster parents, birth parents, and the children they mutually parent (<https://dcs.az.gov/sharedparenting>).
- The Department has launched two highly successful "ABCs" of safe sleep campaigns urging parents to always put their babies to bed Alone, on their Backs, and in a Crib. The first campaign had over 9 million impressions. The second campaign, currently in use, urges parents "Don't wake

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up to a tragedy” (<https://dcs.az.gov/Services/Safe-Sleep>).

- The Department continued to build on its “Compassioners” campaign highlighting the job of being a DCS employee. The campaign positions specialists and other AZDCS staff not as government employees, but instead as individuals, working to build a thriving future of compassion for Arizona’s children and families (<https://dcs.az.gov/careers/compassioners>).
- For Child Abuse Prevention month, the Department celebrated parents and how important it is that they “role,” in the sense of being good role models for their children (<https://dcs.az.gov/rolemodels>).
- Finally, COVID-19 pandemic communications have included weekly updates to caregivers, providers, and parents including special communications for caregivers of high-risk children as well as guidance documents. Bi-weekly updates, including a weekly video update from the Director, were provided to DCS staff (<https://dcs.az.gov/covid19>).

Targeted Engagement Opportunities

As specific topics and initiatives arose during the reporting period, the Department acquired input from relevant subject matter experts in the community. The Department utilizes an extensive group of stakeholders who participate in consultation activities to inform Department initiatives, including tribal representatives, community health center employees, court personnel, service providers, parents who received Department services, former foster children, foster parents, legislators, child advocates, educators, and others subject matter experts as applicable. For example, during SFY 2020 the Parent Advisory Collaborative provided DCS with input into document preparation and guides that are shared with parents and utilized during DCS’ interactions with families. PAC members also formed a focus group to advise the DCS team while negotiating the updated Arizona Families First contract. During the COVID-19 epidemic, the Department relied upon the Collaborative when producing communications to be provided to parents and families in an effort to assure they were compassionate, respectful, and informative. As another example, the Department has received input and recommendations from the service provider community about in-home parent skill building services and programs to support implementation of the Family First Prevention Services Act. This information was given considerable weight when selecting the programs to be implemented in 2021.

Continuous Engagement Initiatives and Feedback Loops

Stakeholder consultation has occurred 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 have provided the opportunity to assess daily field operations and child outcomes. When areas needing improvement were identified, plans were established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings were shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input has been received to update and implement the Department’s strategic plan and other improvement efforts.

- *Youth Advisory Boards* – The Department of Child Safety (DCS) Youth Empowerment Council (YEC) was the name chosen by the members of the youth advisory board with the collaboration and assistance of the Capacity Building Center for States and the Permanency and Youth Services Team in 2019. The mission of the council is to improve the experience of foster care for youth. Currently, there are ten active members and many others who participate on a regular basis. The

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DCS Youth Empowerment Council is a concerted effort by the Department to establish an authentic Youth/Adult partnership, which allows youth to recognize their strengths and expertise in their own lived experience, and provide an opportunity to build their resilience, social connections, and cognitive, social, and emotional competence. The Department also is strengthened by this partnership as it builds better services for youth, and informs policy, which will enhance child well-being and healthy development of youth in foster care.

At the 2019 Youth Conference, the YEC members began an open dialog with the DCS leadership team, and have been openly expressing their viewpoint since. Under the guidance of the DCS Director, the YEC has developed a presentation to be given to youth in group homes, which explains the foster care bill of rights and roles and responsibilities of staff required by group home contracts. Members of the YEC leadership team spoke during a meeting with group home owners to explain their objective to educate youth in group homes. The presentation was favorably received. Another project the YEC board is working on is to identify strategies to reduce and eliminate the disruption of adoptions.

The YEC has also formed focus groups to identify housing needs of young people, as well as reasons youth run away while in foster care. The YEC is developing a newsletter to inform DCS staff, the community, and youth of issues pertaining to youth in foster care. As the YEC has become more visible within DCS and the community, people have begun to recognize the value “lived experience” brings to child welfare decision making. The YEC has chosen to meet at least once a month, and includes other informal activities to encourage community within the council, including an Instagram Page and a YouTube video to assist in communicating their ideas to youth in group home care.

- *Community Advisory Committee* - In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee has continued since that time, typically holding six meetings per SFY and having around fourteen members. The committee provides an opportunity for the Department and community stakeholders to collaborate with a goal of ensuring child safety, strengthening families, and achieving permanency for children. Because the public is invited to the meetings and a portion of the meeting is devoted to public comment, DCS was able to receive feedback and act to separate the data reporting for “missing” children and “runaway” children. During the reporting period, six members of the Community Advisory Committee changed. To assist the members to learn more about each other’s sector and statewide efforts to implement the Family First Prevention Services Act (FFPSA), the Committee has asked each member to present how FFPSA affects the sector of the child welfare community they represent. DCS also provided the Committee with and the Committee provided input into the Department’s plan for implementing FFPSA. The Community Advisory Committee annual reports can be viewed at <https://dcs.az.gov>.
- *The Arizona Citizen Review Panels (CRP)* – The fundamental role of the CRPs is to evaluate the extent to which state child protection agencies are effectively discharging their child protection responsibilities in accordance with the State’s Child Abuse Prevention and Treatment Act (CAPTA) Plan. The CRPs consist of citizens with varying degrees of knowledge and experience in child welfare. Each of the three Arizona CRPs meet every other month. During CY 2019, the Community Advisory Committee continued to serve as one of the three required CRPs. The Department conducted a strategic planning session in March 2019 with members of the two other CRPs to share information about the DCS Strategic Plan; the DCS mission, vision, and values, along with the underlying principles of the safety assessment model; and family engagement practices. This information was used by the panels to select areas for each panel’s two-year focus. Both of the CRPs decided to focus on different aspects of youth in transition to adulthood. One

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CRP elected to focus on what characteristics are necessary for a youth's successful transition to adulthood and the steps needed to obtain success. The other CRP elected to focus on increasing the collaboration between providers who work with youth age 14 years old and above. This CRP developed a survey to be sent out to various providers and stakeholders to gather suggestions on how to better collaborate while working with youth, and DCS provided information sessions to help the panel learn more about actions that increase the likelihood of a successful transition to adulthood for youth in foster care.

- *The DHS 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 one of the eleven local child fatality teams located throughout Arizona. Teams include experts such as 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. DCS has used this information to inform and develop the DCS fatality prevention plan, focusing on the prevention of unsafe sleep deaths. These recommendations have also been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services (ADHS) 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. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.
- *The Statewide Fatality Prevention Committee* - During SFY 2020, the Statewide Fatality Prevention Committee continued efforts to implement the statewide plan to prevent child maltreatment deaths. The committee met quarterly and included community stakeholders such as representatives from Prevent Child Abuse Arizona; Department of Health Services; Maricopa County Superior Court; the Governor's Office of Youth, Faith, and Family; First Things First; hospitals; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatrics. The Committee focused on prevention efforts for the birth to five population, pregnant and parenting youth in foster care, and the overrepresentation of African American child fatalities. See *Section XI: Statistical and Supporting Information* for additional information on the efforts to track and prevent child maltreatment deaths.
- *The Parent Advisory Collaborative (PAC)* – During SFY 2020, the Parent Advisory Board and the Prevention Advisory Collaborative were combined to form the Parent Advisory Collaborative. The Collaborative consists of 13 parents, who have had prior involvement with the Department, and parent advocates, who are familiar with the workings of the Department. The PAC meets quarterly with representatives of the DCS leadership to review the work of the subcommittees, receive updates from DCS, and share information. The collaborative includes several sub-committees, which meet on a regular basis, usually once or twice a month, to focus on special projects. Current projects include a quarterly newsletter, assisting with the Young Parent University, improvements to the DCS website to include a section for parents, PAC recruitment, legislative affairs, safe sleep,

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housing, and maintaining the relationship of incarcerated parents with their children. The PAC also provides DCS with input into document preparation and guides that will be shared with parents and utilized during DCS' interactions with families. During SFY 2020, PAC members also formed a focus group to advise the DCS team while negotiating the Arizona Families First (AFF) contract. The PAC has an open dialog with the leadership of the Department, and during the COVID-19 epidemic, the Department relied upon the membership when producing communications to be provided to parents and families in an effort to assure they were compassionate, respectful, and informative.

- *The Children's Action Alliance Child Welfare Committee* – This committee includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the Arizona State University Center for Child Well-Being, foster and adoptive parents, citizen advocates, attorneys, and the Department reflecting a wide spectrum of perspectives and building 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. Recent committee focus on kinship care has contributed to DCS procedural changes and advocacy with the legislature and community. For example, administrative changes were adopted by DCS in 2020 to provide kinship foster parents with assistance in completing and submitting applications for "child-only" benefits through the Temporary Assistance to Needy Families (TANF) program. Approximately 32% of kinship families currently access TANF benefits despite nearly 100% of them being eligible. This change will increase the number of families receiving these vital supports so they can better meet the needs of the foster children in their care.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Council includes over 100 member agencies located throughout the state who employ over 30,000 staff, operate over 900 facilities, and serve almost one million people annually. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care licensing, counseling, parent aide and supervised visitation, family presentation and reunification services, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives. During SFY 2020, Arizona Council staff and members worked with DCS staff on foster care and group home licensing rules, report consolidation, legislative policy agendas, therapeutic foster care modifications, and updates to the Department's safety assessment model. The Arizona Foundation for Human Service Providers entered into a partnership in 2017 with Dr. Bruce Perry from the Neurosequential Network to develop a series of training webinars and an online resource library for foster, kinship, and adoptive parents to help them understand the impact childhood trauma and adversity has on children, which allows caregivers to better understand and manage the behaviors of the children in their care. The Foundation is continuing the work with Dr. Perry to create standardized training modules and a facilitator training program.
- *The Court Improvement Advisory Workgroup* – The Court Improvement (CI) Advisory Workgroup is a multi-disciplinary committee that provides much of the structure for collaborative improvement activities between the Court and the Department. As of September 2019, three working groups were added to advisory workgroup structure. With separate focuses on safety, prevention, and the FFPSA, these three sub-groups began to plan future activities. Each working group is led by the Presiding Juvenile Judge from one of three counties (Maricopa, Pima, and Yavapai) and includes

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representatives from the Department including the Director, Chief Quality Improvement Officer, Senior Lean Coach from the Office of Continuous Improvement, Prevention Administrator, IV-E Administrator, and Tribal Liaison. 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, and the child and family services state planning process. 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 subcommittees under the CI Advisory Workgroup include Safety, Prevention, and FFPSA.

- *The Committee on Juvenile Courts* - 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 Department is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.
- *The ICWA Committee* - The ICWA Committee, which is overseen by the State Supreme Court, is a sub-committee of the State, Tribal, and Federal Court Forum, and includes representatives from tribal social service agencies, the juvenile court, Casey Family Programs, and the Department. Meetings are held on a quarterly basis. The ICWA Committee has discussed and shared information on topics such as proposed legislation, ICWA training for DCS staff, expert witness testimony, and ICWA Court.
- *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 system changes aimed at improving outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers in their courts. Locally in most counties, a team made up of infant and toddler specialists, child welfare providers, mental health and substance abuse treatment providers, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meets monthly to quarterly to address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers.
- *Collaboration with the Juvenile Justice system* - The Department has partnered with Juvenile Justice administrations on critical topics facing the two systems, including serving those youth who “crossover” between the two systems, offering living arrangement array options to the juvenile justice systems to limit the unnecessary entry into foster care and increase data sharing to better analyze and design services for youth. The Crossover Youth Protocol is a joint effort to bolster the standardized process of preventing youth involved in the juvenile justice system from entering foster care and ensure children in foster care who are arrested for a crime receive the same level of advocacy and support as a non-foster child. The joint efforts included the creation of a statewide guide for counties to adopt as local process. In addition, the Department worked with State juvenile justice officials to develop shelter placements for youth who are released from detention, but are not able to return home, allowing time to work with families on transitioning youth back into the home. The Department and the 15 counties also continue to work on sharing data regarding dually involved youth to better understand those youth requiring additional advocacy and support, as well

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as program design.

- *Task Force on the Arizona Rules of Procedure for the Juvenile Court, Supreme Court of Arizona* – The task force meets monthly to review current juvenile rules and identify possible changes that would conform, simplify and reorganize the rules to enhance their usability and account for recent state and federal legislation with the goal of submitting a rule petition to the Arizona Supreme Court with proposed rule changes.
- *Foster and Adoption Supports (FAS) Quarterly Statewide Services Meetings* – The new FAS contract was launched in October of 2019, and with this new contract, the Department has implemented Active Contract Management. FAS meetings are held to provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Topics of discussion have included online orientation videos for foster parents, changes to the DCS website that provide information to foster and adoptive parents, agency resource communication with foster parents, and foster parent training opportunities. Participants include the DCS Director, Assistant Director of Support Services, and executive level staff of the FAS agencies. These meetings are the foundation for Active Contract Management and performance deliverables are reviewed to ensure the providers are working towards identified goals. The DCS Foster Recruitment and Retention Specialist attends the FAS meetings, as well as KIDS Consortium/FACT/FAN meetings. The needs and concerns of the provider agencies are discussed, and feedback from the provider agencies on a variety of topics is received. This open line of communication has enhanced discussion about the Every Student Succeeds Act (ESSA), provided assistance with recruitment efforts, and given an avenue for agencies to refer families who are struggling or need assistance with navigating services. In addition, the DCS Foster and Adoption Recruitment team continues to partner with agencies on community and foster events to continue to bring awareness to the needs of the foster care system.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. The DCS Foster Recruitment and Retention Specialist attends the meetings to facilitate communication between the Department and the agencies, discuss the agencies' needs and concerns, and obtain feedback on Department efforts and improvement strategies. For example, this open line of communication has allowed for continued discussions about the Every Student Succeeds Act and recruitment efforts, and provided an opportunity to identify families who could benefit from assistance in navigating services. In September of 2019, DCS launched in-person information sessions as an opportunity for families, after viewing the on-line orientation videos, to learn more about the foster care process. These information sessions were held at community locations in partnership with community resources, such as Boys & Girls Club and several faith-based facilities. In January 2020, DCS transitioned the hosting of these information sessions to the KIDS Consortium and FACT. DCS plans to explore live web-based information sessions to offer an alternative real-time option to prospective families.
- *Collaboration with University Partners* – The Department collaborates with university partners in relation to many improvement projects including an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. The Department collaborated with Northern Arizona University to conduct and publish a study on the effectiveness of the Building Resilient Families program. The Department also joined with Arizona State University to conduct and publish a study to evaluate the Fostering Sustainable

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Connections title IV-E waiver demonstration project and the Maricopa County Juvenile Court Cradle to Crayons program.

- *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 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. The board’s current focus is supporting the health and safety of families, retention of Healthy Families staff and families being served, and program standards. The board is also working towards the re-accreditation of the Healthy Families program.
- *FosterEd* - The Arizona FosterEd initiative focuses efforts to increase the number of foster care youth who graduate from high school and have a positive education experience. FosterEd is guided by a framework that all foster youth should have an Education Champion, who supports the youth’s long-term educational success, and an Education Team of engaged adults, including the behavioral health providers. Representatives from the FosterEd program continue to provide input and feedback to the Department by participating in Independent Living Coordinator meetings, and the Bridging Success advisory board. This consistent feedback to the Department helps to inform Arizona on the education needs of youth in foster care.
- Arizona Substance Abuse Partnership (ASAP) – ASAP is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and focuses on solutions to the critical substance abuse problems facing Arizona. The Department of Child Safety is represented by Director Faust.
- *Quarterly Service Delivery for Foster Children* - This workgroup is attended by leaders from AHCCCS, the Regional Behavioral Health Authorities, DCS, and CMDP, and focuses on identifying and addressing system issues in the delivery of behavioral health services to children in out-of-home care. A system change developed from this workgroup is a RBHA and DCS partnership to provide member-specific support to the CFT process for children in shelter care for 21 or more days and children who have had 15 or more caregivers in their current episode of out-of-home care. Additionally the workgroup discussed, planned, and formulated subgroups to revise or standardize expectations related to Medicaid services utilized by children in foster care, including therapeutic foster care and behavioral health residential facilities, as well as enhanced data sharing for accountability to serve youth at entry to the foster care system.
- *Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force)* – The Department co-chairs this task force, which meets monthly and reports to the Governor’s Office. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians.

The Southeast regional taskforce (Polysubstance Abuse in Pregnancy and the Newborn) began meeting in 2019 and continues to meet quarterly. The taskforce encouraged hospitals to implement the Eat, Sleep, and Console method of care for newborns, which is modeled by hospital staff in

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hopes the caregivers for infants with neonatal abstinence syndrome will continue the method of care after taking the child home from the hospital. The model, which has been found to decrease the number of hospital days and use of medication, was first implemented in Pima County and is now being taught at other hospitals across the state. Hospitals are developing their own strategic plans in order to improve their practices.

MATFORCE, the regional taskforce from Yavapai County, holds an annual conference on substance abuse, prevention, and intervention. The focus of each conference varies depending on the pressing issues in Arizona at the time, but always include actions being taken to address the issue on a statewide level and prevention efforts.

With technical assistance from the National Quality Improvement Center for Collaborative Community Court Teams, the Superior Court's Juvenile Department convened a group of multi-disciplinary professionals in June 2018 to form the Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative. The SHIFT Collaborative meets regularly to discuss system improvements for infants and families affected by substance use disorders. SHIFT is comprised of members from the legal, child welfare, medical, behavioral health, early intervention, and public health communities. SHIFT members developed a prenatal plan of safe care called the Prenatal Family Care Plan and is in process of implementing a pilot project called the Prenatal Coordinated Care Pilot. The goal of the pilot project is to show that use of coordinated cross-systems approaches to families affected by substance use disorders during the prenatal period will have better health, well-being, and child welfare outcomes. Through the pilot, providers working with these families will ensure appropriate referrals and resources are in place for these families to support their complex needs as early as possible during the pregnancy and avoid duplication of efforts. Originally, SHIFT was led by the Superior Court of Arizona in Maricopa County, but through extensive collaborative efforts, leadership was successfully shifted to the Maricopa County Department of Public Health in February 2020 in hopes of growing the collaborative effort in the medical and public health sectors in 2021.

- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, the Department of Child Safety, AzEIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT meets every other month, with the subcommittees meeting more frequently to focus on topics such as mental health consultation and professional development. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. Home visiting prevention programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership are also discussed and coordinated during IALT meetings, with a goal of reducing or preventing child maltreatment.

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

The Department has engaged with community partners in a cycle of continuous improvement to successfully implement the goals and strategies 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. Stakeholders' major concerns are integrated into goals, objectives, and annual updates.

The Department's framework for collaboration with stakeholders continues to include three components: strategic planning, targeted engagement activities, and continuous engagement initiatives. These

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components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable.

The Department continues to employ a Statewide Committee Coordinator to support stakeholder engagement committees, primarily the Citizen Review Panels, the Youth Empowerment Council, the Parent Advisory Collaborative, and the Community Advisory Committee. The coordinator's role is to:

- plan, support, and attend stakeholder committee meetings at regular intervals;
- identify dates and venues, and coordinate with the committee chair and/or members to develop an agenda;
- at the request of the committee, schedule presenters, prepare meeting materials, and ensure meetings are posted in accordance with public meeting law, if applicable;
- assist in the documentation of the meeting and encourage the committee to appoint a secretary to track action items;
- ensure committees have a clearly identified charge and assist with execution;
- identify focus areas or topics on which DCS desires feedback;
- ensure there is no unintentional redundancy among the different stakeholder committees;
- determine whether intra-committee collaboration is necessary and facilitate collaboration;
- assist committees with tracking and meeting reporting deadlines;
- research training and educational opportunities that may be attended by committee members to enhance the members' ability to serve on the council or committee;
- offer meaningful insight to DCS and the child welfare community, and
- actively recruit members on an as-needed basis and engage in continuous retention efforts.

To support meaningful collaboration within the Department's consultation framework, the Department shares outcome and goal-related data with staff and external stakeholders continuously and on a regular basis, and input from DCS stakeholders is incorporated into decision making and CFSP goals. The Department's Semi-Annual Child Welfare Report, Monthly Operational and Outcome Report, 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 DCS strategic plans are available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>.

In March 2015, Arizona began its third Child and Family Services Review (CFSR) cycle. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. Arizona's initial round 3 CFSR Final Report was published by the Children's Bureau in January 2016, and updated and reissued in 2017. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau to develop a Program Improvement Plan (PIP), which was approved by the Children's Bureau in January 2017. The activities included in the PIP were implemented during CY 2016 and CY 2017. During and since this time, information gathered from stakeholders has also been used to set and implement statewide strategic goals, all of which are intended to improve the outcomes of children and families whom the Department serves. The consultation with employees and external stakeholders that occurred during the CFSR informed the strategies and key activities identified in the PIP, and the continued collaboration during the SFY 2020 reporting period with staff and stakeholders included CFSR focus areas related to safety, permanency, and well-being.

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and service

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provider agencies have been involved in the Department's Active Contract Management process, in which periodic meetings occur to provide data and identify strategies to improve program fidelity and outcomes.

Section III

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

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1. Child Abuse and Neglect Prevention Services

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

Since 1991, the Department has provided funding to community-based Regional Child Abuse Prevention Councils (RCAPCs), which are located throughout Arizona, to increase the public's ability to strengthen families. The councils are a primary and secondary prevention strategy funded solely by the CBCAP grant. Each Regional Council is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. 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 regarding the councils at <https://dcs.az.gov/services/office-prevention> and at the Department's Facebook page "[AzCommunityResourcePage](#)". Additionally, RCAPCs are responsible for monthly posts on their own council Facebook pages that include prevention events, parent information, tips, and community resources. During SFY 2020, to increase prevention awareness to target audiences, the Office of Prevention added an Instagram Page to the Department's social media platform, [AZCommunityResourcePage](#).

The Councils are involved in numerous activities to support Child Abuse Prevention (CAP) Month, which occurs every April, and throughout the year. Each activity is tailored to the unique needs of the community, and includes the distribution of thousands of blue pinwheels throughout Arizona. Councils obtain local proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month and distribute thousands of pamphlets that educate the public about the effects of Adverse Childhood Experiences and the healing qualities of the Protective Factors. Due to social distancing restrictions during the COVID-19 epidemic, Councils were unable to participate in the April events normally held in the community such as award dinners, prevention conferences, in-person trainings, family day outings, resource fairs, and sports activities. Instead, April 2020 Child Abuse Prevention Month activities focused more on the use of multi-media campaigns that included the use of radio and television public service announcements, banners, billboards, web pages, posters, flyers, Facebook, Twitter, and videos. The DCS Office of Prevention ran a multi-media campaign, which resulted in 631,000 impressions and it is estimated that the approximately \$20,000 of free billboard and radio ads reached 14.9 million people. In addition, Councils supported families with daily needs, family activity kits, arts, crafts, and AZ DCS Protective Factor coloring and activity books. Child Abuse Prevention Month efforts continued into May 2020. DCS sent postcards with messaging about the child abuse statewide hotline and a call to action, "See Something, Say Something" to families within zip codes known to have higher numbers of reports and removals. DCS also partnered with Bashas, Food City, and AJs grocery stores to have digital displays within the stores with the "See Something, Say Something" message.

There are several ways DCS promotes evidence-informed and evidence-based practices including integrating the protective factors into the Regional Child Abuse Prevention Council Scope of Work and promotion through Parent Cafés, which are opportunities for parents to share information and collaborate on the protective factors. Councils are required to provide six hours of evidence-based or evidence-informed primary and secondary child abuse education for council members in ACES and Protective Factors each year. The protective factors are social connections, knowledge of parenting/child development, concrete supports in times of need, children's social/emotional development, and parental resilience. In addition, the Department is promoting the protective factors by educating Department staff and integrating the concept across the service array for families. A Protective Factor Survey is utilized by the In-Home Services (IHS) Program to facilitate family assessments and the development of service plans to strengthen the protective factors, as well as service for low risk families, known as Building Resilient Families (BRF). IHS and BRF providers receive protective factor training via two webinars and personal presentations that are delivered in each region. To better explain the protective factors to parents and

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children, a coloring and activity book was created by the Office of Prevention that illustrates tips on how families can build their protective factors.

During SFY2019, DCS developed a plan and hired a consultant, Lecroy, Milligan and Associates (LMA), to assist in conducting a community prevention needs assessment to help guide RCAPC activities. The purpose of the needs assessment was to identify prevention services and supports that make families stronger and gaps in Arizona in primary, secondary, and tertiary prevention services to support future contracts; inform the Regional Prevention Councils of activities in local communities and inform the future contracts of these councils; and share the needs assessment with external and internal stakeholders to inform their work around prevention services and next steps moving forward. In developing the parameters of the needs assessment, DCS consulted with the FRIENDS National Resource Center. Focus groups were held around the state with parents and key informants in local communities. Additionally, data was gathered from various sources including the ASU Morrison Institute Child Welfare Leadership Advisory Board, St. Luke's Annual Health Survey of AZ residents, and a survey of RCAPCs and key community stakeholders, such as the ACE Consortium members. Once DCS finalizes the survey, the information will be analyzed and used to create a logic model to guide prevention activities across the state and inform service providers of primary, secondary, and tertiary prevention services available including the contracts of the RCAPCs.

Adverse Childhood Experiences (ACE) Consortium

The Department further promotes child abuse prevention through continued 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, schools, faith-based organizations, and other public agencies. The Consortium promotes ideas, policies, and practices that reduce and prevent adverse childhood adversity and builds resilience in individuals, families, and communities. The Consortium engages professionals and agencies to increase awareness about the causes, effects, and opportunities to decrease ACEs in Arizona.

The Consortium also supports and empowers the most vulnerable groups so they can reach their full potential, which benefits Arizona's communities, economy, and society as a whole. The Office of Prevention will continue to use materials generated from the ACE consortium, along with information from Strengthening Families and other sources to create and conduct ACE/Protective Factor train the trainer workshops for new RCAPCs and PAC members.

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

The "Who Do You Trust with Your Child?" campaign was initially launched in 2012. Complete with posters, a brochure, presentations, and a dedicated website, the campaign was created with a team that included the Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, DCS, the Department of Health Services, Eight-Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. This campaign helps 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. 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. DCS sites throughout the state display posters and have ChildHelp Hotline brochures available. Community members and organizations also distribute brochures and posters, and are urged to place a link to the campaign website on their homepage and display the posters and brochures in locations where parents and caregivers

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will see them. The “Who Do You Trust with Your Child” brochure is included in the DCS Infant Care Plan to share the message with more families.

Prevention Advisory Collaborative

DCS recognizes the importance of parent involvement in prevention efforts and developed the Prevention Advisory Collaborative (PAC) in 2018. The PAC has grown from 12 to 16 members who work with DCS to increase parent involvement in child abuse prevention efforts and strategies to strengthen communication. The PAC members’ accomplishments have been numerous and have occurred at the local, state, and national level, including developing a parent newsletter, presenting at conferences, participation in committees, and providing feedback on DCS policy. In the fall of 2019, the PAC and the Parent Advisory Board merged into one group and renamed themselves the Parent Advisory Collaborative. The group now consists of both community parents and parents previously involved with the child welfare system.

The Safe Sleep Campaign

In response to the continued unsafe sleep fatalities in Arizona, the Office of Prevention continued the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths. DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign has continued, and focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. Along with the baby box, the parent participates in an online training, which is consistent with the recommendations for a safe infant sleeping environment from the American Academy of Pediatrics. The main message that is taught during the online training is the ABC’s of safe sleep; baby sleeps safest alone, on their back, and in a crib. The Department continues to supply DCS Specialists with tablets that provide staff with the ability to show the online training to the family in conjunction with the safe sleep conversation. Since the start of the program, the agency has distributed over 1,000 baby boxes to DCS offices across the state. Several non-profit agencies contracted with DCS for In-Home Services were also provided baby boxes. DCS policy also requires an Infant Care Plan be developed with the parents, to include information about safe sleep.

The DCS Office of Prevention also created a safe sleep computer based training for DCS staff and partner agencies. This training was completed by approximately 500 DCS and community agency staff during CY 2019. Additionally, the Office of Prevention presented Safe Sleep as a workshop at the DCS Young Parent University to 49 teen parents and their partners. In 2019, DCS obtained the first governor’s proclamation declaring October as Safe Sleep Month and rolled out new safe sleep campaign material messaging “Don’t Wake Up to a Tragedy,” which encourages parents and caregivers to avoid suffocation by practicing the ABCs of safe sleep. This messaging was adapted from Los Angeles County’s “Don’t Wake Up to a Tragedy” campaign material that resulted in a 50% reduction in unsafe sleep fatalities in Los Angeles County for three consecutive years.

“Did you know?” Emails

To provide DCS Specialists with resources and prevention information, the DCS Office of Prevention sends out monthly “Did you know?” emails on various resource topics. Recent topics include tips for Regional Child Abuse Councils and activities across the state, Regional Child Abuse Council awareness, safe sleep, New Year’s Resolutions for AZ Families in 2020, DCS Baby Box Program, Home Visitor Program, Birth to Five Helpline, and Water Safety. These emails include information about prevention topics, resource lists for counties across the state, statistics, and tips that can help DCS Specialists learn more about

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prevention resources. These emails have also been shared with community providers and Regional Child Abuse Prevention Council members. Resources and information from these emails are also shared via social media ([AzCommunityResourcePage](#) on Facebook and Instagram).

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 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. In SFY 2019, 11 HFAz sites and 44 teams provided services to families living in 13 counties in Arizona.

A trained Family Support Specialist (FSS) provides emotional support and assists the family to obtain additional community services. HFAz services include:

- 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 the needs of the family, moving gradually from weekly to quarterly home visits as families become more self-sufficient.

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2019*, HFAz served 4,420 families in FY2019. 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 just under twelve months. The evaluation highlights both prenatal and postnatal services. Outcomes in 2019, for families after twelve months in the program, include the following:

- child abuse and neglect: 96.4% of participating families had no substantiated DCS reports,
- substance abuse: 85.8% of parents received a substance abuse screening,
- child development: 92.6% of children received timely developmental screens in their first year of life, and
- child safety: 88.2% of parents locked up household poisons, 98% used car seats, and 87% used smoke alarms at 24 months.

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on all subscales except social support at 12 months. This indicates that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect. Parents reported significant changes over time in problem solving, personal care, mobilization of resources, parenting role

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satisfaction, parent/child interaction, home environment, parenting efficacy, social supports, and depression.

Parents were administered a parent satisfaction survey and asked to indicate on a scale of “a lot, some, a little, or none,” how much the Healthy Families program has improved various areas of their lives. The following indicates the percentage of responses categorized as “a lot” or “some.”

- 95% My ability to solve problems,
- 95% More patience with my child’s behavior,
- 90% My ability to control my temper,
- 96% My ability to find community resources,
- 96% My support system,
- 98% My understanding of child development,
- 95% My appreciation of my child,
- 93% My relationship with my family, and
- 85% My relationship with my partner.

Positive Parenting Program Initiative

The Department continues to support the efforts of a broad-based consortium of community stakeholders, known as Triple P Practitioners, interested in implementing the Positive Parenting Program (Triple P) model in Arizona. Triple P is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect, both internationally and in Arizona.

During Child Abuse Prevention Month and throughout the year, DCS and its provider network distribute the Triple P top 10 tips. Additionally, at the urging of DCS, some of the In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities. In the upcoming year, the DCS Office of Prevention will be purchasing 100 Triple P Online Codes for teen parents and parents in the community. This will allow additional families to participate and benefit from the program by taking the online course, along with conversations after completion through online and phone support.

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and provides strategic oversight and direction to its Arizona Substance Abuse Epidemiology Work Group (Epi Work Group), the Community Outreach and Training Workgroup, the Arizona Substance Abuse Program Inventory Work Group, the Arizona Substance Abuse Recidivism Reduction Work Group, and the Policy Workgroup.

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.

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- 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.
- 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.

Please see the ASAP website, <https://goyff.az.gov/councils-commissions/arizona-substance-abuse-partnership>, for additional information about the Partnership.

The CarePortal

An example of a faith based prevention collaboration is the CarePortal, which is an initiative coordinated by the Office of Prevention, and has grown to be active in five Arizona counties. The CarePortal connects DCS families to the local churches who want to serve their communities by providing basic goods and services to families in an effort to keep families together, reunify families, and support kinship living arrangements. This is a secondary and tertiary prevention program, in as much as it serves families already involved with DCS, as well as young adults who are aging out of foster care. The CarePortal addresses a large range of needs, such as cribs, beds, furniture, home or car repairs, and assistance eliminating lice. The CarePortal began in Pima County in December 2015. The program expanded in 2017 to include Maricopa and Yuma Counties, and in 2018 to include Yavapai and Coconino Counties. From July 2019 to March 2020, the CarePortal has supported 166 families, totaling \$51,167. CarePortal continues to onboard additional churches to increase supportive efforts.

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 about abuse and neglect of a child present or residing in Arizona. The Hotline receives communications through its 24/7 toll free reporting line, an online reporting service, fax, and mail. The online reporting service is designed for professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent, and is currently available Monday through Friday, from 8:00 a.m. to 7:00 p.m. Concerns of abuse and neglect are received from a variety of sources including school personnel, law enforcement, parents, relatives, private citizens, social service professionals, 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 information about the reporter's concerns. Concerns of abuse or neglect are either "screened-in" as meeting statutory criteria as a DCS report for investigation or "screened-out" as not meeting statutory criteria.

The Hotline uses standard work and a tiered visual management system in order to track, monitor, and respond to quality and service level trends. Quality and service trends are tracked and monitored at the

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individual specialist level, and up to the Hotline enterprise level. The implementation of this management system has allowed the Hotline to better recognize and identify when either quality or service levels are not within the target ranges and take corrective action. The management system, along with the Hotline screening tool that was redesigned in February 2016, contributed to high inter-rater reliability in the processing of calls to the Hotline and continued timely customer service. The average call abandonment rate hovers around 3.5%, and the average speed of answer hovers around 50 seconds.

In addition to the implementation of tiered visual management during the five-year reporting period, two oversight positions continue to be embedded at the Hotline to perform quality assurance reviews of Hotline decisions. One position reports to the Office of Quality Improvement, Practice Improvement Administrator, and the other reports to the Office of Child Welfare Investigations. The Practice Improvement Specialist reviews a random sample of communications on a monthly basis and rates the accuracy of intake screening decisions. The accuracy rate for both the intake screening decision and priority response time decision is consistently over 90%. The Office of Child Welfare Investigations Hotline Analyst reviews all high priority physical and sexual abuse reports dispositioned for investigation that were not coded by the Intake Specialist as criminal conduct, indicating that a felony crime against a child occurred, for fidelity monitoring purposes. The accuracy rate is consistently over 90%.

In 2019, as part of the Hotline Contingency of Operations Plan (COOP), the entire Hotline workforce was assigned laptops in place of desktop computers. In addition to the laptops, the workforce was provided softphones and virtual private network access so that they would be able to deploy to different worksites in the event of an emergency. Due to these efforts, the Hotline workforce is capable of operating remotely and is able to continue operations during an emergency. As a result of the Hotline's COOP, the DCS Hotline workforce was able to telecommute and continue to accept calls of abuse and neglect during the COVID-19 pandemic.

Family Functioning Assessment, Safety Assessment, and Safety Intervention

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 living arrangement in response to allegations of abuse or neglect; 3) work cooperatively with law enforcement regarding reports that include criminal conduct allegations; and 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.

DCS Specialists investigate abuse and neglect allegations and conduct family assessments, including assessments of child safety, 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 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.

The Department's policies and procedures provide DCS 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 Department utilizes ACTION for Child Protection's Safety Assessment and Family Evaluation (SAFE) model for family functioning assessment, safety assessment, and safety intervention decisions. The initial Family Functioning Assessment assists DCS Specialists to explore

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pertinent domains of family functioning and identify present or impending threats of danger to a child, and is completed within 45 days of case opening. The first Family Functioning Assessment-Ongoing is to be completed by the DCS Specialist within 60 days of the child's removal or the opening of the case for ongoing services for any child indicated as unsafe. Reassessments are required at least every 90 days, and at other times in the case such as when considering unsupervised visitation, reunification, or case closure.

Based on the results of the Family Functioning Assessment and the assessment of the family's protective factors, the Department determines the level of intervention required, including whether to close the case, offer voluntary in-home 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 threats; and/or the ability of services and supports to mitigate the identified risks. The DCS 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 to enhance diminished caregiver protective capacities, strengthen family protective factors, and reduce the likelihood of future abuse or neglect. If there are safety threats to a child in the home, a safety plan must be implemented. 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 in Pima and Maricopa Counties during many 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, currently only civilian, non-sworn investigators are employed by the units. The OCWI employs research analysts who have direct access to criminal history report information and other related databases to assist OCWI and DCS in their investigations. 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.

The OCWI jointly investigates criminal conduct reports with law enforcement. Just as with DCS Specialists, OCWI investigators have the authority to protect children by taking temporary custody when a child's safety cannot be guaranteed. During SFY 2019, OCWI began providing support and advisory consulting statewide, as needed, on investigations not assigned to an OCWI investigator. With this added consultation, OCWI has been involved, either as the primary investigator or as support, in 100% of criminal conduct reports received by the DCS Hotline since May 2019.

The OCWI continues to support the Department by providing joint investigation training throughout the state to DCS staff and community partners. The OCWI has a position housed at the DCS Child Abuse Hotline. This position is responsible for quality assurance as it relates to the addition of the criminal conduct tracking characteristic to reports. This position also completes training for hotline staff related to criminal conduct allegations. The OCWI continues to be successful in locating and recovering missing, endangered, and/or abducted children known to the child welfare system, and will continue assisting both the Department and law enforcement in this effort.

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Multi-Disciplinary Approach in Child Abuse and Neglect Investigations

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 DCS Specialists, DCS Program 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. The Joint Investigation Protocols for each county within Arizona may be viewed on the Arizona Child & Family Advocacy Network website (<http://acfan.net/>).

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative DCS Specialists in Pinal and Yuma Counties, 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 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 approximately 20 advocacy centers in Arizona, located in Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. There are memos of understanding in place with several other counties to allow law enforcement and child welfare to utilize the nearby centers as needed. In addition to the advocacy centers, there are satellite offices and mobile units, which allow the victims to receive services without having to travel long distances. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed.

DCS or OCWI staff are co-located in advocacy centers in Maricopa, Pima, Pinal, and Yuma Counties. Rural counties without a formal advocacy center have multidisciplinary teams (MDT) that meet monthly to discuss and coordinate efforts on child abuse cases requiring a joint investigation. These rural county MDTs are facilitated by the Arizona Child & Family Advocacy Network or by centers that are members of the network, with plans to empower each county to facilitate their own MDTs.

Superior Court Dependency Alternative Program

The Pima County Superior Court implemented the Dependency Alternative Program in July 2015. This program allows the court to enter orders on custody and legal decision-making issues that would ensure the child's safety while at the same time removing the need for a dependency petition to be filed. The program continues to show significant improvements in the way the court addresses these family situations, including a decrease in the amount of time the family is involved with the courts and DCS, reduced trauma for the family, and cost savings. Due to the success of the Pima County program, the statewide Court

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Improvement Program initiated a plan to introduce this process in courts throughout the state. The initial expansion was scheduled to occur in May 2020; however, due to the health crisis the expansion was delayed. The Court Improvement Program is exploring alternative ways to conduct the training and roll out, such as remote or virtual training.

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 2019, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 19,398 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.

PSRT management continually utilizes resources within the agency, including visual management system methods, to identify and address barriers to timely processing of findings. During SFY 2020, PSRT continued improvement efforts previously in place to process a backlog of 600 unprocessed reports. The backlog has been resolved and PSRT is now able to process findings timely to ensure alleged perpetrators are provided their due process notice within the statutory timeframe of fourteen days.

By the end of FFY 2020, PSRT plans to revise policy and create a training to further educate field staff in requirements necessary to establish a probable cause finding of abuse or neglect. The anticipated policy revision and training is expected to increase the rate of perpetrators who have neglected or abused children being entered on the DCS Central Registry.

3. Family Preservation, Family Support Services, and Family Reunification Services

In-Home Family Support, Preservation, and Reunification Services

In-home services are designed to support and enhance the family unit, preserve or reunify the family, and support and retain foster families so they can provide quality family-based settings for children in foster care. These supports are provided 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 or the child's current or transitional living arrangement. Services are available to families who have had a report of child abuse or neglect, or who have a risk of abuse or neglect, following referral by a DCS Specialist. The focus of these services is to improve the safety and well-being of families, enhance family functioning and caregiver protective capacities, 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 or in-home dependency. Families can also be referred for in-home services provided by other state agencies, including behavioral health services and other community services.

In-home services provided through the Department include Building Resilient Families; Family Preservation, including the Substance Exposed Newborn Safe Environment (SENSE) program; and Family Reunification and Placement Stabilization. Family Preservation services include two levels: intensive and moderate. Families whose children are assessed as safe, but need assistance and guidance to strengthen family protective factors and reduce the likelihood of future reports are referred to the Building Resilient Families service.

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Families can be referred to reunification services at the time of reunification. Placement stabilization services can be initiated to support foster and kinship caregivers, to avoid placement disruptions, or to assist with living arrangement transitions. All types of in-home services are available within all of the counties across the state and are provided by contracted community-based agencies.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the DCS 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 or XXI services; 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.

Substance Exposed Newborn Safe Environment (SENSE) Program

The 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. SENSE is a family-centered, strengths-based approach to serving families that provides home visiting services while holding parents accountable for healthy choices and behavioral changes. This program is designed to keep infants in their homes with their parents. 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 DCS Specialist, a nurse consultant, Healthy Families Arizona or other home visitor program, the In-Home Service Program, and a substance abuse treatment provider that may include the Arizona Families F.I.R.S.T. program. To be eligible for enrollment in the program, the infant must be under 90 days old and in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Services are typically provided for 90 to 120 days, but may continue if the parent requires additional time to complete substance abuse treatment services.

The SENSE program started in Maricopa County, the largest county in Arizona, in 2006. The SENSE program has expanded since that time, and is now available to families in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, LaPaz, and Pima Counties. The SENSE program includes partnerships with Health Start and the Parents as Teachers (PAT) home visitor program in order to serve families in areas where Healthy Families is not available.

DCS holds SENSE collaborator meetings quarterly with all SENSE providers. Collaborator meetings address training needs for providers, new legislation, and drug trends, as well as allow time for resource and information sharing. Collaborator meetings also involve discussions around fidelity and evaluation of the SENSE program.

The SENSE program includes two staff assigned to the program from the FCS unit, a Service Coordinator and a Nurse Consultant. The Service Coordinator monitors the program as a whole by conducting provider agency site visits and performing case reviews. The Service Coordinator collects data for the program and shares the information at quarterly provider meetings to discuss practice and needs for the program. FCS

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also works closely with the Contracts office to report performance trends and assist with Vendor Performance Reports. All the data and information is also shared with the Office of Quality Improvement to help inform future changes to the program design.

The Nurse Consultant reviews all nurse assessments and screenings for medical and safety concerns, and takes appropriate follow-up action when necessary. The Nurse Consultant facilitates a monthly statewide nursing conference call to provide technical assistance, information, resources, and answer questions. Trends seen by the Nurse Consultant during the reviews are discussed during the monthly calls in an effort to increase the effectiveness of the program.

DCS collaborated with Arizona Health Care Cost Containment System (AHCCCS) to utilize the Opioid State Targeted Response grant to fund the nurse home visitor component of the SENSE program. This grant provides a minimum of two home nursing visits per family to ensure the substance exposed newborn (SEN) is healthy, developmentally on track, all appropriate referrals have been made, mother is receiving post-partum care, and the family is utilizing the primary care provider as their medical home.

For over a decade, DCS has been involved with the Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force). The Department co-chairs this task force, which meets monthly and reports to the Governor's Office. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians.

Parent Aide and Supervised Visitation Only Services

Both parent aide and supervised visitation only services are available statewide. In SFY 2019, the Department provided parent aide services to approximately 2,875 families and supervised visitation only services to approximately 5,635 families. These services are available to parents and caregivers whose children have been placed in the Department's physical custody, after being referred by the DCS Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. 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 parenting time between children and their parents, guardians, 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. The supervised visitation only services provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. Parent aide services incorporate the concept of parental protective capacity, which focuses on the enhancement of a parent's behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with the ability to care for and keep a child safe.

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 provide family-centered substance abuse treatment and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or

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reunifying the family. The overarching goals of the program are 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 individuals and families.

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. Contracted community providers use 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 the Recovery Maintenance phase to manage relapse occurrences following treatment. Data from the most recent program evaluation indicates that AFF received 8,346 new referrals in SFY 2019. More than 101,240 individuals have been referred to the AFF program since its inception in March 2001 through June 2019.

The following data demonstrate the effectiveness of the AFF program in meeting the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors were successful in making some form of contact with 95.8% of the individuals referred in SFY 2019, with 88.8% of the individuals receiving outreach within one day of the referral. Fifty-eight percent of all SFY 2019 referrals resulted in clients providing a Release of Information, signifying their voluntary acceptance of AFF services. The Department has enhanced oversight of the AFF evaluation process to increase data accuracy. Of those who participated in AFF services during SFY 2019, 14.1% successfully finished treatment, 68.1% were still in treatment at end of the SFY, and 17.7% unsuccessfully closed out of treatment. A total of 45.9% of children of AFF-referred parents during SFY 2019 remained in their home before, during, and after treatment, compared with 41.9% during SFY 2018. For those children who were removed and their parents completed the AFF program, 83.7% of the children achieved permanency compared to 70.9% of children whose parents did not complete the AFF program. Children of parents who completed the AFF program were significantly more likely to have achieved permanency through reunification with a biological parent, 79.0% compared to 36.5% of children whose parents did not complete the AFF program. The mean number of days of removal was less for AFF program completers (average of 446 days) compared to those who did not complete the program (average of 549 days) (source: AFF Annual Report 2019 Final 11-26-2019).

In order to ensure continued quality of coordinated services, DCS program staff participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with local DCS offices. The Department trains DCS field staff on the AFF outreach, engagement, and referral processes in a collaborative effort to increase parental involvement and secure their acceptance of services. In addition, DCS designated a program staff member to oversee all aspects of the AFF evaluation process, including a new external evaluator in SFY 2019. The new evaluator conducted a gaps and needs study, and based on the results of the study, DCS began planning improvements to the program that will be incorporated into a new solicitation and contract during the second half of CY 2020, including an expansion of the served population, to include children and youth, increasing the number of available providers, and improvements to data reporting.

Housing Assistance

The Housing Assistance Program has continued to be available during the reporting period. The 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

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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.

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six-month period. In SFY 2019:

- the Housing Assistance Program provided financial support for the reunification or permanent living arrangement of 704 children within 297 families throughout Arizona, which is a decrease of 136 children and a decrease of 26 families compared to SFY 2018, and
- the total amount expended statewide was \$450,251, about \$9,747 more than in SFY 2018.

In SFY 2019, the average length of stay in out-of-home care prior to reunification was 375 days (12.3 months). An estimated \$5,929,214 would have been expended by the Department for foster care maintenance if the 704 children who benefitted from Housing Assistance during SFY 2019 had entered or remained in foster care. Based on the SFY 2019 Housing Assistance Program expenditures of \$450,251 there was a cost avoidance of \$5,478,963.

4. Permanency Planning and Caregiver Support Services

Permanency Planning

The Department provides permanency planning services for all families who are the subject of an ongoing services case with DCS. DCS 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 parent or guardian, linked to the safety threats and risks identified through the family functioning assessment process, and written in behavioral language so the family understands the changes and activities necessary to achieve reunification or another permanency goal.

The Department's policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification, support timely achievement of the best permanency option for each child in out-of-home care. 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 and Arizona statute (A.R.S. § 8-846).

Timely permanency hearings within twelve months of the child's removal support achievement of the permanency goal. At the time of the child's initial removal pursuant to court order, the Department informs the parent(s) 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

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three at the time of removal, Arizona law requires a permanency hearing within six months of the child's removal from the home.

The DCS SAFE AZ SharePoint site contains documents that provide example questions for DCS Specialists to ask families when gathering information to assess functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. The Department uses information gathered during the interviews 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 thorough information gathering results in a case plan that is tailored to the unique needs identified by the family or other sources. DCS Specialists arrange and monitor services to address diminished protective capacities within the home, maintain family relationships, and support timely achievement of the permanency plan. DCS Specialists facilitate information sharing 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 in-home safety analysis indicates the threats can be safely managed in the home under a safety plan. The Department may develop this plan with the family in a Team Decision Making (TDM) meeting, and puts follow-up and support services in place to ensure a safe and successful reunification.

The Department and the courts implement concurrent planning for 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 DCS Specialist will work toward the family reunification goal and the identified concurrent goal simultaneously. The Department implements concurrent planning activities to ensure alternate caregivers are identified and prepared to care for the child on a permanent basis, if reunification cannot occur. 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 emphasize 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 the child's living arrangement stability and may increase the 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. 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 Administrator or designee.

The Department must fully consider all other permanency options before implementing a permanency goal of independent living as another planned permanent living arrangement (APPLA). Department policy was changed in February 2016 to prohibit a permanency goal of independent living, which is the state's version of APPLA, for children younger than sixteen. Many regions also require management approval for a goal

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of independent living. Although independent living is not the preferred goal, these youth often live in a stable setting with relatives or foster parents.

Out-of-Home Living Arrangements and Caregiver Support

Out-of-home caregiver 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. These services promote safety, permanency, and child and family well-being through supervision and monitoring of children in out-of-home living arrangement, and support of the out-of-home caregiver's ability to meet the child's needs. State policy requires a complete individual needs assessment for every child who requires out-of-home care, and that whenever possible the Department:

- place children in the least restrictive living arrangement available, consistent with the needs of the child;
- seek adult relatives or adults with whom the child has a significant relationship to meet the needs of the child in out-of-home care;
- place siblings together unless there is documented evidence that residing 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.

Out-of-home care 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 reside with an unlicensed person who has a significant relationship with the child. Arizona statute confirms the preference for kinship caregiver and requires specific written findings in support of the decision whenever the Court finds that a living arrangement 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 investigation. Within thirty days of a child's entry into out-of-home care, the Department must make efforts 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 living arrangement for the child, the DCS 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 DCS Specialist can initiate a referral through the Department's Locate Team.

The Department has a standardized process for locating relatives and kin for children in DCS custody, and a specific case note type in CHILDS is used to provide a standard location for documentation of efforts and information. In addition, Family Engagement Specialists, whose job duties include searching for relatives and kin for children referred to the Fostering Sustainable Connections program, and approximately 90 field staff located at various offices across the state have access to person search software called LexisNexis. This software can be used to conduct initial searches for family members of the child, and if efforts are not successful, a referral can be made to the DCS Locate Team for more extensive search efforts.

During the reporting period, DCS collaborated with Voices for CASA to fund a position to conduct Seneca searches for children without an identified long-term caregiver. This tool uses information from the birth

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parents to identify potential contacts from various social media sites. In 2019, the Adoptions Recruiter received contact information for 281 people who may have existing connections to the nine youth with whom the recruiter was assigned, resulting in two of the youth moving to potential adoptive homes. Additionally, one youth has been matched to a potential adoptive family and is in the process of building a relationship for a successful transition into the home.

The Department has a centralized and standardized process for selecting family foster homes and congregate care facilities for children when a kinship caregiver has not yet been identified. Management system tools are utilized, and qualitative reviews are conducted to monitor the decisions to place children in a group home setting. During the reporting period, the Department developed several specialized living arrangement types, called Qualified Residential Treatment Programs, including group homes for sexually maladaptive youth, youth with a significant trauma history, youth with medical challenges, and parenting youth. The development of these specialized group homes ensures youth who may be more difficult to match with a family-like living arrangement have caregivers trained to meet their needs.

The CSRA process, TDM meetings, and Child and Family Team meetings are used to identify caregivers, services, and supports to meet each a child's needs. The Department holds a TDM meeting 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 living arrangement, giving preference to placement with relatives and proximity to the birth family. The Department may also hold a TDM meeting when there is a risk of a living arrangement disruption or an unplanned living arrangement change has occurred, or to develop a plan for living arrangement stability.

The Department promotes stability for children in out-of-home care by minimizing living arrangement moves and, when moves are necessary, providing services to make living arrangement 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, the written case plan should identify the child's educational, medical, and behavioral health needs, and services to the child or caregiver to address those needs. DCS Specialists further support the stability of a child's living arrangement 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 FCRB process or the Department's administrative review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs, including visiting alone with the child if verbal.

State law and policy support out-of-home setting stability by giving the foster parent the right to request a review of any decision to change a child's living arrangement prior to the removal of the child, unless the child is determined to be unsafe. This review focuses on the child's needs and whether additional services to the foster family can maintain the living arrangement. If the decision is made to change the child's living arrangement, 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

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the planning of supportive services. The foster parent bill of rights, established in State statute, includes the following rights for all foster parents, licensed or unlicensed:

- 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 the caregiver's 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, caregiver selection must take place in accordance with the Indian Child Welfare Act, and the tribe must be notified whenever a change in living arrangement is considered.

Behavioral health and other services are available to assess and treat the mental health and caregiver support needs for every child in out-of-home care. For more information on behavioral health services, see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

Kinship Caregiver Identification, Assessment, and Support

Consistent with national best practice standards, the Department gives caregiver preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promotes practices that recognize kinship connections are not limited to blood relationships, and has policies and procedures in place requiring staff to identify and pursue all of a child's important emotional connections. Kinship caregivers often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On June 30, 2019 there were 5,943 children placed in 3,606 kinship foster homes; 841 children were placed in licensed kinship homes and 5,102 were placed in unlicensed kinship homes. Of the 3,606 kinship homes, 472 were licensed and 3,134 were not licensed (source: AFCARS Report 110, extract date July 12, 2019).

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. Aside from the many advantages for the children living with kinship caregivers, there are advantages to the child welfare agency. Primarily, use of kinship caregivers dramatically reduces the need for non-relative licensed family foster homes. On December 31, 2019, 40.2% of children in out-of-home care in Arizona were living with a kinship caregiver, reducing the need for licensed family foster home beds by 5,682 children (source: Semi-annual Child Welfare Report).

Arizona's percentage of children with kin, which is above the current national average of 32%, indicates effective practice that is grounded in clear policy and procedural guidance (source: The AFCARS Report <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf>). Additionally, Arizona juvenile court

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rules require that at the preliminary protective hearing the court order the parent or guardian provide the names, types of relationship, and all available information necessary to locate persons who are related to, or 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.

DCS Specialists are to take action to identify and engage kin throughout the life of a case. Examples of current policy include:

- procedures for the DCS Specialist to identify relatives and persons who have a significant relationship with the child, and make efforts to determine if those persons have interest in providing care for the child;
- a Relative Search Best Practice Guide, which provides information about the importance of finding and involving relatives, as well as practice standards for conducting diligent and comprehensive relative searches;
- guidance to explore family connections as a pre-removal resource for ensuring child safety and for caregiver options in the event that the child enters out-of-home care;
- the use of the "relative contact" case note type, which allows staff to easily locate information about kin and assessments of kin as out-of-home caregiver resources; and
- the use of family locate referrals to search for and locate relatives of children in out-of-home care.

Also, as part of Fostering Sustainable Connections, Family Engagement Specialists, whose job duties include searching for relatives and kin, have access to person search software, LexisNexis. It is believed this software will increase the number of relatives and kin located for children in congregate care settings. Other aspects of the Department's support to relative and kinship identification includes:

- Family Engagement Specialists identify and locate relatives and kin important to the children for emotional support and possible placement;
- expanded TDM processes identify and transition youth who are placed in congregate care into family-like settings; and
- increased availability of in-home, behavioral health, and other community services assist with transitioning the children to less restrictive placements and support any kinship caregivers identified.

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From July 2019 through April 2020

- 54% of present danger TDMs were attended by a relative associated with the case,
- 55% of safety planning TDMs were attended by a relative associated with the case,
- 34% of placement stabilization TDMs were attended by a relative associated with the case,
- 27% of reunification TDMs were attended by a relative associated with the case,
- 27% of permanency planning TDMs were attended by a relative associated with the case,
- 15% of age of majority TDMs were attended by a relative associated with the case, and

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- 69% of life long connections TDMs were attended by a relative associated with the case.

Of the 8,997 children discussed during present danger and safety planning TDMs that resulted in a decision the child would enter or remain in out-of-home care, a relative or kinship caregiver was identified for 57%.

Department policy indicates that the assessment of a relative or significant person who asks to be a kin caregiver option must be initiated within ten working days 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 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. In Arizona, kinship home studies are conducted through a contract with community agencies. Financial support, in the form of Temporary Assistance for Needy Families (TANF) is encouraged through the Home Assessment and Courtesy Supervision contracts, which requires providers to speak with and assist the families with the submission of TANF applications. The hope is to increase the number of caregivers that apply for TANF and facilitate this assistance to occur earlier in the placement episode. Approximately 300 home studies are conducted per month. From July 1, 2019 through April 30, 2020, 187 home assessments were conducted in Maricopa, La Paz, Yuma, and Pinal Counties combined, specifically to move children out of congregate care. These home studies were completed within four business days of the referral. Contracted staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through DCS and community based agencies (including licensing, financial, social and educational resources). Kin are encouraged to pursue licensing and must meet the same licensing standards as non-kin foster parents, with the exception of certain non-safety standards that may be waived. 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 caregivers from becoming licensed. From June 2019 through May 2020, 202 waivers were granted. Eighty-four of these waivers were granted to grandparents or great-grandparents. Fifty-seven of the waivers were for single child placements, with the remaining waivers provided to kin caring for sibling groups. Four waivers were denied as they were related to safety issues such as unsafe sleeping arrangements and the criminal history of a legal spouse or someone with whom the applicant had a current relationship. Waivers are typically granted for the following reasons:

- applicants age (18 to 20 year olds),
- applicants who cannot afford current expenses without help from future reimbursements,
- homes that may be unable to meet sleeping arrangements, bedrooms, or bed requirements,
- applicants who submit medical statements older than rule requirements or on outdated forms,
- applicant has fewer than two full bathrooms,
- timing of training, and
- length of separation from spouse.

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 DCS 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 caregivers. Recent activity includes the following.

- Partnering with Foster Parents training – This course is focused on resource parenting and includes information related to non-relative and kinship providers. Topics include motivation to foster, training (Foster Parent College/shared parenting), resources and needs, licensing tips, and how to best support this essential part of the child welfare system including a discussion about resilience

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in foster families. A fundamental theme is viewing foster parents as partners in the collective mission to ensure child safety. This course is mandatory for all new ongoing and in-home Specialists. Approximately 800 staff were trained during SFYs 2018 and 2019.

- The Statewide Kinship Program Coordinator provides training to DCS staff members at section and unit meetings, and Arizona State University MSW and BSW stipend students throughout the year. This training provides an overview of the activities required to secure and finalize a kinship living arrangement, and the delivery of support services; emphasizes the importance of understanding the kin perspective; and builds sensitivity regarding the involvement of child welfare with the family and other issues. From July 2019 through May 2020 there were 29 trainings delivered to DCS staff statewide. In addition, the Statewide Kinship Program Coordinator provided training to community partners working with kinship caregivers. This training includes an overview of the DCS Kinship Program, which includes partnering with DCS, financial supports, and non-financial supports. From July 2019 through May 2020 there were seven trainings delivered to three different community agencies.
- The Department distributed information on kinship caregiver resources and supports to approximately 360 participants at the 2019 Statewide Supervisor Summit.
- In 2019, DCS created an *Applying for "Child-Only" Cash Assistance (TANF)* guide for DCS Specialists, which includes instructions for the DCS Specialist to submit the application for the family through a designated email address for timelier processing.
- DCS also created a practice guideline titled "Assessing and Supporting Kinship Families," which provides information and best practice tips for working with kinship out-of-home caregivers.

DCS Specialists use the Kinship Placement Agreement and Notification of Resources form to review financial and non-financial benefits that may be available to the kinship caregiver, and document that the resource conversation took place. For caregivers who do not pursue licensing, financial and other supports are provided in a variety of ways, including:

- medical, dental, and mental health insurance for the child through the Comprehensive Medical and Dental Program (CMDP);
- child care, parenting skills, and assistance with transportation for necessary appointments;
- monthly clothing and personal allowance and other "special" allowances (diapers, supplemental tuition, emergency clothing, high school graduation, etc.);
- respite care of up to 144 hours per year (provided through a licensed agency);
- TANF "child only" cash assistance benefits, with no benefit "cap" for kinship providers caring for children in DCS custody;
- the "Kinship Stipend" for children living with unlicensed relatives was expanded through the SFY 2019 legislative session to include all unlicensed kin caregivers caring for children in DCS custody, without consideration for the caregiver's income;

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- kinship resource and family support centers in the urban areas, offering services to strengthen kinship families, access to community professionals who can help in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues; and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, Arizona Helping Hands, Aviva, Boost a Foster Family, Family Involvement Center, Grandparent Ambassadors, and Arizona's Children Association (AzCA) continue to provide an array of services and supports to kinship caregivers across the state.

Department staff conduct outreach activities through phone calls, mailings, and in-person information sessions to inform kin about their role as a kinship caregiver, and provide critical information on meeting the needs of the children in their care. CMDP provides outreach to caregivers when children are first placed in their home, which includes identifying a primary care physician and primary dental provider as close to their home as possible, assistance with appointment scheduling, follow up with specialty health care providers, referrals to other community/agency resources, and care coordination with caregivers and health providers for children/youth with special health care needs. Caregivers receive contact information so they may contact CMDP Member Services should any issues/concerns arise or simply need to know what their rights are in accessing services for the children/youth in their care. Examples of some of the information or support provided by CMDP Member Services include translation to allow effective communication between the caregiver and health care provider, assistance with medication questions or issues, and assistance in locating a health care provider with more experience related to a child with special health care needs. In addition, the Kinship Foster Care booklet continues to be distributed and is available in English and Spanish. The booklet provides extensive information for kinship caregivers, including DCS expectations for the care and supervision of children in DCS care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

In addition to the training and outreach noted above, the Statewide DCS Kinship Program Coordinator provides direct support to kin caregivers, through participation in Kinship Information Sessions and responding to phone calls and inquiries. Caregivers can also email questions to a general delivery mailbox, Kinship@azdcs.gov. Assistance is typically sought to resolve payment issues, contact the assigned DCS Specialist, and gain general program information and guidance. The Statewide Kinship Program Coordinator participates in collaborative efforts with stakeholders to identify kinship caregiver needs and offer supports. Community groups and partnerships include the following.

- The Central Arizona Kinship Care Coalition is an advocacy and information group consisting of kinship caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets bi-monthly to exchange resource information and identify kinship caregiver needs and issues.
- The Southern Arizona Community Programs and Supports meeting is an information sharing and collaborative group consisting of Southern Arizona community agency staff who provide services to kinship caregivers. This group meets monthly to share resources and identify additional ways to support kinship caregivers.
- The Arizona Grandparent Ambassadors is an advocacy group and support network for grandparents raising grandchildren and other non-parent caregivers raising children. This group holds an annual Grandparent Ambassadors Summit and an annual Day at the Capital for kinship caregivers to connect, share resources, and learn self-advocacy skills.

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- The Maricopa Family Support Alliance is a network of family support agencies working together to increase the opportunities for families to be successful. The group meets quarterly to share family support service ideas and improve access to services for families through collaboration.
- The Maricopa County Juvenile Court Shared Parenting Committee is a collaboration of child welfare agencies and organizations working together with a goal of implementing shared parenting as the cultural norm. The group meets quarterly to discuss roles, responsibilities, education, messaging, and family engagement.

The Statewide Coordinator also monitors efforts and provides support through technical assistance and training throughout the state. Recent efforts include the following.

- Rural areas in the South Region continued to support kin caregivers by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and the dependency process. The contract agencies who complete the Kinship Home Studies and Courtesy Supervision can also assist in helping unlicensed kinship families find resources in their areas.
- In Pima County, a Kinship Specialist provides support to all unlicensed kin caregivers. The support centers around helping families to access resources and complete the fingerprint process timely. The assigned Specialist meets with the family within five days of becoming aware of a child being placed with unlicensed kin, and conducts follow up visits every 30 days for up to 90 days. If a family needs additional support, a referral can be made to a community agency that can provide the family with additional support for the duration of the dependency. The contract agencies who complete the Kinship Home Studies and Courtesy Supervision can also assist in helping unlicensed kinship families find resources in their areas.
- Kinship Engagement Support Specialists support field staff in seeking connections and/or kinship caregivers for children recently entering who are placed in a congregate care setting.
- The Statewide Placement Administration primarily locates licensed caregivers for children in out-of-home care when a kinship caregiver has not been identified. This administration also supports kinship caregivers by providing or directing kin to tangible resources including emergency food, clothing, beds, and infant care items. This referral service has provided assistance to struggling kinship caregivers to help resolve barriers to maintaining children in their homes. The Statewide Placement Administration includes three Kinship Specialists who provide outreach and support to kinship caregivers in Maricopa County and one Family Engagement Specialist to assist in identifying individuals with a significant relationship to the child. From July 2019 through April 2020, the Maricopa County Kinship Specialist met with 473 new kinship caregivers and on average supported 118 kinship caregivers each month.

The Southwest, Central, and Northern Regions utilize case aides, where available, to provide outreach and support to kinship families.

The DCS Warmline is staffed full time by two DCS Specialists who are able to respond to calls in English and Spanish. Voicemails are returned within one business day. This support is available to all kinship caregivers to provide easier access to information and assistance setting up benefits such as TANF and child care. Approximately 15 to 25 calls are received via the Warmline each week. The caregivers calling the Warmline appear to benefit from the support, and often comment how they appreciate the timeliness of the information provided.

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Four hundred thirty-two units of childcare were paid for by the Department for children in out-of-home care in April 2020 (source: DCS Monthly Program Report, April 2020). As of July 2019, every kinship caregiver automatically receives a Kinship Stipend. There were 3,695 children who received TANF cash assistance and 5,434 children who received SNAP nutrition assistance while living with a DCS arranged kinship caregiver from July 2019 through March 2020.

The Guardianship Services Contract provides information, education, consultation, training, support, and outreach to caregivers who are considering permanent guardianship as a permanency option. Kinship caregivers and youth receive education on all permanency options to allow an informed decision that is best for the family. Caregivers that move forward with permanent guardianship are provided with support to complete necessary paperwork and connect with community resources to assist with future needs. From July 2019 through March 2020, there were 188 new referrals for Guardianship Services.

The Department concluded the Kinship Navigator Pilot program in early 2020. This pilot served three offices in Maricopa County to assist the unlicensed foster caregivers with navigating the many systems involved when a child is in the custody of the Department. The Department contracted with Arizona's Children Association to deliver similar supportive services as those offered to licensed caregivers. The intended outcome was to keep children living with relatives in safe, stable, nurturing environments until their permanency goals are achieved. Preliminary data indicates the rate of placement disruptions for kinship families participating in the program was similar to those families receiving only case management through DCS. The Department plans to partner with Northern Arizona University to conduct a literature review and evaluation of existing kinship support programs to determine the effectiveness of the programs and plan for the continued support of kinship caregivers in Arizona.

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 1,127 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2019, 57 less than the 1,184 requests in FFY 2018. In FFY 2019, Arizona made 1,551 requests to other states for home studies, which is 530 less than the 2,081 requests in FFY 2018. During the reporting period, DCS joined the NEICE system for ICPC data tracking, which allows DCS to track the timeliness of ICPCs being completed by Arizona and those requested of other states also using the NEICE system. Since DCS began using the NEICE system in July 2019, 55 requests for home studies were received from other states also using the NEICE system. DCS completed 40 of the home studies within the 60-day timeframe. During this same time period, DCS sent 215 ICPC

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home study requests to other states using the NEICE system, and 71 were completed within the 60-day timeframe.

During SFY 2021, DCS will be integrating its new data system, Guardian with the NEICE system in order to improve request processing and timeliness. In addition, Arizona has transitioned to DocuSign in order to improve efficiency by utilizing digital requests that more effectively upload with the NEICE system.

5. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

Throughout the reporting period, the Department has continued to provide adoption promotion and support services with the goal of placing children in permanent homes. These services provide placement of the child on the Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. 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 social, emotional, physical, safety, and mental health needs of the child. Selecting a family that is able to meet the needs of the child is the primary consideration in the selecting 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 continue to collaborate on addressing disproportionality by specifically targeting recruitment within African American, Hispanic populations, and American Indian populations. Targeted recruitment also focuses on homes for older youth and siblings. The Department requests that the agencies recruit homes in specific geographical areas and provide recruitment estimators to contractors to assist in focusing recruitment strategies to specific counties in which the need is high. The estimator takes into account that some homes will close their licenses, that the pool of homes needs to be larger than the population of children needing placement, and that some child characteristics can be more difficult to match to foster families than others. This tool is an estimate to help inform recruitment efforts, and as such, unexpected changes are not able to be reflected in the tool.

Arizona uses an array of interstate resources in order to locate permanent homes for children across jurisdictional lines. These include internet resources such as Adopt Us Kids and Children's Heart Gallery; features on nationally syndicated programs; and monthly digital newsletters posted on the AZDCS.gov. Families with certified adoptive home studies can also be listed 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.

In an effort to better support families who adopt children with special needs from our foster care system, the Department has also used adoption promotion and support funding for respite services.

Adoption Subsidy

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Throughout the reporting period, the Department has continued the title IV-E Adoption Assistance Program and the state run adoption subsidy program, which subsidize 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 majority of children receiving adoption assistance are eligible and receiving title IV-E subsidy. Those children who do not qualify for the title IV-E subsidy often qualify and receive state subsidy.

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 33,447 on March 31, 2019 to 34,589 on March 31, 2020, with 3,524 new special needs adoptions being subsidized in SFY 2019. The Department reimbursed \$4,411,473 of nonrecurring adoption expenses in FFY 2019. Of the 3,524 children who were adopted during SFY 2019, approximately 85% were covered under a title IV-E adoption agreement, and the remaining 15% were covered under a state agreement. An executed adoption assistance agreement is required for reimbursing adoptive parents for their one-time non-recurring legal fees for adoption, and is required for the child's coverage through AHCCCS, therefore nearly all adoptions of children with special needs from foster care have an executed adoption assistance agreement.

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 frequently asked questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is available to assist families.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and to coordinate services to meet the behavioral health needs of adoptive children. During SFY 2019, the Department enhanced the duties of the Behavioral Health Clinical Coordinator position and created a second position to ensure that the needs of families could be met statewide. These positions assist families navigate the behavioral health system, including attendance at Child and Family Team (CFT) meetings to assist adoptive parents understand and advocate for their children's needs.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a list of support groups for adoptive families across the state. This list is provided to the licensing agencies, adoption subsidy workers, and the DCS field staff to be provided to families as needed. Examples of agencies that support adoptive families include the Lodestar Family Connections Center in Phoenix, the KARE Family Center in Tucson, Arizona Children's Association (AzCA) in Yuma, and the Family Involvement Center in Phoenix and Prescott Valley. The Department continues to identify new community resources for children eligible for adoption subsidy.

Adoption and Legal Guardianship Incentive Funds

The Department used the Adoption Incentive Funds during the past year to provide monthly adoption subsidy maintenance payments to adoptive families. The Department intends to continue this same support

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to families during FFY 2021. The Department has not encountered changes, challenges, or issues regarding timely expenditures with the 36 month expenditure period.

The Department did not receive funding under the federal Legal Guardianship Incentive Program during the reporting period. The Department's guardianship subsidy program is a state funded program providing a monthly reimbursement to caretakers appointed by the court through an Arizona Revised Statutes Title 8 guardianship.

Adoption Savings

The Department has used the Adoption Savings Funds during SFY 2020 to fund the expansion of adoption subsidy and provide respite care. The Department will continue to use the Adoption Savings to meet the needs of the growing Adoption Maintenance population, as well as expansion of post-adoption services including:

- monthly adoption subsidy maintenance payments,
- respite care,
- transportation, and
- out-of-state residential treatment.

The Department will spend 50% of the unused savings in the next 12 to 18 months. The remaining portion will be exhausted in FFYs 2022 and 2023. The Department continues to use the Children's Bureau Method to calculate the adoption savings and has not made any changes to the calculation method since the prior submission.

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 disruptions and dissolutions. For example, private agencies such as Lodestar KARE, the Family Involvement Center, and AzCA provide support services to any family raising a child that was not born to them. These community agencies provide assistance 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

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Guardianship subsidy is a state funded program providing a monthly reimbursement to caretakers appointed by the court through a title 8 guardianship. Most of the permanent homes supported by the state Subsidized Guardianship program were kinship arrangements while the child was in out-of-home care. The children for whom the subsidy is provided, are required to be in the care, custody, and control of the Department at the time the guardianship is granted. One year after the guardianship is granted, the court completes a paper review of reports submitted to the court to verify the child is still residing with the guardians. As of March 31, 2020, there were 2,877 children receiving guardianship subsidy with 1,700 families.

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 the 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 a Preparation for Adulthood Plan for all youth age 14 and older, regardless of his or her permanency goal, and for young adults age 18 and older participating in continued care through a voluntary agreement. The Department provides life skills assessments and services 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.

Department policy allows youth to continue to receive Department services and supports to 21 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, 18 through 20 years of age, who were in out-of-home care and in the custody of the Department while age 16 or 17. 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 2019, 209 former foster youth received assistance from this program, which was the same number served during CY 2018. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the services.

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 DCS Program Managers, Program Supervisors, and Program Specialists.

The Department and AHCCCS continue to respond to the need for timely and accessible services to address the 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 to make a smooth and seamless transition

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from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. Arizona behavioral health providers utilize the "Transition to Independence Process" or TIP Model to inform the delivery of services. The Regional Behavioral Health Authorities have provided technical assistance to providers to implement the TIP Model to fidelity. DCS continues to collaborate with AHCCCS and the RBHAs to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.

- Some child services continue to 21 years of age, when appropriate, including the TIP Model. This is supported by a special capitation rate for youth 18 to 21 years old. Transition Facilitators actively work with youth and young adults on their future planning and skill development. Peer support specialists utilize their own direct experience with mental health services to collaborate with, coach, and challenge the young person to view their situation as an opportunity for growth.
- 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. Support services are services designed to facilitate the delivery of, or enhance the benefit received from, other behavioral health services. These services include case management, family support, peer support, unskilled respite, and transportation. Rehabilitation services include educating, coaching, training, and demonstrating. These services include behavioral health prevention/promotion education, medication training, and psychoeducational services such as pre-job training and job development and ongoing support to maintain employment.
- The Child and Adolescent Service Intensity Instrument (CASII) is used for all children ages six through 17 to identify the need level and recommended service intensity. Those members with a score indicating a higher need, are assigned a high needs behavioral health case manager, also called a recovery coach, who has a low caseload and meets with the member weekly. 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 CMDP, DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for children in foster care. Arizona collects data on the use of psychotropic medication with foster youth. The majority of the youth in care prescribed psychotropic medications are teens. DBHS continues to use the youth assent process for psychotropic medication prescribing. Since youth are not able to legally provide informed consent, the youths' assent, or agreement, to take the medication allows the youth to be more engaged in his or her care, case planning, and decisions.

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

Young Adult Transitional Insurance (YATI)

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Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. There were 596 YATI referrals submitted for youth who reached the age of 18 while in foster care during CY 2019.

Education and Training Vouchers

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

- is a resident of Arizona;
- is a current or former foster youth who
 - was in any state or tribal foster care program on or after his or her 16th birthday or
 - was adopted from any state or tribal foster care program at age 16 or 17; and
- is in good standing and progressing towards completion of the program.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in *Section X: Chafee Foster Care Program for Successful Transition to Adulthood 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. DCS Specialists are instructed to use the *High Quality Parent Contacts* practice guideline to formulate interview questions that engage and motivate family members while gathering information on safety threats, protective capacities, risks, and strengths.

Family members are encouraged to participate in the development of a behavioral case plan to address diminished protective capacities, threats to child safety, or risks of future abuse or neglect, 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 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. DCS 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.

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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, and family engagement practice was one of the four focus areas in the Department's CFSR PIP. Family-engagement 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:

- Family Engagement Training continues to be required for all DCS Specialists during their first year of employment. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue.
- In partnership with Casey Family Programs and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. The goal of Fostering Sustainable Connections is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- 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 DCS 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 12 years or older are to be included at critical decision points in the life of the 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 (grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles, and first cousins) 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. The

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Department's policy has contributed to the number of children placed with relative caregivers being around 44% during the most recent several years, which continues to be above the national average of 32% (source: The AFCARS Report <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf>).

- 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 FCRB hearings to provide ongoing input into the case plan. The Round 3 CFSR PIP data demonstrates improvement in the area of family involvement in case planning, and the PIP goal was achieved.
- Content on family engagement is currently included in DCS Specialist core training, as well as parent aide/case aide core training. DCS Specialist core training has an emphasis on engaging fathers. The Department's Field Break Activity Guides also include opportunities for new staff to practice family engagement and family-centered practice techniques. Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 9, 2020) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) with children was 97.9% for CY 2019. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, missing child, or runaway. Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 9, 2020) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) with parents was 69.6% for CY 2019. This percentage is slightly higher than the 67% contact rate for CY 2018.
- The Department's Supervisor Core Learning Track includes classroom training that focuses on when and how often to have clinical supervision discussions with DCS Specialists in order to develop strategies for engagement with the family. Classroom training also covers the concept of coaching in child welfare, and the importance of modeling a strengths-based coaching approach with staff so that staff will mirror this approach in their work with families (known as the parallel process). Classroom training further includes discussion on the concept of caregiver self-determination, and what approaches, attitudes, and techniques should be encouraged and developed in staff to enhance family engagement, and by extension, sufficient information collection. All concepts trained in the classroom are reinforced on the job through the use of structured field break activities and discussion with the Program Manager.
- Foster parents are encouraged to engage and communicate with the birth parents of the children placed in their home. During the COVID-19 pandemic, the Department launched a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families. The Department also has created a landing page dedicated to the project at <https://dcs.az.gov/sharedparenting> where printable pages are available to families. Over 2,200 journals were provided to licensing agencies and foster families during the pandemic.
- The Department's policy and procedures manual includes a series of Practice Guidelines that provide information on specific topics along with ways to engage parents and youth in conversations and information sharing. Practice Guidelines describe current best-known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes. A Practice Guideline developed during the reporting period is titled *Assessing and Supporting Kinship Families*.

Team Decision Making

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Team Decision Making (TDM) is a strength-based decision making process to address the safety, living arrangement, and permanency of children. TDM meetings are a collaborative process involving an entire team of people, including DCS field staff and Supervisors, family (custodial and non-custodial parents, legal guardians, and adult siblings), family supports, community members, and partnering agencies, including tribal representatives when applicable. Children and their siblings are also invited if their level of functioning and the current situation permit their full participation. By engaging family members, youth, friends, and natural and paid supports in decision making and the identification of safe placement options and permanency plans, TDM meetings assist in achieving safety and permanency outcomes such as timely reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and the identification of and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, including with absent or under-involved parents, identification of relatives for placement and/or support of the child, and identification of services to improve parental capacity to care for the child safely.

The Department utilizes several types of TDM meetings to meet the needs of the family situation. TDM meetings may occur when a child is found to be in present danger and has been removed from his or her family home (Present Danger TDM); when a child has been found to be in impending danger (Safety Planning TDM); when there is potential for placement disruption or an unplanned placement change occurs (Placement Stabilization TDM); when a parent has met conditions for return and a child can be transitioned from an out-of-home safety plan to an in home safety plan (Safety Planning TDM); when a child's permanency goal may need to change or a child may begin the reunification transition to their family (Permanency Planning or Reunification TDM); when a child has been in care for an extended period of time and life-long kin/family connections or placement have been identified (Life Long Connections TDM); or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority) or a youth has reached age 18 and wants to voluntarily participate in services with the Department until his/her 21st birthday (Age of Majority TDM). Development of the new Youth Transition TDM type is nearing completion. The focus of this TDM will be to explore the current and future needs of youth age 14 to 16 years of age to assist them in mapping out a clear path for their future, regardless of how they exit from care. The overarching goal of the Youth Transition TDM is to successfully transition youth out of care prior to age 18, and for them to have a specific, supportive plan for their transition to adulthood.

Trained TDM Facilitators guide the teams to identify the current present or impending danger condition; explore opportunities and resources to prevent removal, re-entry, or to preserve a placement; discuss permanency options and transition planning; and plan for adulthood. In many cases, the family and team are successful in identifying 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 recommendation regarding the child's safety planning will be the responsibility of the DCS Specialist and DCS Program Supervisor. TDM procedures help TDM Facilitators, the family, and DCS Specialists work hand-in-hand toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

TDM meetings continue to be held statewide, in all regions and counties. From July 2019 through April 2020, 2,009 or 25% of TDMs were Present Danger TDMs, 3,170 or 40% were Safety Planning TDMs, 531 or 7% were Placement Stabilization TDMs, 1,056 or 13% were Permanency Planning TDMs, 633 or 8% were Reunification TDMs, 591 or 7% were Age of Majority TDMs, and 32 or less than 1% were Life Long Connections TDMs.

The Department continues to collect and disseminate data with regard to all TDMs, including the number

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of meetings by type, attendees, and child specific outcomes. From July 2019 through April 2020:

- 96.5% of present danger TDMs were attended by one or more parent, 12% were attended by a youth, and 53.5% were attended by a relative associated with the case;
- 98% of safety planning TDMs were attended by one or more parent, 14% were attended by a youth, and 55% were attended by a relative associated with the case;
- 52% of placement stabilization TDMs were attended by one or more parent, 27% were attended by a youth, and 33.5% were attended by a relative associated with the case;
- 99.5% of reunification TDMs were attended by one or more parent, 19.5% were attended by a youth, and 27% were attended by a relative associated with the case;
- 44% of permanency planning TDMs were attended by a youth, 69% were attended by one or more parent, and 27% were attended by a relative associated with the case;
- 91% of life long connections TDMs were attended by the youth, 56.5% were attended by one or more parent, and 69% were attended by a relative associated with the case; and
- 98% of age of majority TDMs were attended by the youth, 19% were attended by a parent, and 15% were attended by a relative associated with the case.

The total number of children discussed at all TDM types from July 2019 through April 2020 was 14,109. Of the total number of children discussed during all meeting types, kinship caregivers were identified for 5,760, or 41%. It is important to note that 35% of all TDMs focus on children who are already in out-of-home care.

The total number of children discussed at present danger and safety planning was 8,997. Of those children, out-of-home care (including 90 day voluntary foster care agreements) was recommended for 4,945 or 55%. Of the total number of children recommended for out-of-home care, relative/kinship caregivers were identified for 2,838, or nearly 57%.

TDM management continues to monitor the use of TDMs throughout a family's involvement with the Department in order to identify trends and opportunities for improvement in utilizing TDMs. The data has assisted in identifying gaps of knowledge regarding TDM policy, procedure, and best practice. This data was used in updating the TDM Refresher training, which is mandatory for DCS Specialists, Program Supervisors, Program Managers, and TDM facilitators. The TDM Refresher training focuses on updated TDM policy and procedures, and clarifies staff roles and responsibilities associated with TDMs.

Newly hired Team Decision Making facilitators attend a five-day training. After this initial training, TDM regional advisors and seasoned TDM co-workers support and mentor newly trained TDM facilitators. The TDM statewide coordinator focuses on implementing TDM initiatives statewide, providing technical support, refining data elements and collections, identifying and addressing TDM program issues, determining continued needs, and mentoring the TDM regional advisors individually and collectively. The TDM statewide coordinator and TDM regional advisors work together to ensure the fidelity of the TDM model statewide.

Case Manager Face-to-Face Contacts with Children

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The DCS 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 DCS Specialist contacts with children are also activities to improve assessment, service provision, and involvement in case planning.

Department policy requires face-to-face contacts between the DCS 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 one visit each month. DCS 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 reference document, entitled *Quality Supervision and Contacts with Children in Out-of-Home Care*, provide guidance on the content of contacts with children and out-of-home caregivers. In addition, DCS Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the DCS 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; efforts to allow the child to participate in developmentally appropriate activities; and other areas. Instructions and a detailed guide accompany the outline. DCS Specialists can use the guide 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 data available on a data dashboard and the Practice Improvement Case Reviews (PICR). Supervisors can track summary statistics by unit and DCS Specialist on the data dashboard, and data related to the frequency of child and parent contact with the assigned DCS Specialist is monitored using monthly scorecards. This 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 DCS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to DCS Specialists and DCS Program Supervisors based on the case review findings. The PICR provides an ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of at least one visit each month.

The Department has worked to ensure the total number of monthly DCS Specialist visits to children in foster care is not less than 95% of the total visits that would be made if each child were visited once per month, and at least 50% of the visits occur in the child's home. The Department met the federal standard in 2017, and has continued to meet the standard since that time.

DCS uses the federal Monthly Caseworker Visit Grant to reduce turnover and retain staff responsible for child safety assessments, family engagement, and permanency planning activities. The Department is also seeking approval to use the grant to purchase mobile tablets every two or three years to ensure the caseworker's are able to have up to date mobile technology options in the field.

Case Manager Contacts with Parents

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If the child's permanency goal is remain with family or family reunification, the DCS 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 DCS Specialist to gather information to inform the continuous assessment of family functioning. 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 DCS Specialist is to have telephone contact or written correspondence with these parents once every three months.

If the permanency goal is a goal other than remain with family or family reunification, the DCS Specialist is to conduct quarterly contact with the parent until the court has ordered a change in the permanency goal. Contact may be face-to-face, written, or by telephone. If a youth's permanency goal is independent living, policy indicates the DCS Specialist shall have, at minimum, quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated.

Family Locate Efforts

Federal regulation requires the exercise of due diligence in the location of parents or relatives of children removed from a home by DCS. State policy requires an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources and supports 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.

If the DCS Specialist is unable to locate a family member, a referral for a search can be sent to the Locate Team. Referrals are also initiated through the Attorney General's Office and the Adoptions Unit (in select locations only). The Locate Team conducts extensive searches in an effort to locate missing parents, guardians, and relatives. The team 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, Juvenile Access Communication Exchange (JAX), and social media including, but not limited to, Facebook and Google. 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 Locate Team collaborates with Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2019 to March 2020, the Locate Team attempted to locate 4,664 people and obtained location information for 1,722 (37%) of the individuals.

In April 2019, DCS began a pilot that provided search software to local staff in one office so that the staff could conduct initial family locate searches for the office, as an alternative to sending a referral to the statewide Locate Team. In January 2020, the pilot expanded to three sections in Tucson. The pilot offices have access to many of the same search functions and databases as the Locate Team. With this capability, the locate time for the pilot offices was reduced from 30 day turnaround to approximately 45 minutes. If the local office is unable to locate the individual, a locate request is sent to the centralized Locate Team for additional efforts. Preliminary data suggests fewer investigations are closing without contact with the family as a result of the ability of the local office to conduct these searches. The Department has plans to continue to expand this availability to other offices across the state.

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In addition, field staff located at various offices across the state have access to person search software called LexisNexis, which can be used to conduct initial searches for family members without the need for a referral to the Locate Team.

Another resource for relative and kin searches was implemented in July 2016 through the Fostering Sustainable Connections (FSC) project, which is now a statewide program. Contracted Family Engagement Specialists (FES) conduct searches for children in congregate care settings to identify relatives and other supportive connections through Seneca searches, case mining, and one-on-one engagement activities with the child. FES staff are provided specialized training and given access to the Department's electronic database CHILDS. The identification and contact with family and kin will increase the natural supports and family-like settings for children in out-of-home care. From July 2016 through February 2020, FSC has served 804 children. Of the 804 children that have been served, 241 children were placed in a less restrictive family-like setting and 25 are pending placement in a less restrictive family-like setting. In addition to the more family-like placement settings facilitated for the children, the FES staff have identified 5,968 individuals who have been identified as having a connection with the child. These individuals have started to engage in the child's life since being identified in various ways, ranging from having phone contact with the child, to visiting with the child, to inviting the child to family events.

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

Each child's DCS Specialist coordinates with the child's parents, out-of-home care providers, school, health care providers, behavioral health 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 family functioning assessment and case planning process and tools guide the DCS Specialist to gather information about the children's strengths and needs during all investigations. 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

DCS Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Educational plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, and informal meetings between the DCS 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. DCS 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. DCS 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.

According to the DCS State IL/ETV Report, the number of youth enrolled in post-secondary education has decreased during the reporting period. In June 2018, 286 youth were enrolled, compared to 246 in June 2019. It is noted, however, that the number of youth who received a high school diploma or GED increased during the reporting period, from 285 in June 2018 to 326 in June 2019. The decrease in post-secondary enrollment, may be attributed to a greater number of youth completing secondary education, and not

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choosing to attend a post-secondary programs. Extended Foster Care does not require post-secondary education, and for some youth working while continuing in the program best meets their needs. The DCS Educational Unit continues to work with Arizona's contracted provider for Education and Training Vouchers, to support post-secondary education and training opportunities, and conducted educational information trainings across the state with DCS Specialists to ensure an understanding of monitoring and supporting education for youth in foster care. During CY 2019, 96% of cases reviewed during the PICR process were rated strength in relation to the educational needs of the child. 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.

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 Merit test; 3) apply for post-secondary 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 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 X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*. The Department partners with the Arizona Department of Education, school districts, and individual school personnel to identify educational barriers for youth in foster care and to assist youth to complete educational assessments that help DCS Specialists ensure each youth's educational needs are met.

Activities to support educational outcomes for foster youth continued across Arizona during SFY 2020, including the following examples.

- FosterEd is an initiative of the National Center for Youth Law aimed at improving the educational experience and outcomes for foster youth. In May 2016, HB 2665 was signed by the Governor, and included provisions to establish and fund a statewide expansion of FosterEd from Pima County to other areas of the state. Maricopa County was the first targeted area of the expansion in August of 2017. To support the statewide expansion, FosterEd Arizona's team has grown from a team of five based in Pima County to a team of 15, including ten Education Liaisons located in Pima and Maricopa Counties. Three Education Liaisons are co-located in high schools within the Phoenix Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in DCS offices working with students in kindergarten through twelfth grade who have an emergent need for educational support. FosterEd has continued to expand to additional regions of Arizona. As of August 2018, two Education Liaisons serve children and youth in Yavapai County. Key partners include the Prescott Unified School District, the Yavapai Accommodation School District, and the Juvenile Court. Since the launch of the statewide

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expansion at the end of August 2017 through the end of July 2019, 866 youth have been served; 57% of youth served with intensive supports and 88% of youth served with responsive supports had an education Champion identified; 2,240 adults have served on a youth's Education Team and 100% of youth served with intensive supports who completed a feedback survey reported they would recommend FosterEd to other foster youth.

- The federal Every Student Succeeds Act (ESSA), designed to improve educational stability for children in foster care by removing barriers to remaining in the school of origin and other issues, became effective December 10, 2016. Arizona Department of Education (ADE) and DCS have assigned state level "Point of Contacts" (POC) in addition to Regional Liaisons who assist to resolve issues related to school of origin, transportation, and other services. The Department's POC has joined with counterparts within ADE to reach out to local educational agencies to assist in facilitating the statewide implementation of ESSA. POCs meet regularly to discuss needs surrounding ESSA. Additionally trainings on ESSA offered to foster parents, DCS, and ADE staff have been beneficial in the community's and stakeholders' understanding of ESSA.
- The Department's Education Specialists participated in 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. Education Specialists also updated and distributed the State Reference Guide to Arizona scholarship, grant, and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners.
- "College Goal FAFSA" events were held throughout Arizona by the Arizona Commission for Post-secondary Education during the month of October 2019. 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 2019-2020 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; however, foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. The Department's Education Case Management Unit was available to provide assistance where necessary.
- The Education Specialists are members of the Arizona College Access Network / College Success Arizona, comprised of 225 member organizations statewide. The vision is that every Arizona student has the knowledge and resources necessary to successfully attain a post-secondary education, in order to succeed in life and contribute to the Arizona economy.
- The Department's Education Specialist, who covers Maricopa County and the Northern portion of Arizona, helped youth achieve educational outcomes by:
 - assisting and collaborating with staff at Northern Arizona University (NAU) to support NAUs "Fostering Success" program, which provides current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and provides personalized assistance while attending NAU to increase graduation rates;
 - participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, a scholarship program dedicated to providing educational opportunities for individuals who would not typically receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support;

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- participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth successfully transition from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College;
 - participating in monthly group home site visits to offer foster youth direct and consistent educational assistance with a goal of decreasing barriers to graduating from high school or obtaining the GED;
 - participating in the DCS Post-Secondary Education Day: We are Legends, at Phoenix College, which was a two-day event held in October 2019 to provide information about educational and vocational opportunities available for youth after graduating high school, obtaining a GED, or simply reaching adulthood;
 - assisting and collaborating with FosterEd staff in Maricopa and Yavapai Counties to address the educational needs of youth in foster care, offer educational support services, advocate for educational services, and provide resources; and
 - assisting and collaborating with staff and administrators of the Keys to Success Program through Arizona Friends of Foster Children Foundation to support their intensive, individualized career planning, education, and employment services.
- The Department's Education Specialist, who covers Pima and Pinal Counties and the Southern portion of Arizona, helped youth achieve educational outcomes by:
 - assisting and collaborating with United Way's Youth on the Rise (YOTR) council, which focuses on the re-engagement of 16 to 24 year olds not connected to school or work;
 - participating as a member of the Juvenile Detention Alternatives Initiative in both Pima and Pinal Counties, which has contributed to a reduction in juvenile detention rates without a corresponding increase in juvenile crime;
 - participating in the Bridging Success Advisory Council, which offers resources and guidance to current and prior foster care youth with a goal of successfully transitioning from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College;
 - providing resources at various events throughout southern Arizona including, Pima County Juvenile Detention CAPE School event, IMPACT Tucson 3.0 at Palo Verde High School, and "College, Careers, and Military and Financial Aid Night" at Tucson Magnet High School;
 - providing information and resources through various presentations to DCS staff statewide and community members such as, Pima and Pinal County Court Appointed Special Advocates program, Casa de los Ninos licensing workers and foster families, KARE Center for kinship families, and Ombudsman High School;
 - collaborating with FosterEd Arizona, the Pima County Juvenile Court Liaison, and DCS Every Student Succeeds Act point of contact to complete trainings in July 2019 for all Pima

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County DCS staff regarding educational needs of youth in foster care;

- attending a collaboration event hosted by Arizona Department of Education to discuss transition services for youth with exceptional education needs, provide information on resources available to youth involved in foster care system, and receive resources from other attendees to utilize in support of foster youth;
- attending quarterly meetings with the ESSA Points of Contact in Pima County from local districts and schools, as well as FosterEd and DCS staff to discuss collaboration between schools and DCS as a way to ensure open communication with regard to enrollment issues, transportation issues, and school of origin best interest determinations; and
- collaborating with the Goodwill METRO educational program to have designated hours for DCS Education Specialist to be onsite once per month to be available to youth frequenting the center who could benefit from assistance with post-secondary education planning.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. See *Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program* for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

Psychological Consultation

The DCS Unit Psychological Consultation program allows DCS Specialists to staff cases with a psychologist who can provide guidance regarding mental health and substance abuse issues that may impact safety and permanency for children involved with DCS. The goals include 1) ensuring mental and behavioral health issues of caregivers and children are identified and addressed when assessing safety threats, selection of therapeutic interventions, planning parenting time, planning for permanency, and selecting and supporting the child's living arrangement; 2) ensuring psychological and psychiatric evaluations are obtained when necessary, and timely, and that the questions posed for the evaluator are complete and appropriate; and 3) assisting DCS Specialists to identify the most pressing mental health issues, prioritize and sequence interventions, and determine needed positive behavioral change. During SFY 2019, DCS revised the unit psychological consultant service to expand availability statewide.

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). CMDP operates as an acute care health plan under contract with Arizona's Medicaid Agency, 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. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS).

CMDP, in partnership with DCS Specialists and foster caregivers, oversees the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Full coverage of medical and dental care is provided to all children placed in out-of-home care by the Department or in the

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custody of Arizona Office of the Courts/Juvenile Probation Offices and placed in a foster care setting. 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's Provider Network includes an array of health care providers who are distributed geographically by specialty throughout the State of Arizona. Although CMDP encourages members to see providers in the CMDP's provider network, children or youth in care may see any AHCCCS registered provider. There are over 84,000 providers that are accessible to CMDP members.

CMDP functions as a Medicaid acute health care plan. As a Medicaid health care plan, CMDP uses outcome based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children in out-of-home care. These outcome results are measured against AHCCCS benchmarks, evaluated to identify areas in need of improvement, and compared to other state Medicaid health plans. CMDP provides services under a framework of the Early Periodic Screening Diagnostic and Treatment program (EPSDT), Maternity program, Oral Health program, Medical Management program (MM), and Quality Improvement and Performance Improvement program (QMPI). Each of these programs have AHCCCS benchmarks and associated reporting to AHCCCS.

CMDP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. As an example, EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions. EPSDT services include screening services, vision services, dental services, hearing services, and all medically necessary services and optional services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT screening.

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines), and semi-annual dental exams. The DCS 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 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 DCS Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. The data interface 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.

CMDP maintains a system of outreach and reminder notifications for medical and dental services. Outreach activities conducted by CMDP rely on written and verbal communication with members and all responsible parties, such as DCS Specialists, out-of-home caregivers, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective.

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CMDP identifies children who have not received a preventative medical or dental service within the first 120 days of care through verification of claims data. CMDP and DCS strive to have all children seen within 30 days of a placement as per DCS policy; however, when CMDP has not received a claim for a child within 120 days of placement, the DCS Specialist is contacted and asked to work with the placement to ensure the child receives the appropriate services. If there is no response from the DCS Specialist within seven days, the supervisor is contacted to ensure the child gets the required services. CMDP continues to enhance its outreach efforts by implementing processes and collaborating with DCS Specialists and foster caregivers upon removal of the child in order to promote timely health services. As a result of the combined outreach efforts to initiate services in 30 days, as well as follow up on the service provision, CMDP has seen a marked increase in the number of claims that have been received, indicating more children are receiving the required services timely.

CMDP conducts quarterly QMPI evaluations that are reported to AHCCCS. These evaluations include all facets of care to children in out-of-home care as well as the performance of CMDP. Quarterly meetings to review the data presented in these evaluations are attended by DCS, community physicians, foster parents, and group home representatives.

Children's Rehabilitative Services

CMDP administers benefit coverage for Children's Rehabilitative Services (CRS) to children and youth in out-of-home care with a qualifying CRS condition. The CMDP CRS Unit coordinates and provides the necessary clinical documentation to support the CRS qualifying condition(s) for submission to AHCCCS, who determines eligibility. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

Child Behavioral Health Services

Meeting the behavioral health needs of children served by DCS continues to be the shared responsibility of the Department and AHCCCS. Arizona has a full array of covered behavioral health services for children in out-of-home care, including treatment services, case and care management, psychosocial rehabilitation, emergency behavioral health services, behavioral management, medical and pharmacy services, support services, crisis intervention, inpatient services, residential services, and behavioral health day programs.

During the reporting period, behavioral health benefits for Medicaid eligible children in out-of-home care were provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). CMDP provides coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage. American Indian children are served through the RBHAs or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements (IGAs) with the Arizona Department of Health Services (ADHS). 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, and the Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by the RBHA serving the tribe's geographic area. Tribal members continue to have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, Indian Health Services, or the local RBHA.

The Arizona practice model for behavioral health is based on the "wrap-around" model and includes a Child and Family Team component. When children in care are enrolled in Arizona's behavioral health system, a Child and Family Team (CFT) is developed. The child's behavioral health services are monitored and coordinated through the CFT. The CFT model is used statewide to develop an Individualized Service Plan

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(ISP) for behavioral health services for each child. As each child is unique and has different needs, the CFT may be composed of family members, the DCS Specialist, CMDP staff, behavioral health service providers, and other child serving agencies and supports. Typically facilitated by a behavioral health case manager or other behavioral health staff person, CFTs are responsible for identifying the strengths and needs of children and families and for developing and monitoring treatment goals and tasks. Teams are responsible for obtaining appropriate behavioral health services, and may request services requiring a prior authorization (i.e. residential placement or psychological testing) that are subject to medical necessity determination by the RBHA.

Behavioral Health Services for all children in the Department's custody are initiated as soon as they enter out-of-home care through the Rapid Response referral process. If the child has already established care with a behavioral health provider prior to removal, the child will be re-engaged by this provider through the Rapid Response request, to ensure continuity of care. If the child is not already engaged with a provider, one will be assigned through this process. The behavioral health provider must complete the Rapid Response assessment within 72 hours of the referral. The Rapid Response assessment is followed by a more in-depth mental health assessment. For younger children, the Birth-to-Five Assessment is completed within 45 days and can continue as an ongoing assessment process. Children in foster care receive ongoing behavioral health services for a minimum period of six months unless services are refused by the guardian or the child exits out-of-home care.

The Department's Behavioral Health Unit (BHU), within CMDP, provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between the Department and the Behavioral Health System when barriers are present. The BHU provides coordination activities with the behavioral health system to provide all CMDP members with accessible, comprehensive behavioral health services.

The Department also provides contracted 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 whose children can remain at home, the Arizona Families F.I.R.S.T. program provides expedited access to substance abuse assessment and treatment, and the Department arranges specialized psychological evaluations or other services on a case-by-case basis.

In March 2016, HB 2442, also known as Jacob's Law, was signed into law by Governor Doug Ducey. This legislation amended several statutes related to child welfare and the provision of behavioral health services in Arizona. The Department, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders worked jointly to implement several key components of this law, which include the following.

- The DCS placement packet must be provided to the out-of-home placement provider immediately, and must include a designated point of contact with the RBHA, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers.
- The out-of-home caregiver of a Medicaid eligible child may contact the RBHA directly to request a screening and evaluation of the child.
- The out-of-home caregiver of a Medicaid eligible child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA.
- If a Medicaid eligible child in the custody of the Department moves to a different county because of the location of the child's out-of-home living arrangement, the caregiver may choose to have the child continue any current treatment in the previous county.

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Additionally, the law requires AHCCCS to track several key data metrics, including but not limited to the number of times the RBHA coordinated crisis services because a crisis services provider was unresponsive, and the number of times services were not provided within the 21 day time frame.

Psychotropic Medication Prescribing Oversight

In recent years, there has been increasing federal and state oversight of psychotropic prescribing to children in foster care, to ensure psychotropic medications are used appropriately and safely. Efforts to reduce inappropriate prescribing of psychotropic medication include the following.

- AHCCCS has required that the RBHAs have oversight over psychotropic medication prescribing by psychiatric providers
- Informed consent/assent for psychotropic medication procedures have been implemented.
- ADHS/DBHS implemented the practice guideline, *Psychiatric Best Practice for Children Birth to Five Years of Age*, in October 2009. AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial. Adoption and dissemination of practice guidelines to providers has occurred as required by the AHCCCS Medical Policy Manual, Chapter 1020.
- AHCCCS requires
 - prior authorization for antipsychotics for children age 0-5,
 - prior authorization for concomitant antipsychotics, and
 - review of prescribing trends by medication category at the RBHA level Pharmacy and Therapeutics Committee.
- AHCCCS requires the RBHAs to implement a credentialing mechanism, which reviews the level of skill, training, and scope of practice of behavioral health staff who are prescribing psychopharmacological treatments to children age 0-5.

As part of psychotropic medication prescribing oversight, CMDP conducts a monthly retrospective review of records to assure the appropriate psychotropic medication prescribing by the Primary Care Physicians (PCPs). This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. As part of this process, CMDP members are referred to the appropriate behavioral health services. From July 2019 to March 2020, the Primary Care Provider Psychotropic Prescribing Oversight team reviewed records for 517 members. Of the 517 member records, 38 deficiency letters were sent to PCP psychotropic prescribers who did not furnish medical records demonstrating full adherence to best practice standards. Providers that receive deficiency letters are followed on a shortened cycle to review their records to determine if a quality of care investigation is warranted. No providers required a subsequent Quality of Care investigation for continued lack of adherence to best practice standards.

Collaboration with the Behavioral Health System

Collaboration between the Department, AHCCCS, and the RBHAs is an important factor supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. Collaboration has continued to occur during the CFSP period on multiple levels including statewide system planning and coordination, and individual child or family coordination. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

Coordination with the Department of Economic Security, Division of Developmental Disabilities

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The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with developmental disabilities to lead self-directed, healthy and meaningful lives. CMDP has continued to collaborate with the DDD during the CFSP period to coordinate care for the children that qualify for the Arizona Early Intervention Program and enhance system provision of services. In addition, CMDP staff serve on the Executive Committee of Interagency Coordinating Council for Infants and Toddlers. This council provides guidance and support to Arizona's Early Intervention system and processes in support of infant and toddler development. On a case-by-case basis, CMDP participates in care coordination of children in the DDD and DCS care to enhance coordination efforts and service provision.

Integrated Service Delivery

Arizona Senate Bill 1375 required DCS, in collaboration with the Arizona Department of Health Services (ADHS) and AHCCCS to determine the most efficient and effective health care delivery system providing comprehensive medical, dental, and behavioral health services for children and youth in foster care. The bill was released on October 1, 2015 and recommended the development of an integrated model.

In February 2018, AHCCCS hired Mercer Government Human Services Consulting to perform an independent analysis for the development and implementation of an integrated health plan for children in foster care. The analysis identified the operational and ongoing infrastructure requirements of an integrated health plan administered through CMDP.

An Administrative Services Organization (ASO) Request for Proposal (RFP) was released in calendar year 2019. There were no responses to the RFP as written. Based on proposed bidder feedback, DCS pursued an alternate direct contract approach. With this contract, CMDP retains policy and care guideline development, secondary approval authority for prior authorization of services, and clinical and operational oversight of the ASO functions. ASO functions include medical management, utilization management, care coordination, development and maintenance of a health provider network, and claims payment. Full model implementation is scheduled for April 2021.

9. Programs and Services for Young Children

DCS Childcare Expulsion Prevention Program

The Department of Economic Security developed the Childcare Expulsion Prevention Program in January 2018, and DCS joined the efforts for DCS involved children in September 2018. Because poor quality childcare or multiple expulsions can have a negative impact on a child's short and long-term stability, mental health, and educational performance, DCS has focused efforts, through this statewide program, on reducing childcare expulsions, expanding supportive services within childcare facilities, and increasing the use of high quality childcare providers. The majority of children served by this program are under the age of five. Children involved with DCS who have been identified as being at risk for expulsion from their childcare setting are assigned a licensed therapist trained in early childhood mental health, trauma, and education. These Early Childhood Mental Health Consultants provide support along three domains to the center, the director and programmatic level to improve operations and policies, the classroom level to improve overall classroom management and teacher interactions, and a child specific level to provide direct supports and strategies to assist a child who may be displaying a unique and challenging set of needs. When implemented properly, these efforts make a center more adaptable and trauma informed, and increase the overall quality and skills of the directors, teachers, and children. Evaluations of such Consultant programs, including the ones offered in Arizona, have shown the support dramatically improves outcomes for children

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in several key areas, including reducing the risk of expulsion; improving teacher-child relationships; and increasing self-regulation, attachment, and social-emotional skill building in teachers and children. The percentage of children being expelled from childcare facilities has decreased during the life of the program. Prior to DCS joining the program, 56% of the DCS involved children referred to the program were subsequently expelled, compared to 11% from September 2018 to December 2018, 22% during CY 2019, and 16% the first five months of CY 2020 (source: Childcare Expulsion Prevention Tracking Log, June 1, 2020).

DCS has also focused on increasing the number of quality childcare facilities across the state. DCS defines a quality childcare facility as a center with a “quality” or above rating from the First Things First state quality improvement board or a center with national accreditation. Around 14,250 DCS involved or referred children are in childcare each month. As of May 2020, 7,261 of these facilities qualify for the classification of a quality childcare, compared to 6,572 in September 2019.

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.

The Department's attention to this highly vulnerable population starts at the Hotline. Arizona law does not allow the Department to classify communications about unborn children as reports for investigation; however, the information is recorded in the CHILDS system for possible future use.

Children age five or younger are defined as highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. The Department assigns a high priority response time for allegations involving children age five or younger, and reports alleging a substance exposed newborn require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Reports alleging a victim child age three or younger and children age four and five with a prior history require a more immediate response time of no longer than 48 hours, and victim children age four or five with no prior history require a more immediate response time of no longer than 72 hours. In addition, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present. Age is one of five vulnerability factors considered when assessing the priority response time when a concern of abuse or neglect is screened in as a DCS report for investigation. The Department defines vulnerable as a:

- child age 5 and under,
- child with diminished physical capacity,
- child with diminished mental capacity protection due to a cognitive disability,
- child with medical or emotional, or
- child lacks visibility in the community.

Services targeted to children ages birth through five are described below. In particular, the Healthy Families Arizona program and the SENSE program are specially designed to meet the needs of families with young children.

- 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

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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.

- Arizona'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 threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The SENSE program is currently available in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, La Paz, and Pima Counties. The number of SENSE referrals have increased from 578 new referrals during CY 2018 to 671 new referrals during CY 2019 (source: FY20 Monthly Operational Outcomes Report March 2020).
- The Practice Improvement Unit conducts Active Case Supports, which provide real-time coaching to promote thorough information gathering and accurate safety decisions during some of the most complex investigations involving children under the age of three. Investigations may be selected for an Active Case Support if the family has a combination of risk factors including violence in the home, parental mental health concerns, parental substance abuse, a significant other living in the home, and parental history of involvement with the Arizona child welfare system. From February 2019 to March 2020, the Practice Improvement Unit conducted Active Case Support consultations on approximately 375 families for which the Department had received a report of child abuse or neglect.

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 increased from 4,758 on December 31, 2018 to 5,032 on December 31, 2019 representing a 5% increase. The children under the age of five represented 38% of the total DCS out-of-home population on December 31, 2019 (age birth through 17) (source: Semi-annual Child Welfare Report March 2020, placement tab).

Of children who were under the age of one and entered care in CY 2018, 25% exited to reunification within twelve months of entry and 32% exited to reunification by December 31, 2019 (includes all lengths of stay). Of children who were age one, two, three, or four and entered care in CY 2018, 35% exited to reunification within twelve months of entry and 46% exited to reunification by December 31, 2019 (source: Business Intelligence Dashboard, Entry Exit Cohort Monthly Breakup, May 27, 2020). Services are provided to maintain the parent-child relationships and achieve reunification when a child's 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 entry into out-of-home care in CY 2016, 52% had exited to adoption by December 31, 2019. Of children who were age one, two, three, or four at the time of entry in CY 2016, 34% had exited to adoption by December 31, 2019 (source: Business Intelligence Dashboard, Entry Exit Cohort Monthly Breakup, May 27, 2020). Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent

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placements for young children with no identified adoptive home. See the *Foster and Adoptive Parent Diligent Recruitment Plan*, submitted with the 2020-2024 CFSP, 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. Reports alleging a victim child age three or younger and children age four and five with a prior history require a response time no longer than 48 hours, and victim children age four or five with no prior history require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age and developmental status, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present.

Services have been designed to meet the developmental needs of young children, including needs for those children served in-home or in a community-based setting, such as the following:

- The Arizona Health Care Cost Containment System (AHCCCS) continues to maintain protocols regarding infant and toddler mental health, including Practice Tools and Guidelines such as *Working with the Birth through Five Population, Children's Out-of-Home Services, Psychiatric and Psychotherapeutic Best Practices for Children: Birth through Five Years of Age, Family and Youth Involvement in the Children's Behavioral Health System, Unique Behavioral Health Services for Need of Children, Youth, and Families Involved with the Department of Child Safety, and Youth Involvement in the Children's Behavioral Health System*. These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role. In many counties, Baby CASAs reference specific developmental checklists and attend trainings specific to understanding the physical, mental, and behavioral health needs of infants and toddlers.
- All families with children age birth to three served by Summit Healthcare Regional Medical Center and North Country Healthcare in Apache and Navajo Counties are offered 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.
- Staff training includes instruction on the needs of young children. DCS 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 and Regional Behavioral Health Authorities.
- The Best for Babies program facilitates monthly meetings in counties across the state, all of which are attended regularly by DCS staff, as well as a broad range of community providers. Systems

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issues and a ‘topic of the month’ are presented and discussed by those present. The meetings allow for collaboration and consultation for current and upcoming projects concerning the birth to five population. DCS staff have presented information during the reporting period related to DCS in-home services available to families with young children.

- The CMDP Chief Medical Officer provided trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.

The following programs and activities have continued since the submission of the 2020-2024 CFSP to reduce the length of time children under the age of five are in foster care without a permanent family, along with the other overarching strategies described in this section of the APSR that relate to all children.

Safe Babies Court Teams (SBCT) is a national initiative of ZERO TO THREE that was adopted by Arizona’s juvenile courts. It is referred to as Best for Babies in some Arizona counties and as Cradle to Crayons in Maricopa County. The California Evidence Based Clearinghouse for Child Welfare rates SBCT as a promising practice. SBCT is considered an approach to community engagement and systems change and has 12 broadly defined core components. SBCT works at the micro level of the family to protect children birth to three years of age from further harm due to maltreatment, and to address the trauma that may have come from being separated from their caregiver and placed in out-of-home care. SBCT also works at the broader community level to improve how the courts, child welfare agency, and related service organizations work together. SBCT was designed to transform the dependency process from a siloed system to a collaborative community approach in order to facilitate integrated service delivery and achieve expedited permanency as reflected by the aims below.

“ZERO TO THREE created the Safe Babies Court Teams Project, rooted in developmental science, which aims to:

- 1. increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and,*
- 2. change local systems to improve outcomes and prevent future court involvement in the lives of very young children. (ZERO TO THREE).”¹*

All 15 Arizona counties, and the Gila River Indian community, engage in addressing the unique needs of infants and toddlers involved in the dependency process through this approach, and thereby improving child welfare related outcomes such as permanency, stability, and well-being.

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). Judges are encouraged to order more frequent hearings in an effort to expedite permanency. After the initial hearing, families are generally back in the court within six to eight weeks. Birth to five assessments are ordered to assess children’s developmental needs, and judges are encouraged to review the assessment reports. The judge determines if clinical services from C2C would be appropriate, and if so, the parent is referred for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court (FTC). The referral process to FTC has changed to allow parents to self-refer and parents’ attorneys to make referrals as well.

The Maricopa County Juvenile Court is the leader of supporting best practices and evidence-based services into the SBCT core component framework. The goal of the community coordinator in C2C is to facilitate

¹ <https://www.zerotothree.org/our-work/safe-babies-court-teams>

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ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. The majority of referrals for children's services include age appropriate behavioral health, education assessment, medical and dental services, and early intervention. A conciliator is assigned to families to help coordinate community services and act as a mediator. Maricopa County initiated mediation opportunities at each of its two C2C locations. The mediation practice model renders more robust agreements between parties, saving time in the court and freeing up calendars. C2C Clinical Services offer recommended SBCT components including: assessment of the parent child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; visit coaching that includes teachable moments; and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting program, individual trauma therapy, and resource coordination.

In addition to the above services, a peer-parent program, Parent4Parent, provides birth parents with the services of mentor parents who have been successful at navigating their own child welfare experiences in the past. The Family Involvement Center (FIC) manages the Parent4Parent program through a contract with the Maricopa County Juvenile Court. FIC staff can make referrals to the clinical services resource coordinator or the Bridge Program for the development of a community connection plan for families who are moving toward reunification. The Bridge Program assists families who are in the process of reunification, or who have already reunified, to access support and resources in their own communities and prevent further involvement in DCS. The Bridge Program Navigators work with families to create family support plans based on the Protective Factor Model. The Bridge Program is intended to improve child safety and stability.

Maricopa and Yavapai County Best for Babies programs offer Family Time Visitation Coaching, developed by Dr. Marty Beyer, which is a model to increase the quality of parenting time for families and reduce time in care. The model uses a three-part approach including working with the parent to identify the child's needs before the visit, prompts and modeling parenting behavior during the visit, and a debrief after the visit. Yavapai's court team has seen an increase in shared parenting practices through partnerships between behavioral health and the court while using programs like the visit coaching, '2for2' book program, and the Parent-to-Parent form. Efforts are also made to co-locate services for parents and families to increase coordination of the services.

The annual statewide court team meeting is scheduled for December 2020. This provides an opportunity for all court teams in the state to receive advanced training, as well as the opportunity to discuss goals and progress on a statewide and county level.

The Maricopa Community Court Teams presented "Topic of the Month" discussions during the reporting period, including:

- AzEIP and DDD overviews,
- System Gaps for Infants with Prenatal Substance Exposure and their Families,
- Family Engagement, presented by Casey Family Programs,
- Supporting Children with Disabilities in Child Welfare System, Presented by Arizona Center for Disability Law, and
- presentation from four community programs providing assessment, evaluations, and services for children in our community with developmental delays and disabilities.

The Blended Learning Pre-Service Training Program offered by Foster Parent College is the Department's pre-service training for foster parents and includes activities, lecture, and assignments that define the needs of children of all ages, including infants and toddlers. The training includes activities to review symptoms of and basic care for, young children who were exposed to substances in utero. Participants are also

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provided with written information about fetal alcohol syndrome and effect. The curriculum is designed to expose participants to the specific needs and experiences of children in foster care, and to offer information, suggestions, and interventions regarding how:

- the physical, mental, emotional, social, and spiritual/moral health of children can be supported in a foster home;
- to promote, rebuild, and support positive attachments of children and youth in foster care;
- a child's attachment affects his or her sense of well-being;
- behaviors are indicators of underlying needs;
- personal emotional reactions may create challenges for selecting effective parental interventions; and
- to choose specific behavioral strategies and techniques that assure a child's safety.

The Best for Babies initiative has continued to provide training and technical assistance to counties developing Court Teams during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.

The Infant Care Plan, in accordance with the 2016 federal Comprehensive Addiction Recovery Act (CARA) requirements for a Plan of Safe Care, is Arizona's version of the plans of safe care. The use of Infant Care Plans was implemented in June of 2017 and is required to be filled out for all substance exposed newborns. The plan closely follows the Protective Factors and addresses primary areas of need for the substance exposed newborn and the identified caregivers. The Infant Care Plan also includes infant mental health and the mental health needs of the caregiver in addition to the existing components of substance abuse treatment, medical care for infant, safe sleep, parenting and infant development, living arrangements, child care, and social connections. The Infant Care Plan is a document that must be created at the earliest point in the decision making about safety for the child, must be reviewed and updated, if required, during case plan staffings, Child and Family Team meetings, and whenever there is an indication that the child's health or health care needs resulting from prenatal substance exposure have changed. The Infant Care Plan should be signed by parents and caregivers, and shared with the team that is working with the newborn and family. This network approach ensures all team members interacting with the family have the most current plan and are helping to monitor the plan.

Children under the age of five often spend time at childcare centers while their caregivers work or attend to other daily activities. Children under the age of five are eligible for the Childcare Expulsion Prevention program, which matches an Early Childhood Mental Health Consultant with a child identified as being at risk for childcare expulsion. Almost 70% of the referrals to the program are for children under the age of five. One hundred two DCS involved children under the age of five were served by the program between September 2019 and May 2020. Due to the success of the program, 87% of the children were able to remain in their childcare setting and avoid expulsion (source: Childcare Expulsion Prevention Tracking Log 6/1/2020). For additional information, please see the full description of the program earlier in this section.

The Department also shares information about programs and services available to substance exposed newborns and their caregivers through various meetings, trainings, and collaborative efforts.

Youth involved in child welfare who are expectant and/or parenting are at greater risk for poverty, substance

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abuse, and homelessness. They are identified as at higher risk given their likely trauma history and increased ACE score. Young parents in child welfare are more susceptible to allegations of child maltreatment as to their own children, given their often unstable family system and inherent limitations due to their developmental stage, societal stigma, and negative influences. For the second year in a row, the DCS Office of Prevention partnered with specific key community partners to develop and offer the Young Parent University for teen parents in out-of-home care during the fall of 2019. The young parents participated in workshops and were provided with several gifts, to include a stroller, diaper bag, baby memory book, and baby monitors. The workshops topics were Baby Blues, cooking class for toddlers and preschoolers, breastfeeding, Healthy Relationships, Injury Prevention, Water Safety, Brain Box, Creating a Healthy Relationship with Your Child, All Babies Cry, Positive Young Parent Voices, and Family Planning. The guest speaker was DCS Director, Michael Faust, who provided an engaging and honest speech about the challenges and rewards of being a parent. Community partners provided breakfast, lunch, snacks, and drinks for the participants. The day ended with a free Yard Sale where young parents could select gently used items they needed for their families. Survey results indicated the event was a success and are being used to plan future events. A Young Parent University event was scheduled to occur in Tucson in April 2020; however, due to the COVID-19 pandemic, the event did not take place. Plans are being made to hold the event virtually in the fall of 2020.

DCS continues the Safe Sleep Campaign and the Baby Box Program. The current Safe Sleep Campaign, “Don’t wake up to a tragedy” urges parents to use the “ABCs” of safe sleep.

In order to influence timely permanency for young children, DCS policy requires a permanency hearing within six months of the child’s initial removal from the parent or guardian, if the child was younger than age three at the time of removal. At the permanency hearing, the court will determine the appropriate permanency goal for the child. If the court finds TPR or permanent guardianship is in the child’s best interest, the court will order a motion to be filed within ten days of the hearing.

DCS coordinated a daylong conference entitled “ACEs, Trauma, and Substance Exposure: Standards of Care for Infants and Toddlers.” The intent of the conference was to bring both rural and urban professionals together to discuss current practices, gaps, and ways in which practices could be improved along the continuum of care for a child with identified needs. This conference, held in September 2019, was well attended by a cross-section of nearly 400 providers who work with families and children where substance use is a concern. The day included a facilitated panel discussion of a case scenario, breakout sessions with professionally facilitated workgroups, and a nationally recognized closing speaker, Dr. Chandra Ghosh Ippen, who provided expertise on the ways in which we can heal children and families from complex health concerns attributed to ACEs.

The National Center on Substance Abuse and Child Welfare (NCSACW), an initiative jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Child, Youth and Families, Children’s Bureau, invited a team from Arizona to attend the Practice and Policy Academy to improve outcomes for infants with prenatal substance exposure and their families. Through participation and technical assistance provided by NCSACW, Arizona will develop an action plan to make policy and practice changes that address the multiple needs of this population. The academy will support teams to create a state-specific action plan to address practice and policy changes, and strengthen collaboration across systems to develop a comprehensive approach to Plans of Safe Care. State teams will explore how to further their understanding of current practices, gaps, and barriers; identify potential changes in practices, policies, and state legislation; and develop their collaborative structure and processes, or strengthen one that is already in existence. The Arizona team is comprised of 11 individuals from DCS, Juvenile Courts, Medicaid, an obstetrician, a pediatrician, Arizona and Maricopa County Department of Health, an Arizona Perinatal Trust member, a birth parent with child welfare experience, and a private

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nonprofit medication assisted treatment provider. This academy was scheduled to take place in April 2020; however, due to the COVID-19 pandemic, the academy will take place virtually in the fall of 2020, and implementation of the statewide action plan will occur in 2021.

10. Clinical and Administrative Supervision to Support Child Safety, Permanency, and Well-Being

During SFY 2020, the Department developed and implemented new forms and procedures, including standardized safety discussion guides so that strength-based supervision focusses on critical outcomes and practices, including child safety, family engagement, permanency planning, child well-being, bias, and worker safety. New checklists and guides dictate the frequency and timing of the discussions, which correspond with natural discussion, assessment, and decision points during the time the Department works with the family. The revised process encourages frequent, timely, and thorough discussions between the DCS Specialist and the Supervisor, to support critical thinking, increased information collection, and accurate safety and permanency decisions. During investigations, clinical supervision discussions occur at the decision points of pre-commencement, present danger, sufficient information, impending danger, safety planning, level of intervention, and findings. During ongoing cases, clinical supervision occurs at the points of preparation and introduction, exploration, case planning, progress update, and aftercare planning. Within any of these clinical supervision conversations, topics such as parenting time and the child's living arrangement are discussed to confirm the child's and family's needs are being met.

The Department implemented a SAFE AZ knowledge assessment for DCS Program Supervisors, Supervision Coaches, and Program Managers. This evaluation is a computer-based questionnaire of approximately 70 questions, covering the major areas of the state's safety assessment model. The information gathered from this assessment is used to identify areas for the employee's continued professional development and learning, which are documented in the Individualized Expert Development Plan. Newly hired Supervisors are required to take the SAFE AZ assessment as part of the hiring process.

The Department continues to support Program Supervisors and Program Managers in both clinical and administrative supervision through the Supervision Coach Program. The Department has 16 full-time Supervision Coach positions. Supervision Coaches receive intensive initial training and participate in an ongoing Coaching Collaboratives to obtain peer-to-peer support, increase their knowledge on areas of practice, and practice coaching skills. Areas of practice addressed through the Supervision Coach Program include safety assessment, clinical case management, clinical supervision, administrative supervision, coaching in child welfare, and creating a culture of learning. Supervision Coaches, Program Supervisors, and Program Managers develop Individualized Expert Development Plans that identify learning objectives and activities for ongoing professional development; receive monthly 1:1 coaching sessions; and receive monthly observation conducting clinical and administrative supervision followed by feedback from the observing Supervision Coach or Manager. The Supervision Coach Program develops proficiency of leaders in safety assessment, clinical practice, supervision, and coaching so that leaders view themselves as responsible for personal and staff-development and have the skills to support staff toward practice fidelity and proficiency.

The Supervision Coach program uses the parallel process to model and develop strength-based family engagement practice. The intentional use of structured, goal-oriented, strength-based coaching sessions in the Supervision Coach–Supervisor relationship parallels and models strength-based supervision in the Supervisor–DCS Specialist relationship, which parallels and models strength-based and solution-focused contacts in the DCS Specialist–family relationship. Similarly, the process of assessment, feedback, self-reflection, and individualized planning to develop Individualized Expert Development Plans parallels and models a strength-based and solution-focused case planning process.

Section IV

Assessment of Outcome Achievement

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The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Information 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), internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY, July 1 through June 30), 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 and NCANDS data files. Data reported from CFSR Data Profiles and contained in this APSR describe the State’s risk-Standardized Performance. The Children’s Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a more fair comparison of state performance against the national performance.
- *Semi-Annual Child Welfare Report* – This report consists of data tables that track frequently used metrics at a county level including number and types of investigations, out-of-home care population, placements of children in out-of-home care, and children exiting from care. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *The Monthly Operational Outcomes Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational and Outcome Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services.
- *Business Intelligence Dashboards* – The Department uses data dashboards 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 investigations; in-person contacts with children, parents, and out-of-home care providers; child removals and exits; 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.
- *Practice Improvement Case Review (PICR)* – Information is generated by reviewing Hotline communications, and investigation, in-home, and out-of-home care cases using instruments that evaluate practice in many of the same practice areas evaluated during the CFSR. The PICR is an important source to identify areas of relative strength and need in Arizona’s child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. The case review data is broken into four quartiles, the first quartile representing 0% to 25% of cases rated strength and the fourth quartile representing 76% to 100% of the cases being rated strength. Each quartile indicates general information about the observed performance, for example, the first quartile suggests an area of practice requiring focus and improvement and fourth quartile suggests an area of relative strength. The number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served, and percentages of cases rated strength can

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fluctuate substantially from year to year due to small sample sizes, sampling error, changes to policy and procedure, and changes to rating standards. In addition, each PICR item includes several practice standards and evaluates whether *all* practice standards were met, for *all* areas, for *all* applicable case participants, and during the *entire* period under review. Cases needing improvement will have met some or most of the practice standards and cannot be interpreted as entirely failing to meet the child's or family's need. Given these limitations, percentages cannot be interpreted as indicative of actual performance or trends over time with statistical confidence and are therefore not provided in this report. More information about the Practice Improvement Case Review is located in *Section V: Assessment of System Performance*.

The Department's reports are available to the public on the Department's internet site, <https://dcs.az.gov/news-reports/dcs-reports>. Additionally, the Department publishes numerous reports required by Arizona statute. The reports include, but are not limited to, data on Independent Living, housing, kinship care, financial expenditures, staffing, title XIX behavioral health expenditures, out-of-home care population, and open reports. Data is also distributed to stakeholders within committees, at topical meetings, and upon public information requests. 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. The Department's efforts to engage stakeholders to consolidate data reports were successful and identified metrics that inform outcome and performance measures. In 2018, several of the Department's critical reports were consolidated, which has improved the clarity, usability, and timeliness of DCS data reporting. As a result of these efforts, an ongoing process was established with community stakeholders to meet six times a year to review the Department's data. This allows the Department an opportunity to inform stakeholders about data available to the agency, how to better understand the meaning of the data, and explain its limitations. The meetings also provide stakeholders the opportunity to provide input to the Department about what child welfare data is relevant and important to them; to inquire how data is collected, defined, and produced; and discuss opportunities to produce data that will inform better practices, policies, programs, and joint efforts to meet common goals.

1. Case Volume and Workforce Resources

During the reporting period, the Department continued to implement strategies to reduce DCS Specialist workload and thereby improve capacity for high quality safety assessments and services for children, parents, and caregivers. The Department works diligently to safely maintain or reduce the number of open reports for investigation and the number of children in out-of-home care, while increasing the number of filled DCS Specialist and Supervisor positions. These and other efforts continue to have demonstrably positive effects on workload.

Following the introduction of a more objective Hotline screening tool during SFY 2016, and changes in SFY 2017 to the statutory definition of DCS reports for investigation, DCS observed a reduction in the monthly volume of new reports for investigation. During SFY 2019 and SFY 2020, the number of new reports and the number of open reports continued at the new lower levels. In May 2020, the number of open reports dropped to 4,731, the lowest number observed since the Department began tracking this data in December 2013. The decrease in investigation workload has allowed investigative specialists to respond more timely to new reports and spend more time with families conducting safety and needs assessments. The decreased workload is believed to have improved morale among investigation case managers, creating less turnover.

According to the Monthly Operational Outcomes Report (March 2020), region investigation caseloads hovered around 13 reports per investigator for the month of December 2019, except for one region that averaged 19 reports per DCS Specialist. Region out-of-home caseloads ranged from 23 to 29 children per

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DCS Specialist, with the exception of one region that averaged 16 children per worker. Region averages for in-home DCS Specialists ranged from 28 to 32 children per worker.

Arizona historically had 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 from 2009 through 2015. However, the out-of-home care population has significantly reduced and continues to maintain at a substantially lower number of children in out-of-home care. The zero to 17 year old out-of-home care population decreased from 18,917 children on March 31, 2016 to 13,252 on March 31, 2019, and continues to hover around 13,300 children (source: Monthly Operational and Outcome Report).

There has been focused work during the reporting period to fill 100% of positions and achieve turnover goals so that staff are able to provide quality services to 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. As of May 26, 2020, the Department had filled 97% of the 1,406 funded Specialist positions.

To support this effort, the Department implemented the following statewide strategies.

- The agency continues to use the streamlined hiring and selection process for DCS Specialists.
- In an effort to explore the retention of DCS Specialists who are meeting expectation but have submitted their resignation, each DCS Specialist is contacted to explore if the DCS Specialist would continue employment with the Department if they were offered an office location change, a supervisor change, or a workload type change (such as ongoing versus investigations caseload). This effort has proven to be successful in retaining several staff who would have otherwise left the agency.
- DCS continues to offer case aides with five or more years of experience to promote to DCS Specialist positions, which brings staff already familiar with the child welfare system to areas of need.
- The Department continues to use the Predictive Index (PI) assessment to predict the work performance for potential new hires. A profile of the model candidate for the DCS Specialist position was established. Beginning in SFY 2021, DCS will begin using the assessment to determine if an applicant will be hired. DCS will also monitor those hired using this method to validate the success of the model built for the position.
- The project team for improving the Program Supervisor recruitment process completed the project in February 2019. The new recruitment process consists of new qualifications that include all mandatory training be completed prior to application, new interview questions, an assessment of the PI for each final applicant, a discussion with the hiring Program Manager, a mandatory first day onboarding process for all new supervisors by their Program Managers, training the first week of hire facilitated by Program Administrators, and subsequent training sessions during the first year of hire.
- A contract with LinkedIn was procured in order to expand the applicant pool, which will begin in July 2020. The LinkedIn system will allow recruiters to search for viable candidates by specific qualifications and make contact to discuss job opportunities available. The system will also allow recruiters to look in specific zip codes for candidates in our rural locations that are historically difficult to fill.

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- DCS also developed a standard recruitment presentation that will be utilized for hiring and outreach to the three Arizona universities and other state schools.
- In late 2018, the Department created a Supervision Coach Program to support field staff and increase job satisfaction. The coaches conduct individual and group coaching with Program Managers and Program Supervisors through direct observation of practice to develop proficiency, self-efficacy, and consistent application of the safety assessment model. Program Supervisor turnover was 12% during CY 2018 and 11% in CY 2019.

In 2017, the Maricopa West Region initiated a peer mentoring program to build leadership capacity, increase retention, and increase opportunities for career development. Peer Mentors are assigned to new or existing DCS Specialists, and coach the Specialists to develop critical and reflective thinking skills, responsible decision-making and personal accountability, and the ability to work effectively with those different from themselves. Peer Mentors do not carry a caseload; however, are often assigned as primary case manager on the cases of the new employee being mentored. The Peer Mentor meets regularly with the Specialist, Program Supervisor, and when necessary, the Program Manager, to provide written and oral progress updates. An assessment is completed at the end of the predetermined mentoring time, and recommendations for continued support for additional skill development is discussed, if required.

From June 2018 to December 2019, 113 Specialists within the Maricopa West Region were assigned a Peer Mentor. Seventy-five percent of the Specialists successfully completed the program and 65% of the Specialists remain employed with DCS. The Peer Mentor role has also helped to prepare mentors for advancement positions. Since June 2018, six Peer Mentors have promoted to leadership positions and continue to be employed in these positions.

See *Section XI: Statistical and Supporting Information*, for more information on the Department's workforce.

2. Safety Outcomes 1 and 2

This section describes administrative data and case review results on child safety. Many of the Department's measures match those used in the Child and Family Services Review (CFSR) process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a Program Improvement Plan (PIP) for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

Safety Outcome Progress Measures

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

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

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The percentage of investigations initiated within state policy timeframes will be 95% or more (source: Business Intelligence Dashboard, Report Response Timeliness)

FFY 2019: 94.6% (of 46,252 reports)

The Department's report response rate has remained consistently high over the past several years. Of the 25,849 reports received from October 2019 through April 2020, 94.7% received a response within the state policy timeframe (source: Business Intelligence Dashboard, Report response Timeliness).

CFSR Item 1 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for CFSR Item 1 was met. The Department continually monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR National Data Indicator: 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 9.5% or less (source: CFSR Data Profile, February 2020, Risk-Standardized Performance)

FFY 2017: 6.6%

DCS data indicates 7.08% of victims of substantiated maltreatment during CY 2018 were victims of another substantiated report within 12 months (source: DCS Context Statistics and Outcome Data report, April 2020). This DCS data is not risk-standardized and is the actual observed data. According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department's risk-standardized performance was 6.9%, which is better than the national CFSR standard that 9.5% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year.

CFSR National Data Indicator: 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 9.67 or less (source: CFSR Data Profile, February 2020, Risk-Standardized Performance)

FFY 2017: 5.79

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 2.6 for SFY 2019 (source: Monthly Operational Outcomes Report, March 2020). This DCS data is not risk-standardized and is the actual observed data.

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, and serve children in the home when safe to do so) will be 95% or more (Investigation PICR Questions Item 1F and Item 7B3)

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All thirty applicable cases reviewed during the 2015 Arizona CFSR were rated strength in relation to providing safety related services to prevent entry into OOH care. The Department's CFSR PIP did not require case reviews related to CFSR Item 2.

The 2019 PICR results indicated that when a child is determined to be unsafe in the parents' home, least intrusive safety plans are usually developed (third quartile for present danger plans, fourth quartile for impending danger plans). The PICR also evaluates the quality of the safety actions and written safety plan. Together, these two elements indicate that DCS is acting to keep children safe, but additional efforts can be made to confirm in-home safety plans are considered and utilized when appropriate. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats so that the child can remain in, or return to, his or her home.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of investigation cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Investigation PICR Questions Item 1E and Item 7B2)

The percentage of in-home and out-of-home cases in which the agency completed thorough risk and safety assessments at times required by State policy, maintained an up to date safety plan, communicated the safety actions to the safety monitor, used the required safety planning forms, and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1 Questions A3 and B1-7)

CFSR Item 3 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 3 was met as of February 2018. The Department continually monitors data and practice on safety assessment and management via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

The 2019 investigation PICR results indicated that when a child is determined to be unsafe in a parent's home, sufficient safety plans are usually developed (third quartile).

In order for a case to be rated as a strength on the In-Home and Out-of-Home PICR, all of the following must be true during the entire three-month review period, if applicable:

- a thorough initial safety assessment was documented timely;
- ongoing safety assessments were documented timely;
- ongoing safety assessments included thorough information gathered including safety of the child and progress of the parents related to safety threats identified;
- safety actions taken by the agency were initiated timely, least intrusive, and sufficient to control the threats;
- safety actions taken by the agency were communicated to the safety monitor or OOH caregiver responsible for a portion of the safety plan;

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- there was sufficient oversight of the safety plan;
- the appropriate safety planning forms were used; and
- safety concerns pertaining to the child, such as during visits or in placement, were appropriately addressed.

The 2019 out-of-home and in-home PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety actions are typically taken to control present or impending danger (fourth quartile). The majority of cases reviewed received a safety assessment and had a plan for ensuring the child's safety; however, assessments and safety planning could improve through timely documentation of subsequent formal written assessments (first quartile), ongoing sufficient efforts to locate missing parents, and timely documented discussions with the responsible adult about his or her responsibilities to take action to protect the child when necessary.

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 strategies to improve safety related processes and safety outcomes. During SFY 2020 the Department implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

3. Permanency Outcomes 1 and 2

This section describes administrative data and case review results on permanency. Many of the Department's measures match those used in the CFSR process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a PIP for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

Permanency Outcome Progress Measures

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

CFSR Item 4: Stability of Foster Care Placement

CFSR National Data Indicator: 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 4.44 or less (source: CFSR Data Profile, February 2020, risk-standardized performance)

FFY 2019: 3.99

DCS data indicates moves for children in out-of-home care remain low. Children who entered care in CY 2019 experienced 2.9 moves per 1,000 days of out-of-home care of (source: Monthly Operational Outcomes Report, March 2020). This DCS data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability. According to the February 2020 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2019, the rate of placement moves per 1,000 days of out-of-home care was 3.99, which is better than the

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national standard of 4.44 or less. This data indicator counts all moves, including those necessary for clinical treatment to address a child's medical or mental health needs, and moves to a less restrictive setting, to a kinship caregiver, to an adoptive home, or to be placed with siblings.

CFSR Item 4 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for CFSR Item 4 was met as of October 2018. The Department continually monitors data and practice on living arrangement stability via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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 2B1, B2, and D-G)

CFSR Item 5 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 5 was met as of June 2018. The Department continually monitors data and practice on the selection of permanency goals through the Practice Improvement Case Review process.

The 2019 PICRs revealed that the child's permanency goal is typically appropriate to the child's needs (high third quartile) and set timely (fourth quartile). The 2019 PICR data indicates efforts to file a motion for TPR or document a compelling reason was observed to be in the third quartile. There are opportunities to improve including implementing concurrent goals and activities when the prognosis for reunification is poor, and increasing the timely documentation in a case plan or court minute entry of a compelling reason for not filing a TPR motion. In some cases, reviewers observed there was a compelling reason, but that reason was not clearly documented in the required location in the case record.

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

The percentage of cases where the agency and court made concerted efforts to achieve permanency in a timely manner will be 95% or more (Out-of-Home PICR Item 2C2)

The percentage of cases where the child's permanency goal was long term foster care or independent living, and the agency made concerted efforts to place the child in a living arrangement that can be considered permanent until discharge will be 95% or more (Out-of-Home PICR Item 3C)

CFSR National Data Indicator: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 42.7% or more (source: CFSR Data Profile, February 2020, risk-standardized performance)

FFY 2017: 32.3%

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DCS data indicates 35% of children who entered care in CY 2018 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (source: DCS Context Statistics and Outcome Data report, April 2020). This DCS data is not risk-standardized and is the actual observed data.

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 45.9% or more (source: CFSR Data Profile, February 2020, risk-standardized performance)

FFY 2019: 57.3%

DCS data indicates 59.3% of children who were in care on the first day of SFY 2019 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day (source: Monthly Operational Outcomes Report, March 2020). This DCS data is not risk-standardized and is the actual observed data.

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 31.8% or more (source: CFSR Data Profile, February 2020, risk-standardized performance)

FFY 2019: 42.9%

DCS data indicates 44.4% of the children who were in care on the first day of SFY 2019 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day (source: Monthly Operational Outcomes Report, March 2020). This DCS data is not risk-standardized and is the actual observed data. Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the February 2020 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2019 who had been in care continuously between 12 and 23 months, 57.3% had discharged to permanency within 12 months of the first day, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2019 who had been in care for 24 month or more, 42.9% discharged to permanency within 12 months of the first day, exceeding the national standard of 31.8% or more. Many of the children who have been in care for 24 months or more exit to adoption.

CFSR Item 6 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 6 was met as of February 2018. The Department continually monitors data and practice on timeliness of permanency via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

The 2019 PICR results indicate efforts to achieve timely permanency was observed to be in the third quartile. Opportunities to improve the timely achievement of permanency for children include having quality in-person contacts with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown, and implementing in-home safety plans when the safety threat can be controlled in the home.

The 2019 PICR results indicate efforts to identify and place youth age 16 and 17 in a permanency living arrangement was observed to be in the fourth quartile.

CFSR National Data Indicator: Foster Care Re-entries

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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 8.1% or less (source: CFSR Data Profile, February 2020, risk-standardized performance)

FFY 2017: 6.9%

DCS data indicates of the children who entered care during CY 2017 and discharged to reunification, live with relative, or guardianship within 12 months, 11.5% re-entered care within twelve months from the date of discharge (source: DCS Context Statistics and Outcome Data report, April 2020). This DCS data is not risk-standardized and is the actual observed data. Arizona has achieved the CFSR national standard for re-entry within 12 months of exit to reunification, live with relative, or guardianship. According to the February 2020 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2017, and exited to reunification, living with a relative, or guardianship, 6.9% re-entered care within twelve months. The national standard is 8.1% or less.

CFSR Item 7: Placement with Siblings

Of all children in out-of-home care on the date shown with at least one sibling also in out-of-home care, the percentage in which all siblings are placed together will be 75% or more (source: EINSTEIN ad hoc report, includes kin living arrangements, includes children in out-of-home care \geq to 24 hours)

9/30/19: 62%

Of all children in out-of-home care on the date shown with at least one sibling in out-of-home care, the percentage in which at least two siblings are placed together will be 85% or more (source: EINSTEIN ad hoc report, includes kin living arrangements, includes children in out-of-home care \geq 24 hours)

9/30/19: 84%

On September 30, 2019, 62% of children, who were part of a sibling group and had been in care for 24 hours or more, were in the same out-of-home care setting as all of their siblings, and 84% of children who were part of a sibling group and had been in care for 24 hours or more were in the same out-of-home care setting with at least one sibling. This measure is limited in its ability to describe the experience of children in out-of-home care because it measures if siblings are living in the same out-of-home care setting on the given day, even if the children spent other days in separate homes. This data indicator includes all sibling groups, including those who require separate living arrangements to meet a child's needs, such as behavioral health needs while keeping a sibling in a family setting, to place half/step-siblings with relatives that they do not have in common, or when residing together would be unsafe. This data may not include all siblings residing together, as some service authorizations are entered into CHILDS in a manner that does not allow for matching across the sibling group. Because of this data limitation, it is likely that additional siblings were residing together. This sibling data excludes any children in a case in which there is no other child with an open removal. This could potentially exclude a small number of children from the count whose siblings have a removal entered in another case. The target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children's best interest.

The Department's CFSR PIP did not require case reviews related to CFSR Item 7.

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

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

The 2019 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers (fourth quartile) than with fathers (third quartile). In some cases, parenting time did occur but sufficient frequency was not maintained throughout the entire review period. This area can also improve through ongoing efforts to locate missing parents and engage them in parenting time. The quality of the parenting time that did occur was rated in the fourth quartile for both mothers and fathers.

The Department's CFSR PIP did not require case reviews related to CFSR Item 8.

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 (source: AFCARS Report 43)

FFY 2019: 93%

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 (source: AFCARS Report 43)

FFY 2019: 44%

The percentage of cases where the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences will be 95% or more (Out-of-Home PICR Item 4E)

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.

Case reviews continue to indicate that compliance with the ICWA requirements is typically occurring. Of the cases reviewed during CY 2019, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in, an Indian tribe occurred in approximately eight of every ten cases. Timely notification was provided to the tribe and the child's caregiver was in accordance with ICWA placement preferences or concerted efforts was seen in nine of every ten cases.

The Department's CFSR PIP did not require case reviews related to CFSR Item 9.

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)

Of children age birth to 17 in out-of-home care on December 31, 2019, 43% were placed with a relative (Semi-Annual Child Welfare Report). This percentage has remained steady over the last several years, hovering around 44%. Arizona's percentage remains higher than the national percentage. The Kids Count data center website (<https://datacenter.kidscount.org/>) indicates that nationwide, 32% of foster children were placed with relatives in 2018. During CY 2019, case reviewers found that the child was placed with

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a stable relative placement, or that sufficient efforts to identify and assess maternal *and* paternal relatives had been made, in roughly 73% of cases reviewed. Nearly all cases have some efforts to locate and assess relatives. Practice could improve through identification of *all* relatives, particularly paternal relatives. DCS' improvements to the supervision process and implementation of the Supervision Coach program is expected to positively influence this area of practice. In addition, LexisNexis person locate software has been provided to various staff in the local regional offices to assist in identifying and locating relatives for children in out-of-home case. For additional information, please see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

The Department's CFSR PIP did not require case reviews related to CFSR Item 10.

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

The percentage of cases where concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her parents will be 95% or more (Out-of-Home PICR Item 6)

PICRs show there are opportunities to improve in this area through clarification of practice expectations, staff and foster parent training, and efforts to address barriers to involvement of parents in activities such as the child's medical and educational appointments, extracurricular activities, and meetings. During the reporting period, the Department launched a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families during the COVID-19 pandemic. Also, shared parenting trainings were provided to 325 foster families during 2019. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* and *Section V: Assessment of System Performance* for additional information.

A practice guide was developed during 2019 entitled *Maintaining Parent-Child Relationships through Shared Parenting*, which provides ideas and guidance to DCS Specialists related to maintaining and nurturing the relationship between the child in foster care and his or her parents.

The Department's CFSR PIP did not require case reviews related to CFSR Item 11.

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 strategies to improve permanency related processes and permanency outcomes. During the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

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

This section describes administrative data and case review results on child and family well-being. Many of the Department's measures match those used in the CFSR process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a PIP for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

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

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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 (excluding independent living skills for children age 14 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

The percentage of cases in which the agency made concerted efforts to provide the youth age 14 and over with services to adequately prepare the youth for independent living will be 95% or more (In-Home and Out-of-Home PICR Item 3A)

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 8B1 & B3)

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 8B2 & B4)

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 8C1 & C2)

During the last several years, case reviewers have found that the children's needs were assessed and services were provided in roughly 80% of cases reviewed; however, an increase in this area was observed during CY 2019. Case reviewers found that nearly 90% of cases reviewed demonstrated a thorough assessment of the child's needs and more than 90% of the children identified as having needs were provided appropriate services to meet the identified needs. Although there are opportunities for improvement in this area, foster and kinship caregivers interviewed during PICRs often report that they are pleased with the support they receive and that the child's and the caregiver's needs are promptly addressed by the DCS Specialist.

During the reporting period, case reviews have indicated that the provision of sufficient services to meet a parent's known needs (fourth quartile for mothers, third quartile for fathers) is a stronger practice area than the assessment of needs (high second quartile for mothers, low second quartile for fathers), and that practice is stronger with mothers than with fathers. Practice can improve through greater consistency in concerted efforts to locate and maintain contact with parents, including incarcerated parents and parents who have not been involved with their children.

CFSR Item 12 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 12 was met as of February 2018. The Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

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)

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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)

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 9A)

The Department's PICRs generate statewide data on the involvement of mothers, fathers, and children in the development of the family's case plan. The PICRs conducted during CY 2019 continued to find that fathers were less likely to be involved in case planning (second quartile) than either mothers (high second quartile) or children age six or older (third quartile). Cases rated strength had evidence that the mother, father, and/or child was invited to participate in CFT and/or TDM meetings held during the period under review and had periodic substantive conversations with the assigned DCS Specialist, or the DCS Specialist made concerted efforts to have these conversations.

There are opportunities to improve through sufficient ongoing efforts to locate and remain in contact with non-custodial fathers, particularly fathers who have had no recent contact with the child or are incarcerated. Some cases have evidence of contact with the mother or father, but could improve through greater efforts to elicit the parent's input about case planning topics, such as the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.

The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 13 was met as of May 2018. The Department continually monitors data and practice on the involvement of the family in case planning through the Practice Improvement Case Review process.

CFSR Item 14: Caseworker visits with children

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency of in-person visits with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 10 A1)

The percentage of cases in which the quality of visits between the DCS 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)

During recent years, roughly 80 to 85% of the cases reviewed contained evidence of sufficient frequency of in-person visits between the child and the assigned DCS Specialist; however, during CY 2019 reviewers found that nearly 90% of cases reviewed indicated at least monthly in-person caseworker contact with children in out-of-home care. At times other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides conducted additional in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 9, 2020) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 97.9% for CY 2019. This percentage continues the higher trend seen since the increase from 91.5% in CY 2015. This data excludes children whose most recent living arrangement was out-of-state, in-home, parent/guardian, missing child, or runaway.

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Case reviewers have observed opportunities to improve the quality of the case manager's contact with the child. Contact quality could improve through increasing the percentage of verbal children who are seen alone for part of at least one contact per month and the percentage of contacts that include conversations about topics such as permanency planning, services, needs, etc.

CFSR Item 14 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan. The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 14 was met as of April 2018. The Department continually monitors data and practice on case manager visits with children via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR Item 15: Caseworker visits with parents

The percentage of cases in which the assigned DCS 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 A1 & C)

The percentage of cases in which the assigned DCS 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 B1 & D)

PICR data reveals higher rates of contact with mothers (third quartile) than fathers (second quartile), and opportunities for improvement in relation to both mothers and fathers. Practice can improve through greater and continual efforts to locate a missing parent, and contact with detained or incarcerated parents. The quality of contacts is also observed to be better with mothers (second quartile) than fathers (second quartile). Practice can improve by having high quality conversations with parents related to their needs, services, caregiver protective capacities, and the status of their children.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 9, 2020) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 69.6% for CY 2019, up from 67% for CY 2018.

CFSR Item 15 was identified as an area to address in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 15 was met as of February 2018. The Department continually monitors data and practice on case manager visits with parents via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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)

Practice Improvement Case Reviews have shown the Department has maintained a high level of performance in the area of assessing and providing for the educational needs of children. Approximately 90% of cases reviewed during CY 2019 were rated strength. 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.

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The Department’s CFSR PIP did not require case reviews related to CFSR Item 16.

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, services to address identified needs are provided, and the agency provided appropriate oversight of prescription medication will be 95% or more (In-Home and Out-of-Home PICR Item 13)

This PICR item evaluates whether all of the following were true during the entire review period, if applicable:

- timely EPSDT or other comprehensive medical examinations,
- timely dental examinations,
- appropriate services provided for any physical or dental health needs identified, and
- oversight of prescription medications for physical health issues during the entire period under review.

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 observed that children who had been in care for more than twelve months typically had a comprehensive physical health examination in the most recent twelve months, but fewer of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also observed that practice can improve through timely provision of preventive dental care. From July to December 2019, 90% of the referrals made by a PCP at the time of the EPSDT well visit were confirmed to have occurred. Of those referrals verified as complete, 74% of the specialty visits occurred within 60 days of the referral (source: EPSDT Specialty Referral Tracking huddle board).

The Department’s CFSR PIP did not require case reviews related to CFSR Item 17.

State Medicaid audits continue to indicate CMDP’s 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 all of the nine performance measures. CMDP is evaluating health care data to determine accuracy of the data and programming fidelity.

In addition to the performance data below, CMDP also monitors data related to medical and dental appointments occurring for children in foster care. 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.

CMDP Acute-Care Measure Performance – contract year ending (CYE) 2018 (10/1/17-9/30/18)*

Measure	Minimum Performance	Denominator	Numerator	CMDP Performance	All Arizona Medicaid
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	Standard				Average
Children's Access to Care (12 - 24 months)	93%	707	691	97.7%	94.8%
Children's Access to Care (25 months - 6 years)	84%	2057	1910	93.2%	84.3%
Children's Access to Care (7 - 11 years)	83%	783	753	96.2%	88.6%
Children's Access to Care (12 - 19 years)	82%	1,154	1,112	96.4%	86.3%
Well Child Visits (3-6 years)	66%	1,593	1,156	72.6%	61.5%
Adolescent Well Care Visits	41%	2,366	1,713	72.4%	40.8%
Annual Dental Visits (2-20 years)	60%	6,263	4,722	75.4%	61.2%
Developmental Screening in the 1 st 3 Years of Life	TBD	2,178	654	30%	23.7%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Baseline Year	61	1	1.6%	1.6%
Well Child Visits in the 1 st 15 Months of Life	65%	719	349	48.5%	57.7%
Ambulatory Care: ED Visits	TBD	212,467	9,002	42 (per 1,000 MM)	56 (per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Total Inpatient	TBD	169, 471	2,551	15.1 (days per 1,000 MM)	33.2 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Maternity	TBD	66,515	132	2.0 (days per 1,000 MM)	7.5 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Surgery	TBD	169,471	1,072	6.3 (days per 1,000 MM)	15.5 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Medicine	TBD	169,471	2,551	15.1 (days per 1,000 MM)	33.2 (days per 1,000 MM)

*Data provided by AHCCCS. The above table is the most recent data available. MM=member months

CFSR Item 18: Mental/behavioral health of the child

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

Practice Improvement Case Reviews have shown the Department has maintained a high level of performance in the area of assessing and providing for the mental health needs of children. Nearly 90% of cases reviewed in CY 2019 were rated strength in relation to the mental/behavioral health of the child. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The Department's CFSR PIP did not require case reviews related to CFSR Item 18.

Section V

Assessment of System Performance

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Section V: Assessment of System 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 permanency goal for every child in foster care. CHILDS supports Hotline functions, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides online 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 VMware Horizon system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly FCRB 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 provided an initial, one-day, new-employee orientation to familiarize staff with CHILDS during the report period. New employee training covers system navigation, e-mail usage, and DCS 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 provided 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. CHILDS enhancements and modifications are approved through a prioritization process. The number of enhancements and modifications being approved at this time are few as the Department is prioritizing Guardian development. CHILDS continues to conduct quarterly system modifications. 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 in process of developing Guardian, the Comprehensive Child Welfare Information System (CCWIS), to replace CHILDS. In the first quarter SFY 2018, the Department launched the mobility application that allowed case managers to access and update certain case information while in the field. The second release launched in the second quarter of SFY 2018, and allowed DCS Specialists to access certain forms while in the field. This mobile application is available to all ongoing and investigation DCS Specialists. The installation of the infrastructure requirements for the platform product Microsoft Dynamics Customer Relationship Management was completed in the fourth quarter of SFY 2017. Microsoft, as the selected technical integrator, started the design, configuration, and development of Guardian in the first quarter of SFY 2019. Microsoft and DCS have created modules for intake, assessments, case management,

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permanency, provider management, eligibility, and financial management. During SFYs 2019 and 2020, the team completed the development and testing of the modules. Guardian will be deployed at the beginning of SFY 2021.

Statewide Information System Assessment

Systemic Factor Item 19: 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 was rated strength and achieved substantial conformity during the Round 3 2015 Child and Family Services Review. CHILDS is functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, goals, and 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 SACWIS compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which includes the collection and retention of the information included in CFSR item 19. As described above, the Department is working to replace CHILDS with a new system, which will be CCWIS compliant.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from CHILDS, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data compliance reports provide the number of records with missing data. The Department's FFY 2020A AFCARS submission was in compliance with the AFCARS standards for determining compliance in the six-month submission. The Department has an open AFCARS Assessment Review Improvement Plan and will resolve pending AFCARS issues with the development of the new CCWIS, Guardian.

The Statewide Assessment Item 19 requires states to have in place a statewide information system 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 in foster care. The FFY 2020A 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 of 17,574
FC-07 Sex:	7 missing records of 17,574 (0.04% failing)
FC-08 Race:	0 missing records of 17,574

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FC-09 Hispanic Origin:	1 missing records of 17,574 (0.01% failing)
FC-18 First Removal Date:	0 missing records of 16,376
FC-20 Last Discharge Date:	0 missing records, 9 internal consistency errors of 16,376 (0.05% failing)
FC-21 Latest Removal:	0 missing records, 60 internal consistency errors of 17,574 (0.34% failing)
FC-41 Current Placement:	255 missing records of 17,574 (1.45% failing)
FC-42 Out-of-State:	483 missing records of 17,574 (2.75% failing)
FC-43 Most Recent Goal:	117 missing records of 16,376 (0.71% failing)

“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, based on Practice Improvement Case Reviews conducted on a monthly basis, every child’s living arrangement is known to the Department; 396 children did not have current placement data entered into the placement field in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation. The Department periodically utilizes data reports to identify and correct data missing in CHILDS. For example, AFCARS error and placement reports are sent to the Regional Automation Liaisons, who work with the DCS Specialists and Supervisors to enter missing information into CHILDS.

2. Case Review System

Case Review System Description

The Department’s policies and procedures require written case plans that address all the federally required elements be developed within sixty days of a child’s removal from the home or identification that a family will receive in-home services, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, 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 health, 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 transition to adulthood plan for youth age fourteen or older. The case plan format prompts DCS 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 CASAs. Case plans are provided to the court, and discussed at court and FCRB hearings. The Department’s court report requires the DCS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, living arrangement 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 hearings invite all interested parties to participate and provide input into the progress of the case. 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 the time of removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child’s best interest

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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 by 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 recommends and the court assigns this goal when adoption is in the child's best interest and 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 first 60 days in out-of-home care is not 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 to enable retrieval of reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver at the time of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB 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 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 the immediate 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 DCS Specialist to describe the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend DCS staffings, TDMs, 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 Assessment

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Systemic Factor Item 20: Written Case Plan

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

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, 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.)

The Department's CFSR PIP did not require case reviews related to CFSR Item 20. However, the Department implemented strategies resulting in improvements in the number of families having a written case plan and in the engagement of families in case plan development.

The Department's PICRs generate statewide data on the timely development of written case plans. Cases are reviewed each month in each region, statewide.

In order for a case to be rated as a strength for timely case plan development, all of the following must be true during the entire three month review period, if applicable:

- the initial case plan was developed within 60 days of the child's removal from the home or case being identified to receive voluntary in-home services;
- the subsequent case plans were developed no later than six months from the development of the prior case plan; and
- the case plan was updated when a change in permanency goal was ordered by the court.

The majority of cases reviewed had an initial case plan developed; however, the initial case plan may not have been developed within 60 days of the child's removal or case opening for services, or the subsequent case plan may not have been reassessed within the required six-month timeframe. Cases are rated as needing improvement if case plan development is one day or more overdue.

The region scorecards continue to track the total percentage of timely case plan development, including the initial case plan and the subsequent case plans. Region performance continues to hover around the target of 95%. For the month of March 2020, on-time case plan completion ranged from 94% to 97%.

The region scorecards also track the timeliness of initial case plan development. Of the children who were removed during January 2020 and required a case plan within 60 days of removal, the range of Region performance was 46% to 77%, with two Regions being above the target of 65%.

For information related to the written case plan being developed jointly with the child's parent(s), see Section IV: Assessment of Outcome Achievement, CFSR Item 13.

Systemic Factor Item 21: Periodic Reviews

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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 was rated strength during the Arizona 2015 CFSR Round 3. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, and FCRB hearings all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the out-of-home living arrangement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, conducted a review of 259 cases statewide from February 2019 to March 2020. This review found that 99.4% of the applicable cases reviewed (166 of 167 applicable cases) had a periodic review at least once every six months. The AOC's Court Improvement staff reported that there are no known data quality issues.

DCS 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, and FCRB). This data shows that of all the children in care on September 30, 2019, who had been in care more than seven months, the percentage who had a periodic review hearing in the six months prior was 87%. (source: AFCARS Report 43)

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the 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 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 87% 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 87% of children in care for seven months or more have had a periodic review hearing in the past six months.

Systemic Factor Item 22: 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 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 was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided the following data based on the Round 8 Operational Review completed from February 2019 to March 2020 on a sample of 259 cases statewide:

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- 85.7% of children (6 of 7 applicable cases) had a permanency hearing within 30 days of the disposition hearing, if a goal other than reunification was ordered,
- 89.5% of the children (77 of 86 applicable cases) who were under the age of three at the time of removal had a permanency hearing within six months of removal, and
- 98.3% of the children (58 of 59 applicable cases) who were age three or older at the time of removal had a permanency hearing within 12 months of removal.

The AOC's Court Improvement staff reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

Systemic Factor Item 23: Termination of Parental Rights

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

Timely filing of termination of parent rights petitions and documentation of compelling reasons was rated an area needing improvement during the Arizona 2015 CFSR Round 3, and was included in the Department's PIP.

The Department's PICR instrument includes questions to determine how well the agency is functioning related to timely filing of TPR motions in accordance with Adoptions and Safe Families Act (ASFA) provisions. Practice is determined to meet the required provisions if (1) the Department filed or joined a motion to TPR by the time the child has been in out-of-home care for 15 months to the day, (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 is calculated from a start date of the child's dependency adjudication to the first parent or 60 days from entry into out-of-home care, whichever is earlier. Time in runaway status is not included. Areas for improvement include the initiation of timely motions for TPR and consistent documentation of the compelling reasons to not file for TPR within the child's case plan, when applicable.

To improve the timely filing of TPR motions and the documentation of compelling reasons, the new CCWIS system, which will replace CHILDS, will include improved functionality of the case plan window, prompting documentation of a compelling reason in all applicable cases.

Systemic Factor Item 24: 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.

Notice being provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care related to upcoming hearings and their right to be heard was an area needing improvement during the Arizona 2015 CFSR Round 3. This rating was based on information shared during stakeholder interviews that a uniform process is needed in order to provide the required notification.

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and FCRB hearings that occurred during the period under review. During CY 2019, case reviewers found that more than 90% of applicable cases rated strength.

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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 living arrangement. 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.

DCS policy supports this practice area by directing the DCS Specialist to give the out-of-home caregiver a copy of the minute entry setting a future dependency or delinquency hearing involving the child as part of the mandatory placement packet upon placement of the child. In addition, the monthly *Child and Caregiver Visitation Field Guide* and documentation template prompts the DCS Specialist to review with the child and out-of-home caregiver the date and time of upcoming court hearings.

3. Quality Assurance and Quality Improvement Systems

Quality Assurance and Quality Improvement Systems Description

The Department includes seven 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 science-based approach.

- *The Office of the Ombudsman* – The Office of Ombudsman 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.
- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team 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. § 8-807.01. This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. Additionally, this unit reviews all critical incident cases, which include fatality and near fatality reports, received by DCS in order to identify and analyze systemic issues and generate recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify trends and formulate considerations to DCS leadership. This unit also participates in the Arizona Child Fatality Review Program for Maricopa County, and 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, oversees the CFSP process, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. 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. In February 2019, the PI Unit began conducting Active Case Supports, which provide real-time coaching related to information gathering and safety decisions during some of the most

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complex investigations. During the reporting period, Practice Improvement Specialist positions were physically located in four of the Department's five Regions.

- *The Field Resources and Policy Unit (FRPU)* – This unit develops program and administrative policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. FRPU coordinates with others within the Department to ensure policies and procedures are updated, provides information sessions to staff when a significant policy change is made, and is available to answer questions and provide guidance to the field related to policy and procedures. The policy team also provides program expertise for kinship services and supports, Healthy Families Arizona, and tribal relations.
- *The Protective Services Review Team (PSRT)* – The Protective Services Review Team provides notification to persons who have been alleged to have abused or neglected a child and about whom the Department proposes to substantiate a finding in the DCS Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians who disagree with a proposed substantiated finding of abuse or neglect. The PSRT unit conducts a quality assurance review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. After a parent's due process is complete, PSRT enters the finding, which may result in the person being placed on the DCS Central Registry. The PSRT unit is also available to DCS staff to provide assistance as needed. PSRT staff are considered subject matter experts when testifying at administrative hearings on behalf of the agency.
- *The Office of Continuous Improvement* – The Office of Continuous Improvement contributes to process improvement efforts using Lean Practitioners that install DCS Management System elements and coach to increase proficiency in standard tools to help improve the Department's functioning.
- *The Office of Quality Improvement* – The Office of Quality Improvement (OQI) generates, gathers, and analyzes data on case management process, quality, and outcomes to identify practice strengths and needs, strategic interventions, and progress. OQI applies implementation science and DCS Management System tools and processes to design, implement, evaluate, and innovate programs and services, including internal and contracted programs and services. Examples of these services and programs include Team Decision Making, SAFE AZ (safety assessment model), and the Supervision Coach Program. OQI provides project management of strategic initiatives, such as the current initiative to improve clinical and administrative supervision. OQI also supports the Department's advisory committees, including the Citizen Review Panels, the Parent Advisory Collaborative, and the Youth Advisory Boards.

During the reporting period, the Department continues to utilize the DCS Management System, which has seven core principles that drive improvement and sustainability: (1) People Development, (2) Leader Behaviors and Standard Work, (3) Culture of Safety, (4) Visual Performance Management, (5) Problem Solving, (6) Standard Work and Visual Process Adherence, and (7) Tiered Connectivity and Accountability. The system emphasizes the development and adherence to standard work processes and seeks to continuously improve upon previous gains. Methods and tools include the Breakthrough Project / Initiative (aka "A3 Report"). The A3 Report captures the purpose, current situation, strategy, milestones, responsibility and deliverables for the improvement being sought. It shows data and root cause analysis, as well as specific progress towards improvement.

DCS sustains improvements using tiered accountability and visual management tools, including data charts, scorecards, huddle boards, A2s (a problem solving tool), and counter-measure sheets. DCS monitors its

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performance using the data charts, scorecards, and huddle boards. When an issue or problem arises, such as performance below a target goal, the issue or problem is identified in a counter-measure sheet and an action to be taken is developed and assigned an owner and due date.

Standard processes and procedures are necessary elements of a working environment that promotes accountability and continuous improvement. Standard investigation and case management processes are tested in local offices where they are refined and then rolled out to offices statewide. A single, tested, statewide process increases consistency of outcomes and allows evaluation of process effectiveness. Standard processes and procedures are developed in teams that can solve problems and adapt to the daily challenges through the utilization of standard tools, process adherence, performance management, and leadership at all levels.

Quality assurance and quality improvement functions are 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 further 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.

The Department's 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. The Department's implementation of key practices and achievement of related outcomes are measured statewide through administrative data reports, scorecards, and case reviews conducted by OQI.

The Department's Office of Quality Improvement, Policy, and Ombudsman Units discuss trends and improvement opportunities, and 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 Case Review standards. 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 and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Information Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Regional Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Central Office staff from the Practice Improvement Unit review a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region throughout the year 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 investigation cases focuses on the documentation of a thorough safety assessment. Review of in-home and out-of-home cases is limited to Department goals that cannot

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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 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, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During CY 2019, the Practice Improvement (PI) Unit reviewed 87 investigation cases, 144 in-home service or out-of-home care cases, and 384 Hotline communications, along with other reviews focusing on targeted areas of practice. The PI Unit also facilitated approximately 298 Active Case Supports statewide, which provide real-time coaching related to information gathering and safety decisions during some of the most complex investigations. Approximately the same number of reviews are scheduled to be completed during calendar year 2020. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, as well as other tasks to monitor, inform, and support practice. All PI Specialists must have direct service child welfare experience.

As part of the in-home service and out-of-home care case reviews, the PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 14 or older involved in an in-home case, or who is identified as the target child for review. 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. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. A member of the Practice Improvement management conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

DCS plans to continue to utilize the PICR to complete the state's ongoing QA/CQI process. DCS does not plan to utilize the federal Onsite Review Instrument (OSRI) as part of Arizona's ongoing QA/CWI process as the current OSRI does not include several measures DCS views as important to monitor.

- *Analysis and Dissemination of Quality Data* – The DCS Management System includes analysis and dissemination of data through the use of scorecards, huddle boards, and counter-measure sheets. Data monitored on a regular basis include field operation data such as number of open reports, information gathering and quality documentation, out-of-home population size, use of congregate care, child placement changes, reunification timeliness, and caseload size. Agency-wide and strategy deployment data is also monitored, including data related to implementation of improvement processes such as the Supervision Coach program.

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Region and Central Office staff also analyze data through 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 and databases on a data server. Units of analysis may include region, county, section, unit, caseworker, case and/or child. Tables and charts track results over time, where applicable. Examples of current reports include:

- Investigations Open More Than 60 Days
- Timely Reunification
- Re-Entry Absence
- American Indian/Alaskan Native Data
- DCS Reports Open and Closed
- Hotline Communication Dashboard
- Report Response
- CPSS Monthly Contact
- Overdue Reports
- Case Plan Compliance
- Timely Adoption

The Office of Quality Improvement (OQI) conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Each region employs one or more Regional Automation Liaison who gather, correct, and disseminate data.

The Reports and Statistics Unit publishes the *Semi-Annual Child Welfare Report* and the *Monthly Operational Outcomes Report* that are available to the public on the Department's internet site. These reports contain operational data, such as DCS Specialist turnover, total reports received, and number of children in out-of-home care; demographic data about children in out-of-home care; staffing data, financial data, and more.

- *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.

The OQI works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The DCS Chief Quality Improvement Officer meets monthly with the DCS Director to review child safety and permanency outcome data, program and service fidelity data, and case review results. The Reports and Statistics Unit and the Regional Automation Liaisons ensure timely distribution of data reports to DCS leadership. Reports on the Department's business intelligence dashboard are refreshed on a weekly or daily basis depending on the type of data provided. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

Department leadership uses field staff input, administrative data, PICR results, and external evaluations to inform the selection of improvement goals and strategies, and adjust these goals and strategies based on the data we gather and analyze. Department leadership may form a team to identify root causes and improvement strategies, and monitor the completion and effects of those strategies. When relevant, 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, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

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Quality Assurance and Continuous Quality Improvement Systems Assessment

Systemic Factor Item 25: 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 received an overall rating of strength during the 2015 CFSR Round 3. As described above, the Department’s QA and CQI system meets all of the federal CFSR standards: operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. DCS employs a team of ten individuals to conduct various types of qualitative case reviews, including state case reviews for CFSR purposes, and the Department plans to sustain the ability to continue these reviews. For additional information, see *Section IV: Assessment of Outcome Achievement*.

4. Staff Training

DCS initial and ongoing staff training is managed through the DCS Learning and Development (L & D) team, and includes a variety of training venues, such as classroom training, computer-based trainings, hands-on training, and webinars. The L & D Administrator reports directly to the DCS Deputy Director of Field Operations to allow for direct information sharing and coordination between daily field work with the families served and the training which supports this work.

Systemic Factor Item 26: Initial Staff Training

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

The Department’s initial staff training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic skills and knowledge required for the DCS Specialist position, as described in the Staff and Provider Training Plan submitted with this APSR.

Systemic Factor Item 27: Ongoing Staff Training

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

The Department’s ongoing staff training received an overall rating of area needing improvement during the 2015 CFSR Round 3 because, at the time, the Department did not have a statewide tracking system to monitor compliance with required trainings. Since 2015, DCS has implemented an automated Learning Management System (LMS), Tracorp, to collect and monitor data on the number of staff who require initial and advanced training, and their completion of the training. LMS allows participants to register for training sessions, and allows administrators to generate rosters showing registered individuals and lists of those who completed the various courses.

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Also, individual employees have access to their own records and can view these records to determine what trainings have been completed. L & D has a Mandatory Training Packet available for all DCS employees that provides instructions on how to use the LMS as well as what courses are required at what points in their career.

The Department continues to meet the requirement to provide initial and ongoing staff training that includes the basic skills and knowledge required for the DCS Specialist position. Although DCS had a well-functioning staff training program during the reporting period, L & D refined the process for the DCS Specialist Learning Track.

DCS Program Supervisor Core Training is also provided by L & D and described in the Department's training plan. In November 2019, DCS began piloting the Program Supervisor Learning Track. The Program Supervisor Learning Track consists of Supervisor Core Classroom Training, two classroom quizzes, two Field Activity Guides, computer based trainings, and a final test. The pilot ran from November 2019 through March 2020, and full implementation began in April 2020. At the end of February 2020, 88% of all active Program Supervisors completed Supervisor Core Classroom Training.

Systemic Factor Item 28: Foster and Adoptive Parent Training

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

The Department's foster and adoptive parent training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to ensure foster and child care institution staff complete initial and ongoing training to satisfy licensing requirements.

Foster Parent Training

Foster parent pre-service training is provided statewide through contracted provider agencies presenting the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by DCS training staff. The program consists of five three-hour meetings and 12 online classes over a four-week training cycle, for a total of 15 hours of combined in-person and classroom hours and approximately 24 hours of online training content. These online courses cover the following topic areas: the Child Welfare Team, Child Abuse and Neglect, Parent-Child Attachment, Understanding Behavior in Foster Children, Child Development, Cultural Issues in Parenting, Working Together with Primary Families, Caring for Children Who Have Been Sexually Abused, Reducing Family Stress, Foster Care to Adoption, Supporting Normalcy for Youth in Care, and Trauma Informed Parenting. The five three-hour meetings review the online learning content, introduce new concepts through interactive group activities, and provide valuable overarching child welfare systematic overviews and operation information. The topics covered during the five meetings include: the preservice training process, Strategies to Decrease Placement Stress, Cultural Issues in Parenting, Working with Primary/Biological Families, Impact of Fostering on the Caregiving Family, Overview of the Child Welfare System and Foster Care, Overview of DCS, Court System, Comprehensive Medical Dental Program (CMDP), Behavioral Health System, and the Education System.

Prospective adoptive parents are able to participate in the aforementioned pre-service training program if

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

DCS currently offers both in-person and online orientation curriculum. The final five-part online orientation was released in April of 2018. During 2019, there have been approximately 2,642 completed views of the series. The Department is exploring the possibility of updating the curriculum during SFY 2021.

From July 2019 to May 2020, 1,145 initial foster home licenses were issued. All of the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. These new licenses included 23 therapeutic foster homes and one family foster group home. For all foster parent applicants, a checklist and quality assurance process is used to confirm the training requirements have been met prior to issuance of a license. According to Arizona's licensing rules, the Department "may issue a provisional license to a foster parent who has not completed training, when the Licensing Authority makes a finding of hardship as prescribed in A.R.S. § 8-509(D). The Licensing Authority may find a condition of hardship when failure to issue a provisional license would result in displacement of a child or the inability to place a particular child." A provisional license cannot exceed six months and is not renewable. Foster parents who are issued a provisional license have started the training and must finish the training within the timeframe of the provisional license. Two provisional licenses were issued from July 2019 to May 2020. In accordance with federal policy, the Department does not claim title IV-E for children who are placed in a foster home with a provisional license.

An annual individualized training plan is created with each foster parent to identify needs and in-service training for subsequent year. In-service training is primarily provided or arranged by the contracted foster home recruitment, study, and supervision agencies. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the contracted agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

License renewals were issued for 846 family foster and therapeutic foster homes in SFY 2019. All of the foster parents completed, at minimum, the required twelve hours of in-service/ongoing training prior to renewal. In order for a license to renew, the licensing agency must provide information to the Office of Licensing and Regulation (OLR) on the in-service training topics and number of hours credited to the foster home. An administrative review and a substantive review of the information are completed by OLR staff prior to license renewal.

Foster parents with a therapeutic foster home license must complete an additional 24 hours of in-service training every two years, related to the special needs of the children for whom they are providing care. In SFY 2019, 32 therapeutic foster home license renewals were approved. All of the foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

Child Welfare Facility Staff Training

Child welfare facilities that provide group and shelter care services are licensed annually by the DCS Office of Licensing and Regulation. Licensing rules require the agencies to orient and train their own staff. Specifically, licensing rules state that "A licensee shall have a written plan for orientation and training of all staff. The plan shall include a method for the licensee to evaluate whether the person has actually learned the information that was the subject of orientation or training." Additionally, "All staff

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shall receive initial orientation and training before assignment to solo supervision of children.”

The licensing rules describe the required content for initial training, including topics such as “the licensee’s policies and procedures, including those on confidentiality, client and family rights, grievances, emergencies and evacuations, behavior management, preventing and reporting child maltreatment, recordkeeping, medications, infection control, and treatment philosophy,” “cardiopulmonary resuscitation,” “the initial health screening,” “de-escalation and any physical restraint practices used at the facility,” “specific child care responsibilities,” “expected responses to and side effects of medications commonly prescribed for children,” and “the licensee’s emergency admissions process.” Licensing rules require that full-time support staff shall receive at least four hours of annual training and full-time direct care staff shall receive at least 24 hours of annual training. This annual in-service training “shall cover matters related to the person’s job responsibilities, and at least the following subjects, as appropriate to the characteristics of the children in care at the facility:

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

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

The agency may be required to submit a corrective action plan, be placed on provisional license status, or have the license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility’s personnel files to confirm that staff training requirements as specified in rule and the facility’s written policy has been met. A random sample of the personnel files are selected and reviewed. If problems are noted in this sample, or a trend is noted, a larger sample of files are then reviewed. At the time of annual renewal, the random sample is stratified to include the files for employees whose files have never been reviewed, and files for staff who have been employed for more than one year to verify that they are complying with ongoing training requirements. OLR utilizes the Quick Connect database to process agencies employees DCS background checks, Fingerprint Clearance Cards, and track the training requirements. If training is provided by individuals or companies not employed by DCS, the trainer’s credentials are reviewed by OLR staff.

For additional information about the trainings available during the reporting period, see the Arizona Staff and Provider Training Plan for FFYs 2020-2024.

5. Service Array and Resource Development

Description of the Child and Family Services Continuum

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The Department provides an 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 III: Programs and Services to Achieve Safety, Permanency, and Well-Being* and other areas 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
- Psychological evaluations
- Supervised parenting time
- Transportation
- Building Resilient Families
- SENSE
- Drug testing

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 following are funded in part by title IV-B, subpart 1 federal grants:

- intake/Child Abuse Hotline and
- administration costs, including planning activities, service coordination, preparation for or follow-up to service delivery, indirect costs associated with procurement, payroll processing, personnel

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functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing.

The Social Security Act (section 424(c)), indicates a state may not expend more title IV-B, subpart 1 funds for childcare, foster care maintenance, and adoption assistance payments in any fiscal year beginning after September 30, 2007 than the state expended during FFY 2005. During both FFY 2005 and FFY 2019, the State of Arizona did not expend any title IV-B, subpart 1 federal money for foster care maintenance, adoption assistance, or childcare.

The following services, supports, and efforts are funded in part by title IV-B, subpart 2 federal grants:

- contracted in-home family preservation, reunification, and support services,
- respite care for pre-adoptive placements,
- recruitment of and home studies for adoptive families, and
- case worker retention.

During FFY 2018, the State of Arizona expended \$5,583,381 title IV-B, subpart 2 Promoting Safe and Stable Families Program funds for family preservation, family support, family reunification, and adoption promotion and support services. Approximately 20% of the title IV-B, subpart 2 funding was used for each of the four service categories. For comparison, the State of Arizona expended \$3,976,000 during 1992, which is considered the base year amount to meet the non-supplantation requirements in section 432(a)(7)(A) of the Social Security Act. The state will monitor levels of spending on an ongoing basis to ensure current state and federal spending is not supplanted with title IV-B, subpart 2 dollars.

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 ensure that children and families are served in the most integrated manner possible including the following:

- The Department is working closely with federal Administration for Child and Families Systems Professionals in assuring the new Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible. Automated “portals” for information entry will increase data quality, data completeness, and data timeliness for case record documentation.
- State legislation was enacted during the 2019 legislative session that will facilitate the future integration of behavioral health services for children in out-of-home care under the Department’s Comprehensive Medical and Dental Program. This integration will facilitate the coordination of health care services (medical, dental, and behavioral health) for these children.
- The Department continues to collaborate with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

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:

- DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Yuma, and Pima counties.
- AFF staff are housed at the Casa Grande and Apache Junction offices. Behavioral health providers are co-located in the DCS Welcome Centers.

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- Two Cradles to Crayons units are located very near one of the court houses in Maricopa County, allowing frequent communication and coordination with court staff, and convenience for families being served by both the Department and the court.
- Arizona State University MSW program child welfare training units are housed in DCS offices in Tucson, Phoenix, and Apache Junction, and a Northern Arizona University BSW child welfare training unit is housed in a DCS office in Flagstaff.
- Several DCS units in Pima County are co-located at the Multi-Service Center in central Tucson to allow for greater collaboration on cases where DCS and Department of Economic Security (DES) are both working with a family and/or child. Agencies housed at this Multi-Service Center include the Department of Developmental Disabilities, Child Care, Adult Protective Services, Employment Administration, Child Support Services, Attorney General, Jobs Program, FAA, and Vocational Rehabilitation Services. In other areas of the state DCS and DES staff share separate sections of an office building, including Nogales and Peoria.
- Since its inception in 2001, the Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to serve dependency-involved parents affected by substance abuse and their children. With over 90 parents enrolled in the program in May 2020, the number of parents served has doubled in the past two years. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency by ensuring child safety, providing comprehensive treatment through which improved sobriety, parenting capacity, family functioning, and child well-being are achieved. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role to provide additional support and accountability for the parents. FDC collaborates with DCS to co-locate DCS ongoing case managers at the Pima County Juvenile Court Center alongside the FDC team. Having a co-located specialized DCS unit promotes positive outcomes for the families that FDC serves. The reunification rate for children with a parent who participated in FDC during FFY 2019 was 84%. The rate was 98% for those children whose parent graduated from the program.

The family drug court program in Maricopa County is a collaboration between the Juvenile Court, Terros Health, and DCS. The Maricopa County program began in 2012 at the Durango Juvenile Court in Phoenix. In 2013, the program was expanded to the Southeast Facility Juvenile Court in Mesa. In 2016, the name was changed to Family Treatment Court (FTC). FTC is a problem solving court that holds parents accountable to their substance abuse treatment and sobriety. FTC is designed to improve outcomes for parents who have dependency court involvement and an allegation of substance abuse. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety. Parents who successfully complete FTC experience higher reunification rates than the general DCS population. Due to the COVID-19 pandemic, the in-person FTC hearings were altered in March 2020 to be staffings between FTC staff, treatment staff, and commissioners; however, after a period of time the hearings with the parents were resumed via telephone. During this time, the FTC staff continued to maintain regular contact with the parents to continue to support the parents and their efforts to obtain/maintain sobriety.

- DCS has partnered with Tucson Medical Center and Banner Hospital in Pima County, and Phoenix Children's Hospital in Maricopa County, to co-locate one DCS Specialist at each facility to allow for immediate response to reports of abuse or neglect, and improved communication and information sharing between medical staff and the Department.

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- Representatives of the FosterEd program are co-located in DCS offices within Pima County.

Service Array Assessment

Systemic Factor Item 29: 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 jurisdictions covered the CFSP.

The Department's service array was rated an area needing improvement during the Round 3 2015 Child and Family Services Review because at that time, there were gaps in accessibility of some services and wait lists for others. Since that time, the Department has improved service availability statewide and significantly reduced wait lists. The Department utilizes a statewide service approval matrix to standardize the service referral and authorization process and address service referral issues, including wait lists. The approval matrix and authorization process has helped to monitor and increase the proper use of contracted services for families.

For urban areas of the state, the length of time a referral remains on the wait list has remained about the same during SFY 2020, around nine to 12 days. The wait list time for rural areas, particularly in the northern portions of the state, has increased from around 22 days toward the end of SFY 2019 to around 37 days toward the end of SFY 2020. Providers in rural areas have experienced difficulty hiring and retaining qualified staff in those areas of the state. To improve accessibility, DCS has:

- has pursued emergency procurements to award additional service providers in areas that need more capacity;
- referred families to behavioral health agencies or community resources, which can often provide the services more quickly and remain involved with the family after DCS case closure;
- given contractors demographic information on families served, so that they can plan staffing based on family needs, age of children, which affects service deliver days/times, and other factors; and
- formed a centralized DCS unit of Service Coordinators to communicate with providers during Active Contract Management meetings and site meetings where problem-solving can occur.

The state provides a wide array of assessment, treatment, safety, and permanency services as described in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

The Department's Office of Quality Improvement and Fidelity & Compliance Services Unit assess the sufficiency and outcomes of the Department's contracted service array. Together, these units oversee the design, implementation, and maintenance of services and programs in order to continuously improve service participation and effectiveness increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department has been working with the Harvard Kennedy School of Business - Government Performance Lab and the Capacity Building Center for States to implement an active contract management process to focus on key success metrics, and closely align expectations of providers and their success criteria with the desired child welfare outcomes. Active Contract Management principles have been implemented to monitor, review, observe, and measure that practice is aligned with the intended purpose of the program and service model. Monthly, quarterly, or semi-annual meetings are held with each contract's service providers to review fidelity and outcome data, and identify actions to

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improve the accessibility and benefit of services to families. The Fidelity & Compliance Services Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide for quality improvement. The Office of Quality Improvement analyzes fidelity and outcome data, identifies evidence-based programs and promising practices, and recommends adjustments to program design when indicated to improve engagement rates and outcomes. The Department has a system to support and monitor its contracted provider community. Standard site visit processes have been implemented to help support and monitor provider performance. Provider meetings now utilize data as a main tool to help drive outcomes through contracted services and better connect services to the Department's practice models. Through Active Case Management, the Department has rebuilt relationships with providers, reduced the number of vendor performance issues, and improved service quality.

The Department's SENSE and Building Resilient Families in-home service programs allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. The Department's safety assessment and safety management model provide a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department's Fostering Sustainable Connections project has increased the number of children who can be safely served in-home or in a relative's home by engaging with children in congregate care and their families. During SFY 2019 1,545 new intensive in-home service referrals, 1,453 new moderate in-home services, and 895 new reunification referrals were initiated (source: Monthly Operational and Outcome Report, March 2020).

Systemic Factor Item 30: Individualizing Services

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

The Department's individualization of services was rated an area needing improvement during the 2015 Round 3 Child and Family Services Review mainly because, at that time, more services could be offered to families in languages other than English. Since that time, the Department has implemented strategies to improve the availability of services in other languages. For example, any new contracts include the requirement that the contractor will, at a minimum, be able to provide the service in English, Spanish, American Sign Language, Arabic, Farsi, or Swahili. The contracts also include that DCS will reimburse the contractor for any expenses for interpretation or translation services for any other language required to serve the family. Local office protocols include information of how to access interpreter services for individuals with limited English proficiency. All DCS contracts with service providers also include language relating to individualizing services to meet the needs of families served related to developmental, cultural, disability, and other special needs. The Department's Audit Management Services completes an annual compliance review to ensure these processes are followed.

Arizona provides a wide array of services, as described above and in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

6. Agency Responsiveness to the Community

Systemic Factor Item 31: 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, service providers, foster care providers, the juvenile court, and other public and

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private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: how well is the agency responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. See *Section II: Collaboration with Stakeholders* for a description of the collaborations and the types of participants with whom the Department regularly engages and consults.

Systemic Factor Item 32: 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.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. DCS has continued to work closely with federal programs that serve the same families as DCS. The federal programs DCS coordinates with include Woman, Infants, and Children (WIC); Medicaid, related to the integration of behavioral health system under CMDP; the Federal Education and Training Voucher (ETV) Program; Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts for missing parents; and the federal Administration for Child and Families Systems Professionals related to the development of the state's new Comprehensive Child Welfare Information System.

7. Recruitment of Foster and Adoptive Homes

Systemic Factor Item 33: Standards Applied Equally

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

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 33: licensing standards applied equally.

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. The Department recognizes that children enter foster care with their own cultural backgrounds, which influences their behavior, beliefs, and world views. Because children benefit when foster parents respect and are supportive of their cultural differences, the Department has developed a well-rounded approach to recruit foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed.

The Department and agencies contracted by the Department to conduct recruitment and licensing have non-discriminatory fee structures. Any fees or procedures related to the foster and adoptive processes are the same for all families. There are no differences based on race, ethnicity, religion, or sexual orientation.

Systemic Factor Item 34: Requirements for Criminal Background Checks

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

Arizona requires all foster and adoptive families, including anyone living in the home age 18 or older, to have a valid Level 1 Fingerprint Clearance Card. DCS also completes an Adult Protective Services check, an Arizona child welfare check, and a sex offender registry check for each individual at the time the family applies for a license, at the time of license renewal, and when any amendments are made to the license. The Office of Licensing and Regulation (OLR) receives a daily report, which includes any fingerprint clearance cards that have been denied, suspended, or revoked, which allows the Department to monitor the clearance cards.

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 34: requirements for criminal background checks due to a delay in timely completion of foster home investigations. This area was also rated area needing improvement due to some foster children staying overnight in DCS offices while awaiting an out-of-home living arrangement. The Department addressed these concerns by eliminating the backlog of open investigations and creating fully equipped Welcome Centers in Pima and Maricopa Counties where children are cared for while awaiting a relative or foster home.

Systemic Factor Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 35: diligent recruitment.

The following chart provides information related to the race and Hispanic ethnicity of children in out-of-home care, age birth through 17, and of existing foster parents (both the applicant and spouse).

	African American	American Indian	Asian or Pacific Islander	Caucasian	Hispanic	Unknown or other
AZ Foster Parents	9.8%	1.4%	1.8%	51.0%	19.0%	16.5%
AZ Children in OOH Care (birth to 17)	16.0%	8.3%	1.0%	33.0%	33.0%	8.4%

Sources: OOH Database 08/24/2020 and OLCR Active License Report 08/01/2020.

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The FFY 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan goal is to increase the percentage of foster children in a family-like setting.

Goal Measure: 85% or more of all children age 0 to 17 in out-of-home care will be placed in a family foster home, which includes relative/kin caregivers and licensed foster homes.

June 2019 Data: As of March 31, 2019, 82% of all children age 0 to 17 in out-of-home care were placed in a family foster home, which includes relative/kin caregivers and licensed foster homes (source: Monthly Operational Outcomes Report, May 22, 2019).

Current Data: As of March 31, 2020, 82% of all children age 0 to 17 in out-of-home care were placed in a family foster home, which includes relative/kin caregivers and licensed foster homes (source: Monthly Operational Outcomes Report, April 30, 2020).

To achieve this goal, the Department will continue to use the multi-pronged approach described in the *Foster and Adoptive Parent Diligent Recruitment Plan*, which includes recruiting new family foster homes, while at the same time improving family foster home retention. The Department's strategic plan has included strategies to increase the number of children in family-like settings. During the reporting period, the need for additional family-like settings for teens continued, and the efforts to recruit homes for teens, including homes for American Indian children, also continued. The Department also created internet landing pages for the recruitment campaigns currently running in Spanish.

The Department continues its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. The Department conducted a foster home placement needs analysis. This analysis indicated the most significant need was for teens, sibling groups, and children who have complex medical needs. As a result of this analysis, the Department made improvements to the foster home recruitment procedures to include a new foster home need calculator, special recruitment campaigns, and a coordinated DCS recruitment campaign. Progress and accomplishments to implement Arizona's *Foster and Adoptive Parent Diligent Recruitment Plan* during the reporting period include the following.

Recruitment plan objective 1.1: Ensure effective and appropriate communication statewide with agencies that support foster and adoptive families, as well as directly with the families to establish collaborative partnerships and successful outcomes

- In an effort to increase collaboration with the contracted Foster and Adoption Support (FAS) agencies, the Department began hosting in-person information sessions in October 2019 to increase the likelihood of people taking the next steps towards becoming a foster or adoptive family due to having made a personal connection with individuals who host the sessions. The in-person sessions were initially hosted by the DCS Foster Recruitment & Retention Specialist, and were held at various locations such as faith based institutions and community centers in the Phoenix area. In December 2019, a meeting was held with the FAS agencies to discuss transitioning these sessions to be hosted by them. The FAS agencies began hosting the sessions at their office locations as well as the previously mentioned locations in January 2020. Sessions were scheduled in the evenings and on weekends, as well as specific presentations in Spanish, in an effort to be inclusive of any family who is interested. Online orientation sessions continued to be available as well to provide several options and give families more choices.
- The DCS Foster Recruitment and Retention Specialist continues to attend the AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Foster Care Adoption Northern AZ

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(FAN) consortium meetings, which allows direct communication with the agencies in regards to the needs of the agencies and of the Department. Based on this communication, the Department has begun creating co-branded recruitment materials. In December 2019, 11 of the agencies provided their logos to be added to both print and social media holiday themed materials. In 2020, the Department plans to create co-branded materials for all of the agencies and work with them to further create their own recruitment materials.

- The DCS Warm Line is now staffed full time by two DCS staff who are able to respond to all calls in English and Spanish. Voicemails continue to be returned at a completion rate of 100% within one business day. During the COVID-19 pandemic, the DCS Warm Line has also been used to identify and fulfill specific requests for needed goods for kinship and foster families.

Recruitment plan objective 1.2: Increase the effectiveness of the online orientation, increase viewership, and develop a methodology to better nurture leads so that more families complete the licensure process

- DCS currently offers both in-person and online orientation curriculum. The final five-part online orientation was released in April of 2018. Between May 2019 and April 2020 the series has been viewed over 2,500 times. The online orientation curriculum is available in English and Spanish subtitles.
- The Department is currently working on creating a contact sheet for each FAS agency, which specifically identifies staff who are bilingual. This will allow inquirers to be immediately connected to someone with whom they can easily communicate.
- In January 2020, the Department began “secret shopping” efforts with the agencies to learn more about how inquirers were treated, and what information was being provided. Secret shopper calls are being completed in English and Spanish. The Department had anecdotal information that families were being ruled out during their initial calls to agencies, resulting in the goal of the secret shopper calls to identify the ways in which families are being ruled out, improve the customer service being provided, and potentially mitigate any barriers. Calls are made quarterly by various members of the Department and a survey is completed after each call. The survey notes if voicemails were returned within 48 hours, if the person answering the phone was positive on the topics of children in care and becoming licensed, if the caller was guided to the online orientation videos, and if the caller was invited to an in-person orientation session. After the first round of calls in January 2020, additional training and guidance was provided to the secret shoppers to improve consistency in how to make the calls and what information to report.
- The Department is also making “secret shopper” calls within itself, specifically to the 1-877-KIDSNEEDU line, which is where many inquirers begin their interaction with the Department in the licensure process. Similar to the agency calls, a survey is completed by the caller to document aspects of the experience such as if the person answering the call was positive when discussing licensure and the children in care, if they were invited to watch the orientation videos. These calls are also being made in Spanish.
- The DCS Foster and Adoption Recruitment Specialist views all recruitment and Department websites quarterly to ensure up to date and accurate information is displayed, the correct logos are displayed, and to confirm that the information is available in English and Spanish.
- The 1-877-Kids-NeedU phone line continues to support prospective families by offering additional supports for those just beginning the process of becoming a foster and/or adoptive parent. The

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number of emails and calls received are tracked weekly. The line is answered by five staff members, two of whom are bilingual in Spanish. All calls are responded to within one business day.

Recruitment plan objective 1.3: Increase family-like placements for older youth and sibling groups, including recruitment of new families as well as building the capacity of existing foster families

- In June 2019, the Department began a referral campaign for families who are currently licensed. Families who referred and supported a new family through to licensure were eligible to earn a \$200 gift card. As of January 2020, this campaign saw 19 new families licensed. The campaign was renewed in December 2019 and holiday ornaments were sent to licensed families with information on how to refer friends and family members. During these campaigns, the Department's contracted marketing company, LaneTerralover utilized targeted marketing on social media. Individuals who were identified on social media as falling into specific categories saw these advertisements more frequently, such as the LGBTQ community, retirees, and young professionals.
- The launch of the Family Support Plan, which are plans to assess and support the strengths and needs of out-of-home caregivers, provided insight into the motivations for families who become licensed. Members of the Department's Foster & Adoption Recruitment team read nine Family Support Plans each month to ensure compliance and fidelity, as well as to identify areas for additional training and education. Through reading the completed Family Support Plans, it was observed that there are families who can simultaneously provide foster care and adoption. Previously, it was thought that families would be interested in either providing foster care with a goal of reunification or adoption with a goal of providing a forever home for a child; however, this is not always the case. The Department plans to explore this group further to identify the best process to provide appropriate services.
- The Foster Recruitment and Retention Specialist as well as the Foster and Adoption Recruitment Manager attend quarterly ICWA Recruitment meetings hosted by the DCS ICWA Liaison. Multiple local tribes send representatives to provide ideas for new recruitment efforts. The Department created a specific advertisement targeted at increasing leads of inquirers who self-identify as Native American, which was launched in July 2019. Additionally, a specific landing page was created to track these inquirers. In previous years, the Department recorded an average of 3 inquirers who self-identified as Native American. After the launch of this advertisement, the Department saw 10 inquirers in August 2019, 24 inquirers in September 2019, 8 inquirers in October 2019, 9 inquirers in November 2019, and 5 inquirers in December 2019.
- In June 2019, the updated Children's Heart Gallery website was launched. The site was updated to be more user friendly and provides more information to potential adoptive parents on ways to become involved and the process to adopt a child in Arizona. After the website was launched, the Department saw a significant increase in inquiries for specific children through the site. For example, in May 2019, 276 inquiries were recorded through the site compared to 586 in June 2019. The increase in inquiries held steady through September 2019, and in November 2019 local media outlets began sharing slideshows of children currently available for adoption on the Children's Heart Gallery. This collaboration between the media and the Department has led to an increase in inquiries through the Children's Heart Gallery from an average of 200-300 per month to 600 per month for the same timeframes the previous year. All inquirers are provided information on how to become licensed or certified, and are responded to within two business days of inquiring. In November 2019, Governor Doug Ducey and local media personnel attended a Children's Heart Gallery photoshoot, which allowed for additional positive exposure of this event to the general

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public.

- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership from five Arizona tribes and Casey Family Programs. The purpose of this workgroup is to increase recruitment and retain American Indian homes, as well as work with the DCS Office of Licensing and Regulation to reduce barriers to tribally licensed families and reduce duplication of foster home licensing studies.

Recruitment plan objective 1.4: Explore ways to retain licensed foster families through increased partnership with licensing agencies and by working directly with the foster families to provide supports and services

- In 2019, the Department provided three AZ Families Thrive trainings, which served approximately 325 families. During the lunch hour for each training, a group of foster families and birth families presented on their experiences with shared parenting and reunification. In 2020, the Department plans to continue to provide AZ Families Thrive trainings for kinship, foster, and adoptive families.
- The Department began sending a satisfaction survey to currently licensed families in December 2019. The survey will continue to be sent every six months. This survey is expected to provide insight to areas for improvement for not only the Department, but also the FAS agencies. Additionally, the Department began sending a closure survey to families who close their licenses. The Department hopes to identify detailed closure reasons, with the intention of providing a better experience to currently licensed and not yet licensed families. Initial results show that the top three reasons provided for licensure closure are adoption, reunification of the child, and other time commitments.

Recruitment plan objective 1.5: Provide support and assistance to maintain children in kinship care; recognizing and enhancing the support available to kinship families

- The Department concluded the Kinship Navigator Pilot program, which served three offices in Maricopa County, in early 2020. The purpose of the pilot was to assist the unlicensed foster caregivers with navigating the many systems involved when a child is in the custody of the Department and placed in their home. The Department engaged Arizona's Children Association, a contracted provider, to deliver similar supportive services as those offered to licensed caregivers. The intended outcome was to keep children living with relatives in safe, stable, nurturing environments until their permanency goal can be achieved. Preliminary data indicates the rate of unplanned moves for kinship families participating in the program were similar to those families receiving only case management through DCS. The pilot has concluded and results will be further evaluated.

Recruitment plan objective 1.6: Continue to utilize the Children's Heart Gallery to increase permanent connections for children

- Quarterly, the DCS Foster and Adoption Recruitment team met with the contracted Child Specific Recruitment (CSR) agencies and the DCS Match Meeting Specialists to discuss successes and barriers, and offer ideas to mitigate barriers. Through these meetings, an improved line of communication has been established, and the Department believes that this has led to better outcomes for the children monitored by these teams. Additionally, each of the three DCS Adoptions Recruitment Specialists have been assigned to be a liaison for each contracted CSR agency, which further improves the connection between the Department and the agencies. Each

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agency has been given the option to staff cases with their assigned liaison and the DCS Recruitment Manager. These meetings have provided additional creative recruitment methods for the agencies to attempt.

- Please also see information related to the Children's Heart Gallery above.

Recruitment plan objective 1.7: Increase specialized recruitment for children whose characteristics create challenges to permanency

- The collaboration with Voices for CASA to provide in house Child Specific Recruitment services is currently in progress, with the goals of locating permanent connections for specific children, as well as improving communication between the Department and CASA volunteers. In order to meet the goal of locating connections for identified children, the Adoptions Recruiter utilizes the Seneca Search tool. This tool uses information from the birth parents to pull potential contacts from various social media sites. In 2019, the Adoptions Recruiter received contact information for 281 people who may have existing connections to the nine youth with whom the recruiter is assigned, resulting in two of the youth moving to potential adoptive homes. Additionally, one youth has been matched to a potential adoptive family and is in the process of building a relationship for a successful transition into the home.
- The Department is using a visual management tool called a Kanban, from the Lean Management system, to document barriers to living in a family-like setting for children who are under ten years old, have a permanency goal of adoption, and are living in a congregate care setting. The Kanban tool is expected to show the trends in barriers to family-like living arrangements, which will be explored and mitigated to increase the likelihood of living in a family-like setting.

Recruitment plan objective 1.8: Continue active partnerships with faith-based and community organizations

- In October 2019, a family run farm, Vertuccio Farms, cut the logo of the Children's Heart Gallery into their corn field to create a maze. They donated a portion of all proceeds, over \$4,000, to the Children's Heart Gallery and provided free admission to 40 children in care and their caregivers.
- AZ 1.27 churches continue to support the mission of the Department via donation of space to host AZ Families Thrive training events, as well as trainers to provide knowledge to attendees.
- Starting in April 2019, the Department began working with Giving Sole, a nonprofit organization, which provides a new pair of shoes for children in care. Representatives attend the Children's Heart Gallery event to measure each child's feet and allow them to pick out a pair of shoes. Additionally, Giving Sole teams with the Love Up Foundation to host Shop and Sole events at local malls. Specifically identified group homes bring all of the children to the mall for lunch or dinner, and to pick out new shoes and clothes.

Recruitment plan objective 1.9: Develop cross-jurisdictional relationships to increase permanent connections for children

- Since DCS began using the NEICE system in July 2019, 55 requests for home studies were received from states also using the NEICE system. DCS completed 40 of these 55 home studies within the 60-day timeframe. During this same time period, DCS sent 215 ICPC home study requests to other states using the NEICE system, and 71 were completed within the 60-day timeframe. As of June 1, 2020, around 300 children were placed outside of Arizona.

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- The Department is currently in the planning stages with AdoptUSKids to schedule a virtual demo on how to use the “Find a Family” tool. This tool can be used to match children’s profiles to the profiles of families who have registered on AdoptUSKids from across the United States. The DCS Foster and Adoption Recruitment team, DCS Match Meeting Specialists, and recruiters from all three contracted CSR agencies will be invited to this virtual demo.
- Adoption Promotion funds continue to be used to facilitate visitations prior to placement, specifically outside of Arizona. Between July 2019 and June 2020, 65 Adoption Promotion requests were funded, including funds for flights to and from Arizona, vehicle rental, gas/mileage reimbursements, and meals.

The number of newly licensed foster homes has remained consistent during the reporting period. There were 711 newly licensed foster homes during the six month period ending in September 30, 2019. The Department had 3,863 licensed homes as of the end of September 2019. There were 8,758 bed spaces in these homes.

The Department has continued to improve processes to identify bed capacity and availability, and has focused on efforts to increase the stability of living arrangements. In 2019, the Department held three conferences, which provided training to 325 families. The trainings were held in Prescott, Tucson, and Phoenix. A key theme for each training was the concept of Shared Parenting. During the lunch hour, a panel of foster families and families working to reunify with their children presented their successes and challenges while practicing shared parenting.

A large portion of the foster home closures are due to finalization of adoption or guardianship. In September 2019, 67 out of 143 licenses closed due to adoption or guardianship of the child by the foster parent. Department staff conduct outreach to all foster parents who indicate a reason of dissatisfaction on their license closure paperwork, and reach out to prior foster families after they have closed their license due to an adoption to inquire about their interest in becoming relicensed.

For additional information, see the Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFYs 2020-2024.

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

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

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 35: cross-jurisdictional resources due to the state’s SACWIS system not being able to provide data related to the number of children who are free for adoption. The Department is addressing this data issue through the development of a new CCWIS system.

Since DCS began using the NEICE system in July 2019, 55 requests for home studies were received from states also using the NEICE system. DCS completed 40 of these 55 home studies within the 60-day timeframe. During this same time period, DCS sent 215 ICPC home study requests to other states using the NEICE system, and 71 were completed within the 60-day timeframe.

Section VI

Update to the Continuous Improvement Plan

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The Arizona Strategic 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 Department has been to strengthen communication and engagement across the state in an effort to identify areas where the Department and its partners can collectively move toward improved child safety, permanency, and well-being outcomes.

The Department’s SFY 2021 strategic plan includes the following objectives, initiatives, and metrics.

#	Multi year Objectives	Multi year Initiatives
1	All decisions are data informed, timely, mission-focused, built for sustainability and consider system implications	<ol style="list-style-type: none"> 1. Implement standardized clinical supervision in remaining ongoing case management units 2. Implement standardized administrative supervision and performance management in remaining ongoing case management units 3. Refine standard work, process adherence resources, and performance management processes (including mobile and telecommuting work force)
2	DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values	<ol style="list-style-type: none"> 1. Develop and implement an aligned leadership and management culture that embodies and promotes our shared values, a learning and coaching mindset, and behavioral integrity
3	Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support	<ol style="list-style-type: none"> 1. Implement enhancements to the direct services array (supports FFPSA) 2. Increase awareness of cross-agency process and develop efficient, operational partnerships with child-welfare system partners to improve service delivery that promotes child safety, strengthens families and promotes child well-being (ADE, DHS, AG’s, DES, QFCO, Courts and others) 3. Implement an integrated behavioral and physical health system within DCS
4	Every child is paired with a caregiver who receives necessary supports, and is able to meet the child’s needs and support the child’s permanency goal	<ol style="list-style-type: none"> 1. Increase the skills and array of caregivers, including the development of QRTPs 2. Refine and implement caregiver training to improve support of children and youth with higher needs 3. Redefine the support infrastructure for foster families to improve the recruitment experience and match the level of support between caregivers and the needs of children in their care 4. Finalize and implement a child to out-of-home caregiver matching process

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5	DCS data is complete, accurate, protected, governed, and used to inform decisions	1. Launch Guardian and update related business processes
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Objective 1 Metrics:

- 100% of units will have standardized clinical and administrative supervision implemented
- 100% of DCS functions will have standard work, process adherence resources, and performance management processes (including mobile work and telecommuting)

Objective 2 Metrics:

- Reduce agency employee turnover
- Increase positive responses to a survey measuring agency culture

Objective 3 Metrics:

- Complete 100% of implementation plan for improved service array
- Complete 100% of implementation plan for Behavioral health system within CMDP

Objective 4 Metrics:

- Decrease the number of placement moves per 1,000 care days
- Increase the percentage of care days spent in a family setting
- Obtain a baseline of the number and percentage of care days per month spent in a QRTP, for each child cohort type

Objective 5 Metrics:

- Complete 100% of IT implementation plan

Child and Family Services Review Program Improvement Plan (PIP)

As of May 2019, DCS met all required data improvement goals related to the Round 3 CFSR PIP. The Children’s Bureau confirmed all required data targets and key activities of the PIP were completed and has released DCS of all potential financial penalties associated with the Round 3 CFSR. Arizona was the first state to complete the Round 3 CFSR process. The goals and strategies included in the DCS strategic plan and CFSP continue to support outcomes of focus within the CFSR PIP process, including safety assessments, timely permanency, family engagement, and child well-being. Please see the Arizona 2015-2019 Final Report for information that describes the Department’s implementation of each strategy.

Title IV-E Review

The Department has not been required to develop a title IV-E Performance Improvement Plan. Arizona’s most recent title IV-E review final report was received in the fall of 2016, and indicated the state was in substantial conformity as 95% of the cases reviewed contained the required information.

NYTD Improvement Requirements

Following the 2018 NYTD Review, DCS created a Performance Improvement Plan that outlined tasks to improve the state’s implementation of collecting and reporting NYTD data. The most notable accomplishments include a contract with Arizona State University to administer the DCS NYTD survey. ASU assisted DCS in creating an improved NYTD survey, engagement strategies, and survey administration plan. The 2020 baseline survey completion has increased substantially and the state is

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hopeful that the improved results will qualify the state for a follow up sample process based on required participation rates.

DCS finalized a NYTD policy to guide DCS staff to complete NYTD services data. The Permanency and Youth Services Unit has provided ongoing technical assistance to the field regarding how to report NYTD services. DCS Audit Management Services (AMS) completed a Quality Improvement Audit of services and surveys that modeled the Federal NYTD case review. AMS will continue to provide oversight of continuous quality improvement and partner with the Permanency and Youth Services Unit to utilize findings to provide technical assistance to DCS staff and contractors.

The remaining items on the NYTD PIP relate to technical barriers that will be resolved when DCS implements the new CCWIS program, Guardian.

AFCARS Improvement Requirements

The Department's most recent AFCARS audit was in 2009. Areas for improvement were identified at that time, therefore the state initiated an AFCARS improvement plan (AIP) with the Children's Bureau. The Department has an open AFCARS Assessment Review Improvement Plan and will resolve pending AFCARS issues with the development of the new CCWIS, Guardian in SFY 2021.

Section VII

Progress Implementing the Goals, Objectives, and Interventions

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Progress

As of May 2019, DCS met all required data improvement goals related to the Round 3 CFSR PIP. The Children’s Bureau confirmed all required data targets and key activities of the PIP were completed and has released DCS of all potential financial penalties associated with the Round 3 CFSR. Please see the Arizona 2015-2019 Final Report for information that describes the Department’s implementation of each strategy.

Department of Child Safety SFY 2020 Strategic Plan Progress

The Arizona SFY 2020 Strategic Plan included performance measures and objectives to guide and measure improvement related to five goals. The goals, objectives, and progress made are as follows.

Goal 1: Improve timeliness of permanency

Objectives

- Standardize the referral and delivery of in-home case management
- Implement a clinical case management practice model
- Increase successful transition to adulthood of all children 14+ while in foster care
- Improve the timeliness and appropriateness of permanency goals

Progress Made

Objective Metrics and Targets:

Metric	Baseline	Year 1 Data	Five Year Target
Of all children who entered care in the data period, the percentage that achieved permanency within 12 months of entering care (source: Monthly Metrics report, includes children in care for eight days or less)	Jun 2017-Jul 2018 42%	May 2018-Apr 2019 39%	44%
Of all children in care on the first day of a 12 month period who had been in care continuously between 12 and 23 months, the percentage that achieved permanency within 12 months of the first day (source: Context Statistics and Outcome Data Report)	June 1, 2017 61.2%	June 1, 2018 61.5%	63.2%
Of all children in care on the first day of a 12 month period who had been in care continuously for 24 months or more, the percentage that achieved permanency within 12 months of the first day (source: Context Statistics and Outcome Data Report)	June 1, 2017 47.1%	June 1, 2018 44.4%	49.1%

The Department has created standard work for the transfer of cases from an investigation unit to an in-home unit. The standard work includes direction related to how the in-home unit will be notified of the case transfer; that there will be a conversation between the investigation staff and in-home staff under certain situations, such as when requested by either unit and when a child has been determined unsafe; and when and how to initiate the Safety Decision Elevation Process if there is disagreement related to the safety decision. The Department also created standard work describing criteria for determining when a case should open for in-home case management and the process to fully engage a family in the development of the service plan. During December 2019 and January 2020, the Practice Improvement Unit conducted a targeted case review to assess the use of the new standard work. The information gathered from the review was discussed with central office and field operations in-home case management staff to obtain their

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

perspective on the data's meaning, and identify procedural adjustments or other ways to improve practice fidelity.

During SFY 2020, the Department developed and implemented new forms and procedures, including standardized safety discussion guides so that strength-based supervision focuses on critical outcomes and practices, including child safety, family engagement, permanency planning, child well-being, bias, and worker safety. New checklists and guides dictate the frequency and timing of the discussions, which correspond with natural discussion, assessment, and decision points during the time the Department works with the family. The revised process encourages frequent, timely, and thorough discussions between the DCS Specialist and the Supervisor, to support critical thinking, increased information collection, and accurate safety and permanency decisions. During investigations, clinical supervision discussions occur at the decision points of pre-commencement, present danger, sufficient information, impending danger, safety planning, level of intervention, and findings. During ongoing cases, clinical supervision occurs at the points of preparation and introduction, exploration, case planning, progress update, and aftercare planning. Within any of these clinical supervision conversations, topics such as parenting time and the child's living arrangement are discussed to confirm the child's and family's needs are being met. This improved supervision process provides a coaching and quality assurance framework for clinical case management practice.

During SFY 2020, DCS finalized a new TDM type for young people ages 14 and 16 years old. The goal of the Transition TDM is to support young people, starting at age 14, to develop individualized transition to adulthood plans and provide connected adults and supportive resources to successfully follow the plans. The Transition TDM assists young people, their families, caregivers, DCS Specialists, and other team members to develop a road map to reach each young person's interests and goals. The Transition TDM will explore educational status and needs, extracurricular interests, normalcy activities, strength of social connections, mental health needs, well-being, and other areas identified by the young person and team members. The Transition TDM is designed to be held when the youth is age 14 and 16. These TDMs help the young person transition to the Extended Foster Care Program (EFCP) or achieve permanency. An Age of Majority TDM is held at 18 and before discharge from the EFCP. DCS TDM Facilitators completed Youth Thrive™ training to ensure they can facilitate conversations around adolescent development, positive youth development, and protective and promotive factors for young people. Transition TDMs will begin in CY 2020.

During SFY 2020, the Department informed stakeholders about services available to youth who exit care before age 18 in the following ways:

- Members of the DCS contracted provider for life skills training and aftercare case management, Arizona's Children Association, attended meetings throughout the state to share information about services and supports available to youth age 14 through 20.
- DCS held a Young Adult Program Annual Conference in July 2019, which included a resource fair with the following vendors: AZCA Young Adult Services, Onward Hope, Sonoran UCEDD, Bridging Success, Foster Care to Success-ETV, and DCS foster/adoption resource unit.
- The Permanency and Youth Service (PYS) unit published a Young Adult Program (YAP) computer based training in 2019. The YAP training highlights program and service elements offered by DCS to young people age 14 to 23. One hundred and sixty DCS employees completed the CBT between May 2019 and December 2019.
- Throughout 2019, the PYS unit provided trainings and workshops across the state to provide information about services and supports available to youth age 14 and older.

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

- The PYS unit conducts quarterly Arizona Attorney General's office training to Provide information about Arizona's Young Adult Program.
- The PYS Educational Specialists conducted training in 2019 to every DCS case management unit across the state on the importance of understanding the educational needs of older youth, and provided the an Educational Guide that was developed in partnership with community providers and young adults.
- The PYS unit facilitated quarterly Transition to Adulthood meetings, in which DCS staff, tribal social services, external stakeholders, and community partners are provided information about services and innovative practices for older youth served by the Department.
- PYS unit staff disseminate information to stakeholders by participating in community-based committees such as the Interagency Pregnancy and Parenting Assistance Council, the Special Education Advisory Panel, Arizona Community of Practice on Transition, the Maricopa Regional Continuum of Care Committee, Bridging Success Steering Committee, Fostering Positive Outcome Advisory Group-Sonoran UCEDD, Fostering Advocates Arizona Community Advisory board, Tucson Pima Collaboration to End Homelessness Coalition, and the Nina Mason Pulliam Scholarship Committee.

The Department continues to design and test a Permanency Case Consultation process that will be brought to full scale in 2020. Permanency Case Consultation is an internal DCS process to achieve timely permanency for children in out-of-home care. The process begins with a clinical supervision conference when a child has been in care for seven to nine months, and may include Permanency Specialist Consultation by a permanency expert, and/or an Attorney General Permanency Meeting. The purposes of the Permanency Case Consultation process are to:

- identify the permanency goal that is in the child's best interest, which may remain reunification or change to another goal;
- identify required assessments, services, case management tasks, and legal actions necessary for achieving reunification or the identified permanency goal; and
- identify and assign action steps to make progress toward permanency.

The Department continues to provide training and supervision to strengthen the application of conditions for return and other safety assessment and permanency planning practice model components that result in earlier safe reunification and other timely permanency outcomes. In SFY 2020, the Department partnered with Action for Child Protection to create three workshops entitled Information Sufficiency for Impending Danger and Decision Making, Analyzing Caregiver Protective Capacities to Understand Impending Danger, and Articulating Conditions for Return. The workshops were created to reinforce the accurate application of major concepts in the SAFE AZ model in preparation for the installation of the standardized supervision process. The first set of workshops was facilitated by Action for Child Protection staff with Supervision Coaches in attendance. Subsequent workshops were delivered by Supervision Coaches to Program Managers, Program Supervisors, and DCS Specialists across the state. The workshops were designed to be interactive and included case application examples for discussion to promote group learning. Participants were challenged to take an action following the workshops to help increase their proficiency. Support to Program Managers and Program Supervisors on the application of the concepts and coaching to their direct reports continues to be provided through Department resources such as the Supervision Coaches.

Goal 2: Increase the placement of children in a family-like setting

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Objectives

- Improve supports to kinship families
- Improve the system-wide placement array for children in foster care (traditional, medical, DDD, behavioral health, and detention)

Progress Made

Objective Metrics and Targets:

Metric	Baseline	Year 1 Data	Five Year Target
Decrease the number of placement moves per 1,000 care days (source: Context Statistics and Outcome Data Report)	SFY 2019 3.1	Jul 2019-May 2020 3.1	2.9
Increase the percentage of care days spent in a family setting (source: Context Statistics and Outcome Data Report)	SFY 2019 81.8%	Jul 2019-May 2020 80.4%	83.8%

During SFY 2020, the Kinship Program Coordinator and Kinship Support Specialists increased efforts to support field staff to place children with kin and maintain kinship caregiver living arrangements. The Department created a Practice Guideline on assessing and supporting kinship caregivers. The Practice Guideline assists field staff through the initial assessment process to increase the number of children placed in kinship homes. Also, from January 2020 to April 2020, the Kinship Program Coordinator facilitated 12 presentations to DCS units around the state to share information about financial and non-financial resources available to support kinship caregivers, and encouraged the use of the Kinship Program Coordinator as a resource when the DCS Specialists need support to meet the needs of kinship caregivers.

DCS has also made efforts to strengthen relationships with community organizations that support kinship caregivers to ensure they have the most accurate and up to date information about the DCS Kinship Program. For example, the Kinship Support Specialists created a Southern Region Kinship Collaboration made up of DCS staff and several community organizations with a common goal to support kinship caregivers. Through networking, the group is able to more timely and efficiently meet the needs of kinship caregivers.

Additionally, two community resource lists for kinship caregivers were created, one for the Phoenix area and one for the southern portion of the state. Each resource list also includes statewide resources available. A northern area community resource contact list will be finalized during SFY 2021.

DCS developed standard work and a statewide screening tool to be used by the Statewide Placement Team to aide in the living arrangement decision making process for children requiring out-of-home care. The screening tool takes many factors into account, including if a kin caregiver is available to care for the child, the child's behaviors and special needs, if the child is part of a sibling group, and if a previous out-of-home caregiver is available to care for the child. The use of this tool, and the combination of various tracking systems related to living arrangement decisions into this tool, has reduced data entry time and increased the ability to systematically identify the best living arrangement for children.

The Department has a system in place to receive daily reports from licensing agencies indicating the number of foster home beds available for children in out-of-home care. These reports were revised in July 2019 to enhance information sharing to better match children with available caregivers. Each Provider is required to send the daily, regardless of availability. Congregate care providers provide weekly census reports, which were also updated in July 2019. In October 2019, foster home Provider Workbooks were created to allow licensing agencies to send foster home information on a monthly basis, including details on foster

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home beds on hold during that month. The Department plans to replace these reports during SFY 2021 with a portal within the Department's new CCWIS, Guardian, that will allow foster and adoption agencies to update bed availability into the computer system in real time.

Goal 3: Improve employee retention through improved Supervision

Objectives

- Design and train Supervision Coaches
- Define and implement training "Day 1 as a new Supervisor"
- Implement infrastructure, tiered accountability, and standardization for proactive strength-based supervision

Progress Made

Objective Metrics and Targets:

Metric	Baseline	Year 1 Data	Five Year Target
Reduce agency employee turnover (DCS Specialist Only) (source: Monthly Agency Attrition Report)	CY 2018 31%	CY 2019 35%	28%
Sustain or reduce Supervisor turnover (source: Monthly Agency Attrition Report, Field Program Supervisors)	CY 2018 12%	CY 2019 11%	12%
Percentage of leaders (Field Program Supervisors and Program Managers, excluding OCWI) receiving coaching on a monthly basis (source: Supervision Coach Program Data monthly report)	Jul 2019 60%	May 2020 86%	100%
Increase proficiency score of Supervision Coaches (source: Supervision Coach Program Data monthly report)	Jun 2019 1	May 2020 2	3

The Department has implemented a new process for the hiring and selection of new DCS Program Supervisors. The new recruitment process consists of new qualifications that include all mandatory training be completed prior to application, new interview questions, an assessment of the Predictive Index for each final applicant, and a discussion with the hiring Program Manager. Along with this, the Department implemented a standardized onboarding and on-the-job training experience for new Program Supervisors, including a mandatory first day onboarding process by the newly hired Supervisor's Program Manager, training the first week of hire, facilitated by the Program Administrators, and subsequent training sessions during the first year of hire.

The Department has implemented a statewide Supervision Coach Program and currently has 16 full-time Supervision Coach positions. The Supervision Coaches are housed and assigned to every Region across the state with four in the Maricopa East Region, four in the Maricopa West Region, five in the South Region, two in the Northeast Region, and two in the Northwest Region. The Department has implemented standard work for the observation and coaching of the Supervision Coaches. A Quality Coaching Manager from the DCS Office of Quality Improvement or Office of Continuous Improvement observes each Supervision Coach monthly, and uses a proficiency assessment tool to provide feedback and coaching related to areas of practice discussed during the coaching session. The May 2020 total aggregate proficiency score for the Supervision Coaches was two, on a zero to four scale, zero meaning the Coach has no knowledge and four meaning the Coach can consistently coach others with fidelity. This aggregated score includes measures for administrative supervision skills, clinical supervision skills, and coaching skills. The May 2020 average proficiency score for the Supervision Coaches' administrative supervision skills was 2.0, clinical

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supervision skills was 1.4, and for coaching skills was 3.1. For more information on the Supervision Coach Program see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

The Supervision Coaches meet with Program Supervisors and Program Managers on a monthly basis to help them identify specific professional development goals and action plans to achieve the goals. The Supervision Coaches model the coaching skillset during these sessions so the leader can identify how to use this approach with their staff. The feedback received from the Supervision Coaches aides in the professional growth of the leader. Starting in SFY 2021, Program Supervisors and Program Managers will begin using the Individual Expert Development Plan to encourage focus on areas in which the leader can increase his or her proficiency in clinical and administrative supervision and coaching.

Goal 4: Develop and implement the agency IT infrastructure

Objective

- Implement Guardian

Progress Made

Objective Metrics and Targets:

Metric	Baseline	Year 1 Data	Five Year Target
Complete 100% of IT implementation plan	56%	70%	100%

During SFY 2020, DCS continued the development of the Department's Comprehensive Child Welfare Information Systems (CCWIS), Guardian. Guardian will be implemented via two releases, V1.0 and V1.1. The development and testing of all V1.0 requirements, which include intake, safety assessment, case management, case planning, financial management, permanency, eligibility, provider management, and reports was completed during SFY 2020. Guardian was designed with substantial input from field operations staff, the DCS Office of Quality Improvement, and the Department's Reports and Statistics Unit.

Guardian implementation was supported by comprehensive employee training, which began at the end of SFY 2020. Several different training modules were created for the different functions of the program, and staff attended the modules that were specific to their job duties. Prior to the statewide user training, super users were identified and received training in March and April 2020. The purpose of super user training is to have additional support and resources available for field staff as they begin utilizing Guardian. During the development of Guardian, the Department contracted with Arizona State University to conduct a training needs assessment and develop the training curriculum. Guardian will be deployed at the beginning of SFY 2021. V1.1 is currently scheduled for implementation in early 2021, and includes enhancements to case management, provider management, permanency, eligibility, and finance.

Goal 5: Implement an integrated health plan

Objectives

- Develop and implement organization and processes that support quantifying and measuring delivery of EPSDT referral services
- Finalize and launch a Request for Proposals for BH-ASO model integration

Progress Made

Objective Metrics and Targets:

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Metric	Baseline	Year 1 Data	Five Year Target
Percent of identified EPSDT referral services delivered (source: EPSDT Specialty Referral Tracking huddle board)	Jan-Jun 2019 69%	Jul-Dec 2019 90%	80%
Percent of identified EPSDT referral services delivered on time (within 60 days) (source: EPSDT Specialty Referral Tracking huddle board)	Jan-Jun 2019 70%	Jul-Dec 2019 74%	75%
Complete 100% of Administrative Services Organization (ASO) model integration		90%	100%

CMDP has made concerted efforts to track Specialty Referrals noted on EPSDT forms that are completed during a child's wellness exam by the healthcare provider. The Department developed an EPSDT Referral process flow and tracking mechanism to monitor the completion of referrals. This tracking mechanism documents contacts with caregivers, healthcare providers, dates of service, and other assistance CMDP provides the caregiver when a specialty referral is made. To conduct the follow up and outreach, CMDP developed and hired for three EPSDT Care Coordinator positions and one lead ESPDT Care Coordinator. These positions are dedicated to following up with the caregiver, referring physician, and specialty healthcare provider to verify that the specialty visit occurred.

An Administrative Services Organization (ASO) Request for Proposal (RFP) was released in calendar year 2019. There were no responses to the RFP as written. Based on proposed bidder feedback, DCS pursued an alternate direct contract approach. This approach was beneficial as it provided an opportunity to dialogue with potential bidders and offer additional context. The direct contract was awarded in June 2020. With this contract, CMDP will retain policy and care guideline development, secondary approval authority for prior authorization of services, and clinical and operational oversight of the ASO functions. ASO functions include medical management, utilization management, care coordination, development and maintenance of a health provider network and claims payment. Full ASO model implementation is scheduled for April 2021.

Staff Training, Technical Assistance, and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2021* for information on training to support the goals and objectives in the CFSP.

During the period under review, the Fidelity and Compliance Services (FCS) unit provided trainings and technical assistance to support providers contracted with DCS with the upcoming transition from CHILDS to Guardian. Provider and partner agencies were also provided technical assistance and training on various other topics such as improving parenting plans and service plans, documentation, family engagement, outreach strategies, data quality, infant development, bonding and attachment, substance abuse, and team communication. Compliance driven TA has been offered to help address any concerns with personnel files as well. Technical assistance and trainings offered by FCS are all aimed at improving service delivery and family outcomes. During the COVID-19 pandemic, FCS provided extra support to the provider agencies by holding regular provider support calls to answer questions, share community resources, and brainstorm ways to support families during the pandemic.

The CMDP SENSE Nurse Consultant provided technical assistance during SFY 2020 by facilitating a monthly statewide nursing conference call to provide information, resources, and answer questions for the SENSE nurse providers. The FCS Unit analyses data received from the nurse screenings to identify topics for discussion, which have included infant follow-up appointments, postpartum depression, unsafe sleep,

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intimate partner violence screening, Neonatal Abstinence Syndrome, infant skin integrity, and childhood vaccines.

The Department is receiving technical assistance from Harvard Kennedy School of Business Government Performance Lab and the Capacity Building Center for States to restructure and develop a more active and relational contract oversight process. The Capacity Building Center for States has helped the Department build and implement the Active Contract Management (ACM) framework to help monitor the fidelity and compliance of our contracted services. It is through the ACM model that the Department now engages contracted providers in a CQI cycle to improve the quality of services. The ACM model has helped the Department improve various metrics such as initial engagement of services with families, completion of services, and decreased re-referrals. The Center is providing coaching and consultation to staff to assist in the creation of fidelity tools for contract monitoring; increase staff knowledge about performance-based contracting and fidelity monitoring; enhance practice and support effective alignment across units and enhance their CQI efforts to monitor their contracts; and provide guidance on how to partner with the provider community to help enhance DCS' existing contracting process. See *Section V: Assessment of System Performance* for additional information.

DCS continues to receive technical assistance from the Capacity Building Center for States. The Center provided support in the following areas during SFY 2020.

- Family engagement and NYTD database outreach: The Center guided the Department through a review of the parent partner and youth engagement programs and the development of parent partner and youth engagement strategies. Following the completion of the intensive project, the technical assistance from the Center ended in 2019.
- Implement a Supervisory Coaching Model: The Center continued to support the Department in the development and implementation of the Atlantic Coast Child Welfare Implementation Center (ACCWIC) coaching model into the field operations supervision processes within the Department. The Center supported DCS in the creation of a fidelity instrument and evaluation process that includes data collection elements, as well as efforts to assess and support Department readiness to ensure successful implementation of the coaching model. Center staff also conducted observation and feedback sessions of the Quality Coaching Managers and Practice Improvement Specialists to assess coaching skills and provide feedback for professional growth.
- Expand the in-home service array model to align with the needs of families in Arizona while leveraging the opportunities present in the FFPSA: The Center provided coaching and consultation to DCS to identify the components of in-home services that best meet Arizona's needs related to helping children remain in their homes and reduce the unnecessary use of congregate care. During SFY 2021, the Center will continue to provide support focused on the identification of the intervention, stakeholder communication and involvement, and implementation of the revised in-home services model.

The Department continued to receive technical assistance from ACTION for Child Protection during SFY 2020. ACTION facilitated many of the Coaching Collaboratives, observed and provided feedback during Active Case Supports facilitated by the Practice Improvement Specialists, helped to develop and model the facilitation of SAFE AZ workshops at the DCS offices around the state, and consulted with OQI staff on various topics related to the implementation of the SAFE AZ Model.

Northern Arizona University continues to conduct an evaluation of the SENSE program. The information provided by this evaluation will be utilized to make plans and improvements, if required, to the program. The Department collaborated with Northern Arizona University to conduct and publish a study on the

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effectiveness of the Building Resilient Families program. The Department also joined with Arizona State University to conduct and publish a study to evaluate the Fostering Sustainable Connections title IV-E waiver demonstration project and the Maricopa County Juvenile Court Cradle to Crayons program.

DCS will receive continued support from the Children's Bureau related to interpretation of federal law and policy during FFY 2021, as needed.

Section VIII

Consultation and Coordination with Tribes

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Coordination and Collaboration with Tribes

Department staff worked closely with Arizona's 21 tribal communities and urban Indian programs throughout the reporting period. Communication and consultation between the state, tribes, and urban Indian programs are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, training, and Indian child welfare case-related issues.

The Arizona Department of Child Safety (DCS) continued to meet quarterly with the tribal nations of Arizona in cooperation with the Inter Tribal Council of Arizona (ITCA), to obtain input on DCS efforts in reference to the CFSP and Final Report. The Inter Tribal Council of Arizona is a non-profit organization that represents 20 of the 21 Arizona tribes, all but the Navajo nation. The Navajo nation has an IGA with DCS that stipulates DCS shall meeting quarterly with the tribe. Quarterly meetings include a variety of topics and are considered official tribal consultation. All Arizona tribes are invited to participate. Topics have included discussion of policies and procedures, ICWA case related issues, and training opportunities. Typically, ten to twelve tribes are represented at these meetings, either in person or by telephone.

In addition to the official quarterly tribal consultation meetings, the Department regularly meets with the Urban Indian Coalition, hosted by the Phoenix Indian Center. Phoenix, Tucson, and Flagstaff combined have one of the largest urban Indian populations in the United States, with individuals and families representing well over a hundred different tribes. These meetings occur monthly and the Department has participated in several over the past year.

The DCS Intergovernmental Tribal Liaison continues to work with tribes in the areas of tribal outreach, training, ICWA compliance, and other special projects. In October 2017, DCS hired an ICWA Specialist, whose role is to work with both DCS field staff and Tribal Social Services Departments to ensure the agency is in full compliance with ICWA.

On a yearly basis, the DCS Intergovernmental Tribal Liaison conducts site visits to all 21 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between DCS and tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department is committed to ensuring that all of Arizona's tribes have equal access to the Department, despite the challenge posed by travel and geography. This diversity includes the Havasupai tribe located at the bottom of the Grand Canyon, which is only accessible by helicopter, mule, or via a 16 mile hike; and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. During SFY 2019, the DCS Intergovernmental Tribal Liaison met with all 21 tribes in Arizona, in their communities. During SFY 2020, due to a variety of factors including the COVID-19 pandemic, the DCS Intergovernmental Tribal Liaison was unable to meet with 10 tribes in their communities. Although in-person contact did not occur, regular contact was maintained through email and phone calls.

During the reporting period, DCS has continued to make significant improvements in its collaboration with Arizona's 21 tribal communities and urban Indian programs. The Department recognizes the importance of tribal and urban collaboration and has worked diligently to fulfill the obligations that were outlined in Arizona Executive Order 2006-14, which states in part that "All Executive Branch agencies shall develop and implement tribal consultation policies to guide their work and interaction with federally-recognized Tribes in Arizona" and "shall designate a member of their staff to assume responsibility for the Department's implementation of the tribal consultation policy and to act as the principle point of contact for tribal issues." Pursuant to this Executive Order, the Department finalized the Arizona DCS Tribal Consultation Policy on May 17, 2017, and updated the policy in November 2018.

The Department continues to have an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that DCS will meet quarterly with the Navajo Nation to discuss items of mutual interest. This

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quarterly contact has occurred consistently for the past three years. The most recent Memorandum of Understanding (MOU) was signed by the Navajo Nation and DCS in October 2019.

The Department has IGAs with tribes for reunification, prevention, or support services including three agreements for Family Support, Family Preservation and Family Reunification Services; three agreements for Specialized Substance Abuse Treatment services; and one agreement for Comprehensive Services Development. The Department has agreements for Family Preservation, Family Support and Family Reunification Services with the following tribes: Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe, and the Salt River Pima Maricopa Indian Community. The Department also has a comprehensive service agreement with the Navajo Nation.

The Department has continued to discuss with other tribes throughout Arizona the possibility of establishing a formal IGA or MOU that would include, but not be limited to, investigation protocols, data and information sharing, and compliance with ICWA. Currently there are five tribes working with DCS on an IGA or MOU. The Department anticipates all five agreements will be finalized during SFY 2021.

Additional tribal collaboration activities that occurred during the reporting period include:

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty 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.
- The DCS Tribal Liaison and ICWA Specialist continue to provide ongoing training for DCS Field Staff and tribal programs on a regularly scheduled basis. DCS also continues to collaborate with ITCA to provide a bi-annual ICWA academy for tribal and DCS staff. The DCS Tribal Liaison and DCS Learning and Development established a DCS/ICWA/Tribal Relations computer based training that is available to all DCS staff as well as Tribal Employees. The training provides the basic tenets of the ICWA law, how to work with Tribes, and other relevant information. New employees are recommended to take the course when they are hired by DCS.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are geared toward individuals in tribal communities that are responsible for ensuring ICWA compliance for their tribal community. All tribes are invited to participate as well as other relevant state agencies, community programs/agencies, and DCS staff.
- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and its Indian Child Welfare Act Committee that are chaired by Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The Department also participated in the annual State, Tribal, Federal Court Forum conference held during SFY 2019. The DCS Tribal Liaison is also a part of the Court Improvement Committee that is made up of a coalition of judges, attorneys, DCS, court staff and other stakeholders. Currently the DCS Tribal Liaison serves on the Safety and Prevention subcommittee chaired by Judge Anna Young of Yavapai County, as well as two subcommittees of the Safety and Prevention committee entitled Improving Parent Engagement/Involvement and Safety Guide training for the legal community.
- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Coordination projects include community presentations, the recruitment of

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Native American foster homes, training of staff related to working with tribal communities, and ongoing training to DCS staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement. Additionally the DCS Tribal Liaison has been working to improve the coordination of services with the urban programs particularly in areas of behavioral health and substance abuse counseling, as families are more likely to be successful when they are receiving culturally appropriate care.

- Tribal social workers continue to participate in TDM, case plan, and CFT meetings during which case specific consultation occurs and decisions are made.

The Department will email a copy of this FFY 2021 APSR to the Arizona title IV-B tribes upon approval of the report by the Children's Bureau. The website where the supporting plans can be viewed and downloaded will be included in the email. The reports are also posted on the DCS public website for tribes and any other community members to view.

Monitoring ICWA Compliance

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child Welfare Specialist position, and a Qualified Expert Witness (QEW) Coordinator. The Indian Child Welfare Specialist is dedicated to ICWA policy and practice compliance, and the QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions. The Department's Tribal Liaison meets regularly with tribal communities and leadership to consult and review the progress made toward ICWA compliance, and the timely and appropriate delivery of Indian child welfare services. In addition to the regularly scheduled meetings referenced above, the Tribal Liaison is available to speak and consult with tribal communities at any time.

The Department utilizes data reports to track tribal identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from its automated system, monthly. Reconciling the data from both agencies allows both systems to increase ICWA compliance and the ICWA element of "identification."

The Department continues to set goals for improving ICWA compliance based upon recommendations in a study conducted by Casey Family Programs entitled *Indian Child Welfare Examination of State Compliance in ICWA*. Additionally, DCS received technical assistance from the Center for States related to capacity building and ICWA compliance. This partnership formally ended in October 2018; however, the group has evolved into a DCS Tribal Advisory group, which will further enable DCS to receive input from tribes. Goals for improving ICWA compliance also continue to be derived from ongoing discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist.

The Department continues statewide efforts to improve data collection for monitoring ICWA compliance and outcomes for American Indian children. Collection of sufficient data allows the Department to better analyze ICWA compliance and identify best practices to achieve positive outcomes for American Indian children and families.

The DCS Office of Tribal Relations attempts to meet at least once a year with Arizona's 21 tribes in their communities. During these site visits, a general discussion regarding DCS practice and policy, as it relates to ICWA and tribal relations, occurs. Conversations regarding mutual cases also takes place, including a discussion related to ICWA compliance. ICWA compliance topics include if the tribe was properly notified

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of legal proceedings; if the tribe has been included in case meetings such as case plan staffings, TDMs, CFTs, etc.; and if DCS has engaged in active efforts related to the placement protocol. Generally speaking, these conversations result in information suggesting DCS maintains a high level of compliance in its adherence to ICWA. In those instances where an issue is identified, an immediate plan of action is developed to ensure the deficient is addressed.

Identification

In April 2020, there were 1,153 American Indian children in out-of-home care. Of these children, 67% had a permanency goal of reunification or live with a relative; 20% had a permanency goal of adoption; 79% were in a family-like setting, with 61% of the family-like settings being relative caregivers (source: OOH Database, run date 5-23-20).

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 directs staff to ask every family during the investigation of child abuse and neglect if the family or child has any American Indian heritage or descent. The Department's *Notice of Duty to Inform* and *Temporary Custody Notice* forms also prompt Department staff to inquire as to tribal identification.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor the documentation of sufficient inquiry to determine whether the child may be a member of an American Indian tribe. The percentage of cases reviewed in CY 2019 where there was sufficient inquiry was 81% (of 119 applicable cases).

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 times when an immediate 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.

Notification

The Office of the Attorney General initiates Arizona's notification process. 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 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. At the first court hearing, the Department continues efforts to determine if ICWA applies to the case. The Office of the Attorney General and the Department

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diligently work to determine if ICWA services are needed prior to the next court hearing. DCS Specialists often also provide an informal notice to tribes within 48 hours of a dependency being filed, and provide basic information to the tribe when a report is received even prior to the decision to initiate a dependency action. This allows a tribe to be better informed if a dependency does get filed.

The Office of the Attorney General's service matrix reminds the clerk of the court that the tribe, parent, and/or BIA must receive notices at least ten 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, and/or 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.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. The percentage of cases reviewed in CY 2019 where the tribe was provided timely notification was 89% (of nine applicable cases).

All internal ICWA trainings facilitated by the DCS Tribal Liaison include information about the right of tribes to intervene and assert their jurisdiction.

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

ICWA requires a child's out-of-home living arrangement be considered and selected 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. A living arrangement with a maternal or paternal family member who is willing and able to provide care for the child is always a priority when working with American Indian children. The biggest challenge continues to be the lack of available American Indian homes in state and tribal communities compared to the number of American Indian children needing out-of-home care. Currently the DCS Office of Tribal Relations is working on an American Indian foster care recruitment project that aims to increase the number of American Indian foster homes statewide.

In December 2016, the BIA issued new guidelines for implementing ICWA. These guidelines included information on placement preferences. A review of the guidelines revealed that no significant changes were needed to DCS policy in reference to making out-of-home living arrangements for American Indian children. 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. As described in the *Arizona Foster and Adoptive Parent Diligent Recruitment Plan*, efforts have been made and continue to be made to recruit and retain ICWA qualified foster and adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review instrument, related to placement of the child in accordance with ICWA placement preferences. Data from CY 2019 shows 92% of the 12 applicable cases were rated strength, indicating the American Indian child was placed, or concerted efforts were made to place the child in accordance with ICWA placement preferences.

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According to the FFY 2019 AFCARS file, 46.7% of all American Indian children served in out-of-home care on September 30, 2019 were placed with a relative foster family or on a trial home visit with a parent. This percentage is slightly higher than the prior five years, which hovered around 43% to 44%.

Active efforts

The BIA 2016 Guidelines define active efforts as “affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family.” The Department makes every effort to ensure that case managers actively pursue all available resources and services for children and families identified as applicable to ICWA. Examples of resources and services include substance abuse assessments, mental health services, and child care. Additionally, the Department’s Tribal Liaison provides resource information to all DCS staff for culturally appropriate care and services, which include, but are not limited to:

- Phoenix Indian Center,
- Native Health,
- Native Connections,
- Native Americans for Community Action (Flagstaff),
- Tucson Indian Center,
- Indian Health Services, and
- Various contacts within tribal communities for traditional medicine.

The Department policy manual includes the same definition of active efforts used by the BIA 2016 Guidelines. DCS policy further indicates, “Active efforts to reunify an Indian child with his or her family must involve assisting the parent or parents or Indian custodian to access and participate in services necessary to achieve the behavioral goals in the case plan. Active Efforts must be tailored to the needs of the parents and child.” Active efforts are to be tailored to the circumstances of the case and may include:

- conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on the safe reunification as the most desirable goal;
- identifying appropriate services and helping the parents overcome barriers, including actively assisting the parents in obtaining such services;
- identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of living arrangement issues;
- conducting or causing to be conducted a diligent search for the Indian child's extended family members and contacting and consulting with extended family member to provide family structure and support for the Indian child and the Indian child's parents;
- offering and providing available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
- taking steps to keep siblings together whenever possible;
- supporting regular visits with the parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the

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need to ensure the health, safety and welfare of the child;

- identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
- monitoring progress and participation in services;
- considering alternative ways to address the needs of the Indian child's parents, and when appropriate, the family, if the optimum services do not exist or are not available; and
- providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County that provide case management to ICWA families exclusively, which helps to ensure ICWA compliance by focusing on providing support and services to ICWA families. Also the Department has established two Regional Tribal Liaisons, one for the Northeast Region and one for the Northwest Region, to provide further assistance to the field staff in those areas of the state. The Regional Tribal Liaisons work collaboratively with the DCS Tribal Liaison.

Arrangements made with tribes related to responsibility to provide child welfare services

In general, when a report is received related to an American Indian child living on a reservation, the DCS Specialist or Program Supervisor will contact the appropriate tribe and provide the reported abuse or neglect information for assessment and service provision. If the alleged abuse is related to an American Indian child who resides off a reservation, DCS is responsible for the assessment and service provision. If the child is taken into DCS custody, or a dependency petition is filed, DCS provides notification to the tribe, allowing the tribe to intervene, if desired. If the tribe chooses to take jurisdiction of the dependency matter, it is the tribe's responsibility to provide child welfare services and protections for the child. If the tribe declines to take jurisdiction, DCS continues to provide these services. Approximately 442 reports were forwarded from DCS to a tribal social service agency for investigation between July 2019 and December 2019 (source: Semi Annual Child Welfare Report, March 2020).

The DCS policy and procedure manual directs the DCS Specialist to determine if the Department has jurisdiction to complete the investigation by considering the following:

- If the child is an Indian child and resides and is currently located on the reservation, the Department does not have jurisdiction and the case must be referred back to tribal social services.
- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, the Department contacts the tribe to allow access to the child to complete the investigation.
- If the child resides or is domiciled on the reservation but is currently located off the reservation, the Department may have jurisdiction and will continue assessing the immediate health and safety of the child unless an immediate removal is necessary to prevent severe harm to the child.

Discussions with Indian tribes regarding Chafee Foster Care Program for Successful Transition to Adulthood

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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 X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for additional information related to the Independent Living Program's Tribal Community Engagement activities.

Title IV-E of the Social Security Act

The Department continues to assist and mentor Arizona tribes in developing their own title IV-E programs. The Department provides tribes with documents needed when determining title IV-E financial eligibility and shares information about processes the state has in place to facilitate title IV-E eligibility determinations.

Three Arizona tribes currently have their own title IV-E programs approved by the Children's Bureau. These tribes are the Navajo Nation, the Salt River Pima-Maricopa Indian Community, and the Pascua Yaqui Tribe. The Department has a case transfer policy in place for children who are initially determined title IV-E eligible while under placement and care responsibility of the State and subsequently transfer jurisdiction to the tribe. DCS will forward all eligibility documents to the tribe, allowing the tribe to continue title IV-E for those children initially determined eligible by the State.

Arizona tribes that do not wish to have their own title IV-E Programs may enter into an Intergovernmental Agreement with the Department for pass-through title IV-E funding providing the Tribe can assure compliance with all required title IV-E eligibility criteria. These criteria include financial, non-financial, judicial determinations, foster home and congregate care licensure, and AFCARS requirements.

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

The BIA's updates to ICWA were published in December 2016. There were no DCS policy changes or Arizona law changes required by these updates.

In January 2019, the Department's ICWA Specialist attended the Indian Nations and Tribes Legislative day at the Arizona State Capitol. During future legislative days, the Department plans to have a greater visibility and presence, possibly in the form of a training, public forum, or information sharing.

Section IX

Child Abuse Prevention and Treatment Act State Plan Update

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Use of CAPTA Funds to Support the Purposes of the Program

The State's Child and Family Services Plan for FFYs 2020-2024 identified the following program areas for improvement:

- improve timeliness to permanency,
- increase the placement of children in a family-like setting,
- improve employee retention through improved supervision,
- develop and implement the agency IT infrastructure, and
- implement an integrated health plan.

The Department continues to propose the CAPTA funds be used to fund intake, assessment, screening, and investigation of reports of child abuse; case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; and recruitment and retention of caseworkers through improvements in the skills, qualifications, and availability of individuals to provide services to children and families, as well as the direct supervisors of the caseworkers.

During SFY 2020, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- the annual Leadership Summit for all Program Supervisors and Program Managers across the state, which improved the skills of the participants who provide services to children and families;
- a portion of the Arizona Child Abuse Hotline employee salaries, which assisted the Department to improve intake and screening of reports of child abuse and neglect;
- a portion of Human Resources employee salaries, which assisted the Department to improve recruitment of case workers; and
- the salaries of two Quality Coaching Managers, whose functions include managing the Supervision Coach Program and providing intensive onsite field staff support to supervisors and program managers to increase staff skills, knowledge, and expertise in child safety assessment and planning, family-centered assessment of strengths and needs, and behaviorally based case planning.

State's Continued Efforts to Support and Address the Needs of Infants Born Identified as Being Affected by Substance Abuse

In 2017, Governor Doug Ducey signed an emergency declaration to address the growing number of opioid overdose deaths in Arizona. In the subsequent focus on the opioid epidemic and efforts to decrease fatalities, the state gathered data on the prevalence of the issue and implemented prevention strategies, including identification of infants with Neonatal Abstinence Syndrome, appropriate prescribing of opiates, and appropriate treatment of people with opioid use disorders, including pregnant women. The state now has up-to-date data to monitor the effectiveness of efforts to address the Opioid epidemic, available at the ADHS website: <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>.

In late 2018, Arizona received more than \$20 million to continue the efforts to combat the nation's opioid epidemic. The funding was provided by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SMAHSA), and is the first of a two-year grant for the State Opioid Response (SOR). Specifically, this year's funding will support initiatives that:

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- increase access to medication-assisted treatment in both urban and rural areas of the State;
- increase distribution and public awareness of the overdose reversal medication, Naloxone;
- expand access to recovery support services, including housing, peer support, and job search assistance;
- reduce recidivism by creating supports for individuals who transition from correctional settings; and
- enhance support for opioid-exposed newborns and pregnant women who have opioid use disorder.

Grant-funded focused efforts on populations that have identified unmet needs, including individuals in rural and isolated areas; veterans, military service members, and military families; pregnant women and parents with opioid use disorder; individuals experiencing homelessness; tribal populations; individuals who have experienced trauma, toxic stress, or adverse childhood experiences (ACEs); and individuals re-entering the community from correctional settings.

AHCCCS distributed SOR funding through many community partners and state agencies, including the Department of Child Safety. DCS was awarded a grant through the SOR funding to conduct a statewide educational conference for health care professionals and stakeholders. DCS hosted a conference titled ACEs, Trauma & Substance Exposure: Standards of Care of Infants and Toddlers in September 2019. The conference was attended by 400 physicians, therapists, behavioral health providers, DCS Specialists, and other stakeholders. The aim of the conference was to address the effects of substance exposure and trauma on infants; understand Adverse Childhood Experiences (ACEs) and trauma informed care; review best practices related to the identification, referral, and treatment of these infants with a focus on appropriate infant toddler mental health services; and conduct a needs assessment to identify barriers to implementation of best practices. The needs assessment summary is being compiled and will be distributed to the participants and stakeholders upon completion.

CMDP, along with other community stakeholders, collaborates with Arizona Department of Health Services (ADHS) via participation in the Arizona Prescription Drug Initiative Health Care Advisory Team. The goal of this team is to address the opioid epidemic and discuss possible approaches at a statewide level. The Advisory team, which has been in place since 2015, is made up of professional health care associations, practicing clinicians, and subject matter experts who met to review and update the Arizona Opioid Prescribing Guidelines.

DCS Office of Prevention staff also participate in Arizona's Statewide Task Force on Preventing Prenatal Exposure to Alcohol and other Drugs. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families.

During the reporting period, DCS did not have any challenges in continuing to support and address the needs of infants born substance exposed. DCS policy allows the Child Abuse Hotline to accept all reports of substance use during pregnancy and DCS continues to receive strong community support and involvement related to meeting the needs of children who were substance exposed in utero.

DCS continues to utilize the Infant Care Plan form, and DCS policy remains aligned with CARA. The DCS policy mandates that:

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- DCS shall investigate all reports alleging that a newborn has been prenatally exposed to alcohol or a controlled legal or illegal substance;
- DCS shall collaborate with health care professionals and local substance abuse assessment and treatment providers, to assist in the investigation, assessment, and delivery of quality services for infants who have been prenatally exposed to alcohol or a controlled legal or illegal substance, and their families; and
- DCS shall develop an Infant Care Plan for newborns who were prenatally exposed to alcohol or substance use by the mother, and children up to one year old diagnosed with Fetal Alcohol Spectrum Disorder.

The DCS procedures further direct DCS Specialists to conduct a Family Functioning Assessment, which includes gathering information about the medical condition of the newborn, discharge instructions, recommendations for follow-up medical care, and observations of health care professionals regarding the parental responsiveness to the newborn. This information is used to assist in child safety decisions and the development of the Infant Care Plan. Procedures also direct the DCS Specialist to contact the child's health care professional to verify all follow-up medical appointments have been scheduled and/or attended and to assess the potential impacts of breast-feeding.

DCS procedures require the DCS Specialist to develop an Infant Care Plan by actively involving the parents/caregivers, the infant's health care professionals, the parent/caregiver's substance abuse treatment service providers, out-of-home care providers, and supportive adults identified by the parent/caregiver. The Infant Care Plan describes the services and supports to be provided to ensure the health and well-being of the infant, and addresses the substance abuse treatment needs of the parent/caregiver. Each plan addresses the following areas:

- substance abuse treatment needs of the parents/caregivers;
- medical care for the infant;
- safe sleep practices;
- knowledge of parenting and infant development;
- living arrangements in the infant's home;
- child care; and
- social connections.

If a case involving a substance exposed newborn is opened for ongoing services, the DCS Specialist will oversee the implementation of the Infant Care Plan by observing, discussing, and assessing the child's status indicators and participation with health care providers during monthly in-person contacts with the child and the child's caregiver. If a parent has been referred to substance abuse treatment or other services, the DCS Specialist will oversee the sufficiency of the services by observing, discussing, and assessing the parent's progress and participation in services during monthly in-person contacts with the parent and through communication with the parent's service provider(s).

DCS procedures direct the DCS Specialist to review and reassess the Infant Care Plan during case plan staffings, Child and Family Team meetings, and whenever there is indication that the child's health or health care needs resulting from prenatal substance exposure have changed. The DCS Specialist will update the Infant Care Plan if indicated and distribute to the parent/caregiver and other team members.

If a case involving a substance exposed newborn closes at the investigation phase, the DCS Specialist is to review the Infant Care Plan with the protective parent, guardian, or custodian; the child's health care

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provider; the parent's substance abuse assessment or treatment provider (if applicable); other services providers (e.g. Home Visitors); and any other adults who have a role in the plan to determine that each person is able and willing to consistently and reliably implement the actions described in the Infant Care Plan. During the aftercare planning discussion with the parents and caregiver's, the DCS Specialist will discuss and provide a copy of the Infant Care Plan.

The supervisory review tools contain prompts for the Supervisor to ensure Infant Care Plans are developed and updated by DCS Specialist as required. A supervisory review and discussion of the case is required monthly for children with permanency goals of reunification and remain with family, allowing an opportunity for the Supervisor to monitor the use and quality of Infant Care Plans regularly.

State Laws or Regulations Affecting the States eligibility for the CAPTA State Grant

A review of the 2020 Arizona legislative session bills was conducted by the Attorney General's office, which determined that no bills were passed that would impact the Department's CAPTA State Grant eligibility.

No state law changes were required for Arizona to be in compliance with the new Victims of Child Abuse Act Reauthorization Act of 2018. The Department submitted the required Governor's assurance in June 2019 with the Arizona 2020-2024 CFSP.

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Section X

**Chafee Foster Care Program for
Successful Transition to Adulthood
and Education and Training Voucher
Program Annual Progress Report**

Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood

The Department of Child Safety (DCS) is the State agency responsible for administering the title IV-E program. The Department will continue to administer the Chafee Foster Care Program for Successful Transition to Adulthood 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 (ETV) under purpose 6 of Section 477(a) of the Act. Arizona's Chafee Program is hereafter referred to as the Young Adult Program or YAP. A DCS specialized unit that serves youth in foster care at age 16 or older is hereafter referred to as a YAP unit.

The Chafee certification indicates the Department will expend no more than 30% of the allotment of Federal funds for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. For the purpose of this plan, room and board is defined to include housing (direct rental assistance or related costs such as security or utility deposits), food, expenses of a child in the youth's care, personal care, clothing, and basic furniture and household maintenance items. Room and board is available through the Department's program of continued foster care and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under the age of 21 years, who were previously in the custody of a state or tribal child welfare foster care program, in out-of-home care, at age 16 years or older. The Department's Permanency and Youth Service (PYS) Unit provides oversight of the programs and agencies that provide Chafee services and supports. The PYS Unit includes a Manager, a Statewide Independent Living Coordinator, a Permanency and Youth Services Coordinator, two Statewide Education Specialists, a Fostering Sustainable Connections Coordinator, two Administrative Assistants, and four Extended Foster Care Quality Reviewers. The PYS unit works closely with DCS field leadership to ensure that Chafee services and supports are provided to young people age 14 and older. In 2018, the PYS Unit began conducting quality assurance reviews on open cases involving youth age 14 to 20. The PYS Unit will continue to deliver technical assistance regarding all services related to the Chafee program.

Services provided since the 2020-2024 CFSP, including any changes and additions in the program design

Title IV-E Extended Foster Care Program

DCS continues to provide the services and supports outlined in the 2020-2024 CFSP. In addition, DCS implemented a title IV-E Extended Foster Care program (EFCP), which was formally approved on October 1, 2019. The Department previously operated a robust state-funded extended foster care program and after careful consideration, felt that it would benefit the state and young adults served to utilize the title IV-E program. The title IV-E EFCP compliments the Department's Chafee program and allows additional supportive funds for transition age youth.

The Department's EFCP policy indicates the Department may provide out-of-home care services and supervision to an eligible qualified young adult who reached the age of 18 years while in the custody of the Department as a dependent child, when the young adult:

- is 18, 19, or 20 years of age;
- is a resident of Arizona;
- has signed a Voluntary Extended Foster Care Agreement;
- resides in a supervised living arrangement approved by the Department;
- has an individualized case plan that outlines the activities the young adult identifies as necessary to aid in the successful transition to adulthood, and the supportive services the Department will provide the young adult to work toward the identified goals; and
- is in one or more of the following:

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- completing secondary education or an educational program leading to a GED or be enrolled in an institution that provides postsecondary or vocational education;
- employed at least eighty hours a month;
- participating in a program or activity that promotes employment or removes barriers to employment; or
- unable to be a full-time student or to be employed because of a documented medical condition.

Implementation of the title IV-E program formally began on October 1, 2019. Since that time, every young person who has chosen to participate in extended foster care upon their 18th birthday or opted to “re-enter” foster care after turning 18 has been served through the EFCP. The Department has enrolled 305 young adults into the new program between October 1, 2019 and April 30, 2020 (source: Business Intelligence Dashboard, Youth and Extended Foster Care Report). As of December 31, 2019, young people participating in the Extended Foster Care Program were in the following supervised independent living settings:

- Relative: 40
- Foster Family: 91
- Group Home: 180
- Institution/Residential (shelter, detention, hospitalization): 44
- Independent Living (IL Subsidy): 541 (source: DCS Semi-Annual Child Welfare Report).

Transition Team Decision Making (TDM) Meeting

During SFY 2020, DCS finalized a new TDM type for young people ages 14 and 16 years old. The goal of the Transition TDM is to support young people, starting at age 14, to develop individualized transition to adulthood plans and provide connected adults and supportive resources to successfully follow the plans. The Transition TDM assists young people, their families, caregivers, DCS Specialists, and other team members to develop a road map to reach each young person’s interests and goals. The Transition TDM will explore educational status and needs, extracurricular interests, normalcy activities, strength of social connections, mental health needs, well-being, and other areas identified by the young person and team members. The Transition TDM is designed to be held when the youth is age 14 and 16. These TDMs help the young person transition to the Extended Foster Care Program (EFCP) or achieve permanency. An Age of Majority TDM is held at 18 and before discharge from the EFCP. DCS TDM Facilitators completed Youth Thrive™ training to ensure they can facilitate conversations around adolescent development, positive youth development, and protective and promotive factors for young people. Transition TDMs will begin in CY 2020.

2019 Young Adult Program Youth Conference

DCS held a Young Adult Program Annual Conference in July 2019. The conference included a leadership day for young adults who have an interest in advocacy and leadership positions within DCS and the community. Ten young people attended the leadership day, which consisted of a workshop with Arizona State University’s NYTD team, who conducted a focus group to identify what additional questions young people felt Arizona should include on the NYTD Baseline survey in 2020. The young people also participated in a Strategic Sharing activity where they were supported in learning how to share their stories to support their advocacy goals in a safe way. The young people also engaged in conversations around advocacy and learned from other alumni of care regarding their experiences as professionals in the child welfare field. The day concluded with a dinner to solidify the comradery of the DCS Youth Empowerment

Council and a discussion around issues young people wanted to present to DCS Executive Leadership at the conclusion of the three-day conference.

Following leadership day, an additional 63 young people ages 16 to 20 joined the conference. The three-day conference included workshops about Teen Dating Violence, Financial Management, Sexual Health, Educational Planning, and the benefits of the Extended Foster Care Program. Day two of the conference included a resource fair with the following vendors: AZCA Young Adult Services, Onward Hope, Sonoran UCEDD, Bridging Success, Foster Care to Success-ETV, and DCS foster/adoption resource unit. Young people participated in team building activities, and engaged with their peers, members of DCS, and the community. Participants from the leadership day collaborated on their priority issue statements to present to Executive Leadership on the final day of the conference. The young people presented the following needs to leadership: additional supportive services needed for youth who find permanency, increased trauma training for congregate caregivers, DCS Specialists need more supports to effectively engage with young people.

Following the Youth Conference, the DCS Youth Empowerment Council (YEC), Arizona's state youth advisory board, decided to take the identified needs from the conference and focus on learning about post-permanency supports and improving experiences for young people living in congregate care settings. The YEC completed meetings with DCS' foster and adoption unit to learn about practices to support youth and families who find permanency. YEC also spoke with a Trauma therapist about the effects of trauma on young people and the lack of understanding by caregivers after permanency is established. YEC will continue to explore this topic, but the issue is multi-faceted and the Council recognizes that this will take larger system changes to improve outcomes. The YEC made substantial progress on their goal of providing outreach to young people in congregate care settings. YEC developed a comprehensive training, presented their outreach plan to congregate care owners, and plan to speak directly to young people about their rights in care and how to advocate for themselves.

Independent Living and Educational Case Management Unit

The Young Adult Program and the Educational Case Management Unit provides important services to assist foster youth in setting and meeting educational and life skills goals and outcomes. These services are available to both teens that are currently in foster care as well as young adults age 18 to 20 years old who were in foster care when they were teenagers. Services include individualized assistance to remove barriers to high school graduation (such as interventions for credit recovery, expediting enrollment, etc.) and to identify and enroll in post-secondary programs, including accessing scholarship and grant opportunities. Young adults over 17 years of age in the Independent Living Program may be continuing enrollment in a traditional or alternative secondary education program, enrolled in postsecondary education, or have completed graduation or attained a general equivalency diploma and chosen to work full-time rather than pursue secondary education.

The DCS Supportive Resources Annual Report for SFY 2019, indicates that on June 30, 2019, there were 1,641 youth in the Independent Living Program. The population of youth represented in this annual report are youth in out-of-home care age 16 and older with a primary or concurrent permanency goal of Independent Living. Number of youth in the program by age are as follows.

- 16: 233 youth
- 17: 538 youth
- 18: 410 youth
- 19: 258 youth

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- 20: 202 youth

The number of youth in the program by educational grade are as follows.

- Below 9: 0
- 9: 0
- 10: 233
- 11: 538
- 12: 410
- Secondary Programs: 111
- Post-Secondary: 246
- Not in School: 103

Number of youth who obtained a high school diploma or general equivalency diploma are as follows.

- 235 youth in the program graduated from high school in 2018-2019
- 91 youth in the program received a general equivalency diploma in 2018-2019

Chafee Funded Life Skills and After-Care Services

In 2019, DCS continued to utilize part of Arizona's Chafee award to support a statewide contract for life skills training and aftercare case management with Arizona's Children Association (AZCA). AZCA's Young Adult Services (YAS) program consists of two specific services, Life Skills Training and the Transitional Independent Living Program. Young Adult Services served 209 young adults in the Transitional Independent Living Program and 979 young adults in the Living Skills Training Program between January 1, 2019 and December 31, 2019. Services are delivered in all 15 Arizona Counties by approximately 55 program employees.

AZCA administered client satisfaction surveys to 198 Life Skills Training clients in CY 2019, and clients reported an overall satisfaction rate with the program services of 93% (source: Chafee Report AZCA 2020). There were 27 client satisfaction surveys for young adults in the Transitional Independent Living Program, and the clients reported a 96% overall satisfaction rate with the services. AZCA facilitated numerous Youth Empowerment Groups, which provided young people across the state of Arizona with opportunities for engagement and learning in a group setting.

Youth Empowerment Groups included the following activities.

- Housing workshops allowed youth to practice renting an apartment. Youth were provided a sample monthly salary, which they used to develop a budget and rent an apartment. Youth practiced filling out rental applications, getting money orders from a mock bank and signing a lease with a mock leasing agent.
- Health care workers provided a workshop on safe sex practices and birth control options. Youth were able to have an interactive discussion, view contraceptive options and ask questions in a safe and supportive environment.
- A two part employment workshop allowed the youth to practice filling out applications, skills on how to create a resume, and mock interviews.

- A Program Clinician facilitated a workshop on substance abuse: the affects and recovery options of substance use by the youth or their friends or family.
- The Educational Training Voucher Program (ETV) managed by Foster Care to Success led a youth discussion, which involved the completion of a FAFSA and ETV. The youth were provided examples of how to complete the FAFSA and ETV applications including important deadlines and resources the youth can access for further assistance.
- A representative from the Workforce Innovation and Opportunity Act (WIOA) program, discussed opportunities for participating in the WIOA program.
- A “Real Life” event that consisted of four skills areas focusing on auto care, simple cooking, general first aid, and travel.
- AZCA clinicians facilitated a group utilizing the “In Their Shoes™” curriculum. In Their Shoes™ is an activity to help facilitate conversations about teen dating violence. Participants become one of six characters based on the experiences of real teens including sexting, pregnancy, homophobia, and stalking. They make choices about their relationships and move through the scenario by reading about interactions with their dating partner, family, friends, counselors, police, and others. Following the simulation activity, youth discussed their experiences and feelings as a group.
- A two-part YEG on Hands on Banking® and Financial Wellness.
- AZCA hosted an LGBTQ foster youth pride event on June 8, 2019 for approximately 35 youth, at One·n·Ten in Central Phoenix. The event included a presentation from Bloom 365 about self-esteem, self-love, and respecting yourself while in relationships with others. The youth also created vision boards for their future goals, aspirations, and dreams. The youth participated in a drag costume fashion show and were given the opportunity to use the runway to showcase their designs, provide encouragement, and celebrate one another.
- The AZCA Young Adult Services program hosted the third annual career fair for approximately 45 young adults from Maricopa and Pinal Counties in October 2019. The three-hour event allowed youth to speak with over 25 professionals and explore possible career paths for themselves in the future. A job jeopardy activity as well as mock interviews were also provided. Community partner, Helen’s Hope Chest, provided professional clothes for the attendees to take home from community donations with almost every youth leaving with some sort of new clothing. Volunteer hairstylists were also available to cut hair for youth in attendance. Rudy’s Barbeque provided food for the youth, volunteers and staff in attendance.
- The AZCA Young Adult Services program participated in the planning and execution of Young Parent University, along with DCS’ Office of Prevention. Young Parent University was held on October 12, 2019 for approximately 50 young people and their children. The event was hosted at Desert Cross Tempe Campus Church. The event featured a variety of breakout sessions such as; Water Safety with Phoenix Children’s Hospital, Nutrition for Infants and Toddlers with Women Infant And Children (WIC), In Their Shoes™ presented by AZCA, Positive Story Telling, Infant Injury Prevention and much more. A resource fair was held during lunch that featured 20 local agencies who provide resource and support relevant to the young parent population within the foster care system. The young parents each received a stroller, a diaper bag, books, and a sound monitor for their participation and attendance.

NYTD update on the state's plan to strengthen the collection of high-quality data

DCS continued work to improve and strengthen NYTD data collection, both in regards to service and outcome data. In 2019, DCS completed several key activities to ensure successful collection of service data as well as to lay the foundation for a successful 2020A baseline survey sample. As outlined in Arizona's NYTD PIP, DCS finalized policy related to NYTD service and outcome data collection on September 30, 2019. The PYS Unit, along with Arizona State University's (ASU) Center for Child Wellbeing and School of Social Work, developed a comprehensive plan to develop a robust baseline survey and engagement techniques that would encourage youth survey participation during the 2020 baseline cohort. ASU's team facilitated a NYTD discussion at the DCS Annual Youth Conference in July 2019, where ASU engaged young people in a dialogue to identify what types of outcome questions they felt were important to include in DCS' NYTD Baseline survey. The young people shared what types of outcomes they felt were important for young people exiting foster care to achieve and guided the professionals from the youth perspective. ASU also presented NYTD service and outcome data to the entire youth conference, in order to educate them on the importance of NYTD. ASU's marketing specialist facilitated a focus group for 17 young people in August 2019, to ensure that the survey imaging and messaging were impactful to young people. On September 1, 2019, DCS finalized a Memorandum of Understanding (MOU) with Arizona State University, wherein ASU will be responsible for the outcome portion of Arizona's NYTD data, starting with the reporting period 2020A on October 1, 2019. ASU administered 242 baseline surveys in NYTD period 2020A.

A portion of ASU's NYTD responsibilities include providing updated infographics that outline key components of the survey results. ASU and DCS presented informal NYTD data at an ASU "Next Chapter Symposium" in February 2020. Symposium participants included Court Appointed Special Advocate (CASA) volunteers, Foster Care Review Board volunteers, community members, and young people. DCS and ASU shared the NYTD survey process at quarterly Transition to Adulthood meetings in September 2019, December 2019, and March 2020. Transition to Adulthood meetings include community partners from Workforce Innovation and Opportunity Act, community providers, Chafee contractors, DCS YAP supervisors and Program Managers, housing partners, and Tribal members. DCS and ASU will analyze the 2020A period findings and compare with service data collected by DCS and Chafee contractors. DCS will share NYTD data via a community email list serve, at the 2020 summer youth conference, and at the Transition to Adulthood meeting in September 2020.

In addition to improving NYTD survey participation, DCS implemented several strategies to improve the quality of NYTD service data. The IL Coordinator ensures DCS Specialists and Chafee contractors report NYTD services at the end of each period. The NYTD services reference guide and matrix continues to be an effective tool for staff who are reporting on NYTD services. In April 2020, the IL Coordinator facilitated a webinar to review NYTD service reporting processes for period 2020A.

The Audit Management Services (AMS) team completed a thorough case record review of 138 served youth from reporting period 2018B. The AMS review mirrored the NYTD Federal review and was specifically evaluating if services reported in the submitted NYTD file were supported by documentation in the child's DCS file. The first AMS review highlighted the need to provide additional technical assistance to DCSS regarding the need for thorough documentation of interventions provided to young people. AMS Administrator and Program Audit Manager presented the NYTD review findings at the December 2019 DCS Transition to Adulthood meeting. AMS and PYS will continue NYTD data reviews during 2020 and subsequent years to ensure continued improvement as well as utilizing data as a tool in educating the DCS field and Chafee contractors on how to accurately report NYTD services.

Coordination of services with other federal and state programs

In 2019, the PYS unit strengthened relationships with other youth serving organizations in Arizona. The IL Coordinator continued efforts to collaborate with partners serving youth with disabilities by serving as the Chair for the Arizona Community of Practice on Transition (AZCoPT). The AZCoPT worked on a transition guide for youth with disabilities living in Arizona. The transition guide offers comprehensive information about sheltered workshops, school-to-work programs, and local employment agencies. Relationships built with AZCoPT have assisted DCS in understanding the resources available to youth through Rehabilitation Services Administration (RSA) and Vocational Rehabilitation, both in the schools and in the community.

The IL Coordinator also presented at the Arizona Department of Education's (ADE) Annual Transition Conference during the summer of 2019. The IL Coordinator presented to educators and other community members about the services DCS provides transition age youth in foster care. At the ADE conference, the IL Coordinator also presented with the Statewide Transition Coordinator from RSA and an associate from the Youth Technical Assistance Center on the joint project around delivering Pre-Employment Transition Services (Pre-ETS) to young people in foster care.

RSA approached the IL Coordinator regarding a partnership to support enrollment of foster youth in Pre-ETS through RSA funding. The team received technical assistance from the Youth Technical Assistance Center (Y-TAC). The team members identified that Arizona providers struggled to identify the types of supports and service young people with disabilities in the foster care system are eligible to receive. The project included an all-day Interagency Collaboration meeting in June 2019. Representatives from DCS, DDD, Vocational Rehabilitation, and AHCCCS presented information about how each state agency supports young people with disabilities in foster care. As a result of the partnership, RSA identified that the foster care population would benefit from an experienced Pre-ETS provider who could understand the unique needs when serving youth in foster care. Thus, RSA finalized a contract with the Sonoran UCEDD, who will be responsible for delivering Pre-ETS to youth in foster care across the state.

The Sonoran UCEDD initiated a new project in 2019, Fostering Positive Outcomes, which assesses the transition needs and supports for youth with disabilities in foster care. The purpose of the project is to fill the information gap and help youth navigate their way through the multiple systems to adulthood. The Sonoran UCEDD collaborated with the Arizona Department of Health Services, Bureau of Women's and Children's Health, and Office of Children with Special Health Care Needs to conduct a needs assessment for foster youth with disabilities and special health care needs. The needs assessment will explore the needs and availability of services, supports, and other assistance for these youth in their transition to adulthood across child welfare agencies in Arizona. The IL Coordinator, members from DCS' Youth Empowerment Council, and Chafee contracted staff served as members on the project's advisory committee. DCS is committed to understanding the unique needs of young people who have a disability in the foster care system and look forward to continued collaboration on this project.

In addition to identifying supportive programs for youth with disabilities, DCS has also enhanced partnerships with workforce programs in Arizona. DCS' contracted life skills provider, Arizona's Children Association (AZCA), refers clients to Vocational Rehabilitation, WIOA programs, and community programs like Arizona Friends of Foster Children Foundation's Keys to Success, to support young people with their employment goals. Valley of the Sun YMCA created a complimentary program to their WIOA programming, specifically designed to support youth who experienced foster care. The partnership with YMCA has been integral because they are able to serve young people up to the age of 24. The YMCA program constantly shares information regarding resources, employment, and vocational training opportunities for young adults. The program has also been beneficial in funding programs and students

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who are not eligible for federal financial aid opportunities. In 2019, Valley of the Sun YMCA served 50 young people through their workforce programming and 40 from their Foster Care specific program.

During CY 2019, the Arizona Department of Health Services administered the contracts for Teen Pregnancy Prevention and served 284 youth in 14 DCS group homes throughout Arizona.

DCS actively engages with community partners to support housing opportunities and options for young people. The PYS unit attends Arizona's two Continuum of Care (CoC) meetings in Maricopa and Pima counties. The Maricopa CoC facilitates a monthly Youth Collaborative meeting for partners who support transitional housing for youth. Local community partners include Thrive, Dream Center, Native American Connections, and UMOM. The Maricopa Youth Collaborative meeting reviews youth who are served by the Homeless Management Information System. Community partners review resources available through Rapid Rehousing, Permanent Supportive Housing, and Foster Youth to Independence (FYI)/Family Unification Program (FUP). DCS representatives share how Chafee and title IV-E Extended Foster care services can support eligible youth.

The Pima County CoC facilitates a monthly Homeless Youth Subcommittee (HYS) meeting for partners who support homeless and opportunity youth in the community. Local community partners include AZCA YAS, Youth On Their Own, Goodwill METRO, Our Family, SIROW Lighthouse, AzYP, Sin Puertas, and local ESSA and McKinney Vento school coordinators. The Homeless Youth Subcommittee works in conjunction with the Youth Advocacy Council through the Tucson Pima Coalition to end Homelessness (TPCH). Community partners review resources available through Rapid Rehousing, Permanent Supportive Housing, FYI/FUP, and other supportive services. DCS and AZCA YAS participates in the HYS to share how Chafee and title IV-E Extended Foster care services can support eligible youth. TPCH received \$4.558 million of the Youth Homelessness Demonstration Project grant to provide funding for projects and services specific to youth homelessness in Pima County. DCS and AZCA YAS staff have actively participated in the core planning of this project and is participating in the process to approve agencies that will utilize these funds.

DCS continues to collaborate with juvenile justice agencies in Arizona. The PYS unit receives weekly email correspondence from Arizona's Department of Juvenile Corrections (ADJC) to evaluate if young people admitted to ADJC are also wards of DCS. This communication ensures that DCS and ADJC coordinate needs and services for the young people at ADJC. AZCA collaborated with DCS and ADJC to enroll incarcerated foster youth into AZCA's programming before they discharge from an ADJC facility. AZCA and DCS encourage engagement between youth and TILP providers before youth discharge from a facility to ensure a smooth transition of services. AZCA successfully enrolled two TILP youth from Adobe Mountain School and secured housing for the young people before they were discharged from ADJC. AZCA presented at Adobe Mountain School to a group of eight incarcerated youth to discuss ILP and TILP and the enrollment process.

Coordination and efforts of Chafee services in the facilitation of FYI and FUP vouchers

DCS finalized a Memorandum of Understanding (MOU) for the use of FYI vouchers with the Mohave County Housing Authority and the Glendale Housing Authority in January 2020. Arizona has unique needs regarding housing options for young people who are eligible for the FYI Vouchers. The current FYI instruction, only allows Housing Authorities who do not have current Family Unification Program (FUP) vouchers to utilize the FYI vouchers. This component of the initiative has been limiting for Arizona, as the largest Housing Authorities are not eligible to utilize FYI, because of their current FUP awards. HUD awarded FUP vouchers to the four largest housing authorities in Maricopa County in November 2018,

including City of Phoenix, City of Tempe, City of Mesa, and Maricopa County. The vouchers continued to be available during SFY 2020. Pima and Yuma Counties also utilize FUP vouchers for young adults.

DCS facilitated an event in February 2019 to identify practice implementation strategies for utilizing FUP vouchers between DCS and the Housing Authorities in Maricopa County, and the efforts continued into SFY 2020. DCS, the Housing Authorities, and the Continuum of Care in Maricopa County have struggled to support young adults in the “lease up” process. Barriers to young people becoming “leased up” include ineffective communication strategies between the Housing Authorities and young people, lack of resources to assist young people in identifying leasing agents who will accept the FUP voucher, and a gap in financial supports for young people over 21. The Continuum of Care has plans to request technical assistance from HUD for Arizona on this matter. Young adults and families have different needs and capabilities regarding utilizing the FUP vouchers. The PYS Unit would recommend Housing Authorities currently operating FUP, be able to also utilize FYI, as the FYI vouchers are specifically meant to support youth age 18 to 24 and they are not competing for resources with families as they are with FUP.

DCS’ Office of Prevention manages the FUP and FYI processes for DCS. The Office of Prevention verifies FUP eligibility for young adults and assists with completing an application and providing a completed application to the relevant Housing Authority. There have been barriers in collecting data from the Housing Authorities related to the numbers of successful young people who “lease up” after they are connected with a Housing Authority. DCS has goals to improve communication between DCS and the Housing Authorities in 2020.

The PYS unit appreciates that FYI and FUP programs complement a state’s use of Chafee funds for eligible youth. DCS’ Chafee after-care contractor, AZCA has been diligent in utilizing FUP vouchers for young people who are no longer in foster care and are at risk of, or experiencing homelessness. AZCA assisted young people in the FUP application process and utilized Chafee funds to support deposits and other fees that support a young person becoming “leased up.” Additional community partners have provided support to young people during the FUP process. These practices will be utilized to support Housing Authorities who use FYI vouchers in the future.

Collaboration with Other Private and Public Agencies

DCS values the support of public and private sectors and the ways they support foster youth in their successful transition to adulthood. In addition to the information described in collaborating with other state and federal programs, DCS continues to build relationships with agencies in the public and private sectors.

The Department completed additional steps to prepare for additional housing partnerships with community members in both the public and private settings. DCS plans to continue working towards supportive transitional housing models that would be a partnership between DCS and outside entities. DCS believes strongly that young people need additional transitional housing options that can support a broader range of individual youth needs as they reach adulthood. Additional housing programs will also strengthen DCS’ EFCP as supportive room and board options are an integral part of the benefits provided.

DCS received private donations that assisted in compensating youth and young adults for their participation in DCS related advocacy events, including the DCS Youth Empowerment Council.

Arizona Friends of Foster Children Foundation (AFFCF) is a non-profit in Arizona, committed to serving foster children and foster families in Arizona. AFFCF offers financial support to foster youth in Arizona to support normalcy activities like camps, school activities, funds for bikes, and much more. The Keys to Success (KTS) program operated under AFFCF, serves foster youth age 16 to 21 in Maricopa and Yavapai

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counties with career development services. In 2019, KTS enrolled 194 new participants to the program. Outcomes seen in 2019 include to following.

- 91% of participants secured employment within one year of enrollment.
- 90% of participants retained employment for 30 days or longer.
- 88% of age-appropriate participants enrolled in post-secondary education or training (source: <https://www.affcf.org/keys/>).

The KTS program partners with Fry's Grocery Stores to provide employment for young people who have experienced foster care. KTS and Trinity Opportunity Alliance, assist the Fry's management in the best practices to support young people and coach the young people as they navigate the professional sphere.

AZCA's Young Adult Services Program works closely with community service providers to raise awareness and seek skill services and supports for the unique needs of youth and young adults who are aging out of foster care. DCS young adult services staff participate in community meetings, initiatives, and collaborations dedicated to improving the outcomes for youth and young adults who have experienced adversity. The meeting frequency varies between the different coalitions or committees.

Northern Arizona:

- Coconino CASA for Kids (CCFK) Council meets monthly and the area Program Supervisor serves on the board. CCFK has collaborated with Young Adult Services in Coconino County to provide ongoing donation funds targeted at supporting youth transitioning out of foster care for a range of needs, including normalizing experiences.
- Coconino Coalition for Children & Youth Fostering Connections committee meets monthly and the area Program Supervisor is a committee member. The group focuses on strengthening the communities in Coconino County to prevent and combat the impacts of Adverse Childhood Experiences. The committee has supported the coordination of the annual Coconino Child Abuse Prevention Conference and a follow-up presentation, "Self-Healing Community," featuring Kevin Campbell.
- Yavapai CASA Council has collaborated with YAS in Yavapai County to provide ongoing support for transition age youth through individual grants and with the Keys to Success program.
- Northern Arizona Council of Governments (NACOG) have presented at YEGs and provided support for youth seeking summer employment opportunities in Yavapai County.
- Coconino County Continuum of Care (COC) is a bi-monthly meeting attended by the area Program Supervisor. The COC is focused on reducing homelessness and sharing information as agency to provide community support.
- Show Low Community Meeting occurs monthly and is attended by YAS staff in Navajo County.
- Young Adult Services presentations throughout the year include: W.L. Gore, Navajo Nation Social Services, Flagstaff DCS, Payson DCS, Yavapai County Youth and Adult Probation, Prescott and Prescott Valley Libraries, Prescott High School, West Yavapai Guidance Clinic, Child and Family Support Services, The Lighthouse boys group home/shelter in Prescott Valley, Mingus Mountain Academy.

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- Young Adult Services attended the following community events: the Yavapai Medical Center Community Health Fair, the Yavapai CASA for Kids Foundation Halloween Family Fun Run, the Show Low Light Parade, Pride in the Pines, Flagstaff Hullabaloo.

Pima County and Southeastern:

- Youth on the Rise Committee meets quarterly and the Program Supervisor in Pima County participates in this meeting. Youth on the Rise, the opportunity youth change network, is committed to amplifying youth voice, using data and leveraging existing resources to provide opportunity youth quality education and career pathways that lead to economic and social stability.
- Young Adult Services presentations throughout the year include: Tucson Urban League WIOA funded internships and job programs, KVAN Radio, Vision Quest, Youth on Their Own, Department of Child Safety Specialist Ongoing Units in Pima, Cochise and Santa Cruz counties, Pascua Yaqui Nation, A Family for Every Child Pascua Yaqui Wellness Center event, Fostering Success, Tohono O’odham Nation, Sunnyside High School, Arizona Friends of Foster Children Foundation Post-Secondary Education resource fair, Desert View High School, Catalina High School, Arizona Complete Health, Tucson High Magnet School, Tucson Meet Yourself, and Tucson Pride.

Maricopa West (including Yuma County):

- YAS are represented on Community Board Members for the following programs: Bridging Success Maricopa County Community Colleges, Bridging Success ASU, FosterEd and Fostering Advocates Arizona, Children’s Action Alliance.
- YAS utilized the following community partners in CY 2019: Nina Pulliam, Scholarship, Maricopa County Health Department, Grad Solutions, Arizona Family Health Partnership, Foster Care to Success ETV Program, YMCA WIOA Program, Thrive AZ, Arise Housing, Foster 360, Grad Solutions, Key to Success, AFFCF, Homebase Youth Services, Inter Tribal Council of Arizona, Dream Center of Arizona, UMOM, Arizona Complete Health, Arms of Love Supportive Housing Program, ACYR of Arizona, University of Arizona: Sonoran UCEDD, Nina Mason Pulliam Scholarships, Arizona@Work Maricopa County Youth Services, Bridging Success MCCC, Bridging Success ASU, FosterEd, MLK Center, Heritage Library, Yuma Main Library, Parker Library, Yuma County Health Department, Crossroads Mission, Amberley’s Place, Yuma County Food Bank, Sunset Community Health Center Yuma County Rotary Club, San Luis Public Library, University of Arizona Yuma, Arizona Western College, Adult Literacy Plus, YPIC, Pathways, Horizon Health and Wellness, Foothills Library.

East Maricopa & Pinal County:

- Canyon State Academy is a living arrangement for a large amount of youth in the Central Region and has been accommodating in arranging meeting rooms for individual and group meetings with youth. Canyon State Academy Case Managers are in contact with Independent Living Specialist in regards to coordination of care.
- Arizona Friends of Foster Children Foundation and Keys to Success Program both have presented during team meetings about resources on scholarships and grant opportunities.

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- Onward Hope, Aging out Institute, Bridging Success and Mesa Community College have all collaborated with AZCA to present during Youth Empowerment Groups.
- Helen's Hope Chest provides clothing and other needs for youth throughout the year and donated a large amount of interview attire for the Career Fair.
- Mesa United Way's Foster 360 program works in partnership to provide services to multiple youth, including ensuring better coordination between all services and life coaching for the youth involved. A monthly meeting occurs to staff youth open in both programs.

Education and Training Vouchers (ETV) Program

Section 477(a)(6) of the Act makes available vouchers for education and training, including post-secondary training and education to youth who have aged out of foster care or who, after attaining 16 years of age, have left foster care for adoption or kinship guardianship. Arizona additionally makes vouchers available to youth who left foster care for any reason at age 16 years or older. The Department contracts with Foster Care to Success (FC2S) to operate the state's ETV Program. Current and former foster youth may apply directly for the voucher by submitting an application online at www.statevoucher.org. DCS staff provide verification of each applicants' former foster care status. Contracted provider 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, based on the approved application and budget.

Eligible students must be enrolled, attending, and in good standing at a title IV postsecondary institution and have financial needs that do not exceed their Cost of Attendance (COA). FC2S' proprietary software ensures that no student receives more than \$5000 in an academic year and final status codes prevent ineligible youth from receiving funding. Fiscal management of the ETV program is complex and student funding is individualized each semester. Students are mobile, moving frequently, changing schools, stopping/dropping-out and returning after a hiatus. Daily monitoring allows FC2S to respond to students' needs in real-time and provides DCS with accurate and timely expenditure reports.

In 2019, ETV collaborated with college personnel to host several certificate fairs for foster youth, and those who work with and care for them, to increase awareness about the value of career and technical training programs and the availability of employment opportunities upon completion. Event locations included Glendale Community College, Gateway Community College, and Pima Community College Downtown and planning is underway for events at Phoenix College and Estrella Mountain. These certificate fairs, as well as other training and promotional events, offered information about the ETV program and reinforced our messaging about the value of career technical training and the range of postsecondary pathways that can lead to success.

ETV Program Outcomes:

- 100% of ETV funds will be fully expended within two years in accordance with the FFY.
- 100% of ETV applications received from January through December of 2019 were processed within 10 business days of receipt of the completed application.
- 67% of ETV students persist from one semester to the next.
- In academic year 2018/2019, 70% of students completed the fall semester and returned for the spring semester.
- In academic year 2019/2020, 67% of students completed the fall semester and returned for the spring semester.

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- During the academic year 2018/2019, thirty-four students completed their funded course of study as verified by the National Student Clearinghouse (not all institutions report data to the NSC or report in a timely manner).
 - Six students earned certificates;
 - Seven students earned an Associate’s degree; and
 - Twenty-one students graduated with a Bachelor’s degree.
- 80% of youth who receive ETV maintain the minimum required performance standard for the institution they require.
- In the spring semester (January 1 – June 30, 2019), 79% of funded students earned a 2.0 or better.
- In the fall semester (July 1 – December 31, 2019), 81% of funded students earned a 2.0 or better.

The current ETV awards and new ETV students are as follows:

	Total ETVs Awarded	Number of New ETVs
Final Number: 2018/2019 Academic Year (July 1, 2018 to June 30, 2019)	499	171
Year To Date: 2019/2020 Academic Year (July 1, 2019 to June 30, 2020)	453*	183*

*Reflects total as of February 28, 2020

Chafee Training

DCS began implementing Youth Thrive™ training in CY 2019, facilitated by the PYS unit. DCS utilized technical assistance from the Capacity Building Center for States and hosted a three-day, Youth Thrive™, train the trainer session in April 2019. Twenty-three participants were certified as Youth Thrive™ trainers. The trainers began providing trainings to other DCS staff and community members in June 2019. As of March 18, 2020, 248 participants have completed Youth Thrive™ training. One hundred and ninety-two participants were DCS employees and 56 were community partners. The DCS participants included all of the DCS Specialist who serve in YAP units, TDM facilitators, central office employees, and DCS Specialists from non-YAP units. The 56 community partners included employees from Arizona’s Children Association’s life skills and TILP program, employees from the Office of the Legal Advocates, and foster licensing agencies.

The Center for Study of Social Policy invited DCS to their National Youth Thrive™ Conference in November 2019. The DCS Permanency and Youth Services Manager, Statewide Independent Living Coordinator, Policy Manager, Curriculum Design & Development Manager, and Youth Empowerment Council President and Vice President attended the Conference. The conference material further solidified DCS’ investment into the Youth Thrive™ framework and concepts within DCS policies, training, and practice.

The PYS unit also published a Young Adult Program computer based training (CBT) in 2019. The YAP CBT highlights program and service elements offered by DCS to young people age 14 to 23. One hundred and sixty DCS employees completed the CBT between May 2019 and December 2019. The PYS Unit will continue to monitor employees successfully completing the CBT and make adjustments to the CBT as needed.

The PYS unit provided numerous trainings and workshops during 2019 across the state to ensure the understanding of services and supports available to youth age 14 and older. The unit conducts quarterly Arizona Attorney General's office training to assure they have the knowledge to understand and support Arizona's Young Adult Program. The PYS Educational Specialists conducted training in 2019 to every DCS case management unit across the state on the importance of understanding the educational needs of older youth, and promoted, and provided the PYS unit Educational Guide developed by the unit in partnership with the community providers, and young adults served by the program. Additionally the PYS unit facilitated quarterly Transition to Adulthood meetings. These meetings offer an opportunity to highlight and assist in the training of internal DCS staff, tribal social services, external stakeholders, and community partners in services offered to older youth by the Department, and innovative practices being conducted across Arizona for youth.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

AZCA is aware and sensitive to the fact that each of the 22 federally recognized tribes, communities, and nations in Arizona, has its own customs and culture. Over the last year, AZCA has established positive working relationships with several Tribes, including Gila River, Cocopah, Navajo, Hopi, Tohono O'odham, Pascua Yaqui, San Carlos, Yavapai-Apache, and Fort McDowell. In order to preserve these working relationships and cultivate new connections with Arizona's 22 tribes it is important that ILP staff work individually with Tribal Leaders to establish rapport. Through the development of relationships with each tribe, AZCA has been able to develop relationships with several Tribal Social Services offices, which has resulted in additional referrals for Independent Living Skills (ILS) and Transitional Independent Living Program (TILP) services. AZCA continues to attend quarterly Tribal Social Service Meetings hosted through the Inter Tribal Council of Arizona (ITCA). Through these meetings, AZCA has been able to present ILS and TILP services offered through the Chafee Grant along with interacting with several Tribal directors, Tribal Social Services Unit Supervisors, and other Tribal council members as well as DCS Tribal Liaisons. The DCS Tribal Liaisons have been instrumental with connecting AZCA Regional Program Supervisors with direct Tribal contacts to begin to develop relationships.

AZCA will continue to coordinate outreach with each Tribal Social Services representative, conduct on site or virtual presentations, and actively communicate directly with Tribal Social Services Case Managers to promote transitional services. AZCA has had some challenges with continued efforts to engage tribal communities. This has included, but not limited to, changes in tribal contacts, lack of contact from Tribal Social Services, and lack of responses from outreach. AZCA has developed an outreach letter, which was sent to all tribes in Arizona within the last year, and will continue to be utilized when completing outreach with tribes without direct relations. AZCA will continue to attend the quarterly Tribal Social Services Meeting held at ITCA and continue to be involved in discussions to improve services for tribal members. AZCA will continue to foster current connections with tribal members through active communication and consistent presentations of services. AZCA will continue to utilize connections with the DCS Tribal Liaison to assist with fostering these connections and developing new connections. AZCA will coordinate meetings with the DCS Tribal Liaison to assist with identifying Tribal Social Services Unit Supervisors and Directors to conduct outreach events and presentations.

DCS' contract with AZCA requires that AZCA serve members of Tribal Foster Care with the same supports and services as youth in state foster care. Referrals for Living Skills Training are received from a Tribal Social Services Case Manager, and AZCA serves the young person according to contract requirements. Young adults, who were in tribal foster care, have equal access to the Transitional Independent Living Program (TILP). AZCA and the DCS Statewide IL Coordinator confirms the young adult's program eligibility with the former Tribal Social Services Case Manager or Tribal office. Once AZCA receives confirmation of eligibility, AZCA initiates services for TILP, in alignment with the contract.

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Young Adult Service staff recognize that cultural competence refers to the ability of staff to understand racial differences, disabilities, various socio-economic status, as well as differences in age, gender, sexual orientation, nationality, and learning styles. Program staff provide services appropriate to the economic, ethnic, and linguistic diversity of each community. Program staff demonstrate sensitivity to, and understanding of, cultural and gender differences in program design, implementation, and evaluation.

Pinal and Maricopa Counties:

In 2019, the East Maricopa and West Maricopa teams completed outreach with tribes within their service areas. A Program Supervisor regularly attended the Tribal Social Services Meeting held at the Inter Tribal Council of Arizona. The Program Supervisor routinely provided updates on referrals, the referral process, and services available to all attendees, which is represented by 21 of the 22 tribal nations in Arizona. The Program Supervisor was able to present IL and TILP services to this workgroup twice in the last year. Continued outreach to individual tribes was conducted based on coordination of dates and times the Tribal Social Services departments were available.

- Gila River Indian Community: AZCA conducted outreach and coordination via email and through an in-person presentation.
- Fort McDowell: The TSS Director at Fort McDowell was contacted twice, but has not responded to offers to present services. The Program Supervisor provided business cards and a formal offer to the Fort McDowell representative at a Statewide Transition to Adulthood Meeting but did not receive a response to present services.
- AK Chin: A formal presentation has not been conducted; however, a referral was received from a TSS Case Manager. An Independent Living Specialist and Program Supervisor are currently working on building this relationship and will work towards a formal presentation to the AK Chin Tribal Social Services department.

Pima County:

- Cocopah Social Services has been in contact with a local IL Specialist through monthly text message with a TSS Case Manager. The ILS has also send various emails with the Tribal IL referral and referral process. Local AZCA representatives continue to build rapport with these workers while attending several Community events.
- Quechan Tribe, which is a formal tribe in both Arizona and California. The ILS has remained in contact with a local TSS Case Manager, presented services to a local Case Aide who manages the Quechan Tribal members who reside in Arizona.

Northern Arizona:

- A letter and an email was sent to all northern Arizona tribes with the following enclosures: YAS Referral Form and Consents, Information and Referral Process document, Arizona ETV program brochure, and Tribal Access to Chafee Funded Services document.

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- Navajo Nation: An email was sent to the TSS Director regarding the referral process, referral documents and eligibility requirements. A Northern Arizona Program Supervisor followed up with the information and presented to Navajo Nation Social Services in Ganado, AZ.
- Yavapai-Apache Nation Social Services department continue to remain in contact with the Tribal Social Service Case Manager, who have referred four youth for services this year.
- Colorado River Indian Tribes (CRIT) referred youth since June 2019, and have remained in close contact with the social services worker regarding services, which have been provided to youth.
- Hopi Tribe: AZCA has remained in ongoing communication with the Hopi Tribe, who referred youth for services this year.
- Tohono O'odham Nation: AZCA has remained in contact with social services worker while engaging youth in the ILP program.
- Kaibab Band of Paiutes social services was contacted in early 2019 and will be contacted regarding the referral process and services.
- Hualapai Social Services: AZCA contacted the Tribal Director regarding services and plan to meet in the summer of 2020.

Pima County and Southeastern Arizona:

- Pascua Yaqui: Tribal Social Services were contacted and provided with the ILP referrals process and enclosed documents. The Program Supervisor was able to present services on January 23, 2019 at which time the TSS Case Managers were provided with the program information and flyers for services. Continued team staffing took place in March 2019 with the Tribal Social Services Case Manager who was the contact for referrals for IL services. During an Outreach Event through the Pascua Yaqui Wellness Center a TSS Case Manager was provided with information and flyers for services. Throughout the remainder of 2019 several Tribal Social Services contacts discussed plans for outreach event and potential referrals.
- Tohono O'odham: AZCA completed several phone calls and emails to a Tribal Social Services contact to designate a date to present to Tribal Social Service Case Managers. The Tribal contact did not respond to attempts to engage tribal staff with information for services.

AZCA will continue efforts to schedule a presentation in 2020 with the following Tribes:

- Yavapai Prescott Indian Tribe
- Havasupai Tribe
- Tonto Apache Tribe
- San Juan Southern Paiute Tribe
- Pueblo of Zuni
- Fort Mojave Indian Tribe
- White Mountain Apache Tribe

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AZCA consistently engaged in contact with the DCS Tribal Liaison throughout 2019. Program Supervisors had conversations with the Tribal Liaison at the Tribal Social Services Meetings held at the ITCA. The Tribal Liaison presented to AZCA staff on working with Tribal youth, the dynamics of ICWA, and engagement opportunities with tribal families and youth. AZCA assisted the Tribal Liaison with connections to AZCA foster care programs to locate Foster Parents and Families to participate in a focus group. The purpose of this focus group was to obtain better information on risk and protective factors for Arizona's children and families and to identify the most effective methods to prevent or mediate risks. During the 2018-2019 and 2019-2020 school years, the ETV program served youth who identified membership in the following tribes:

- Ak Chin Community Council
- Apache Tribe of Oklahoma
- Colorado River Tribal Council
- Fort McDowell Yavapai Tribal Council
- Gila River Indian Community Council
- Hopi Tribal Council
- Huron Potawatomi, Inc.
- Navajo Nation
- Pascua Yaqui Tribal Council
- Salt River Pima-Maricopa Indian Community Council
- San Carlos Tribal Council
- Tohono O'odham Nation

Three tribes in Arizona have federally approved title IV-E state plans. These tribes are the Navajo Nation, Pascua Yaqui, and Salt River Pima Maricopa Indian Community. Whenever requested, Arizona's DCS provides support and assistance to these tribes with regard to title IV-E policies and procedures. In early 2019, DCS and the Salt River Pima Maricopa Indian Community had an in-person meeting so DCS could explain the benefits of the Chafee Program to the tribe. In addition, the tribe attended two DCS community Transition to Adulthood meetings. Arizona will continue to make efforts to engage and support tribal Chafee programs.

Section XI

Statistical and Supporting Information

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Information on DCS Specialist Workforce

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports. The Agency uses a full spectrum of staff recruitment activities, including 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. As part of the online application process, candidates are asked a series of pre-qualifying questions and are asked to watch the DCS Specialist realistic job preview video. Information on candidates who wish to continue and who successfully answer the pre-screening questions is forwarded to a hiring manager for review. The hiring authority may schedule an onsite interview with qualified candidates. Candidates who pass the onsite interview will complete the State's application process and background check, which includes obtaining a fingerprint card and Department of Motor Vehicle verification. Candidates must successfully pass all the background requirements before an offer of employment is extended.

Education, Qualifications, and Training of Personnel

DCS Specialist Trainee: Master's or Bachelor's Degree from an accredited college or university or five years of experience as a DCS Case Aide with the Arizona Department of Child Safety

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and 22 weeks as DCS Trainee experience or Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the DCS-ASU/NAU title IV-E program

Office of Child Welfare Investigations Investigator: Law enforcement experience and/or two years of experience as a DCS Specialist experience in an investigations unit

DCS Program Specialist: Master's Degree or Bachelor's Degree from an accredited college or university and three years as a DCS Specialist or OCWI Investigator

DCS Program Supervisor: Master's or Bachelor's Degree from an accredited college or university and one year as a DCS Program Specialist, or four years as a DCS Specialist or OCWI Investigator three years of DCS Specialist or OCWI Investigator experience and one year of professional supervisory experience

DCS Program Supervisor Coach: Master's or Bachelor's Degree from an accredited college or university and two years as a DCS Program Supervisor

DCS Program Manager: Master's or Bachelor's Degree from an accredited college or university and three years as a DCS Program Supervisor, or one year as a DCS Program Supervisor Coach

DCS Program Administrator: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a Program Manager in a Child Protective Services agency

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2019, and for whom this data is entered into CHILDS.

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Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	49	22	71	9.3%
Masters/Related	24	10	34	4.5%
Masters/Non-Related	14	7	21	2.8%
BSW	68	34	102	13.4%
BA/Related	365	76	441	57.9%
BA/Non-Related	69	24	93	12.2%
TOTAL	589	173	762	100%

Data source: EINSTEIN Data Warehouse, run date 2-20-2020

The entry of college degree information into CHILDS is not mandatory; therefore, not all degrees are included in the above data.

Demographic Information of Personnel

The following table provides the race/ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on April 6, 2020 (source: Human Resources Information Solution {HRIS} maintained by ADOA).

RACE/ ETHNICITY	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	6	17	3	26
Asian	5	27	4	36
Pacific Islander	3	0	0	3
African American	38	119	13	170
Hispanic	48	309	51	408
Caucasian	101	526	121	748
Two or more	7	37	2	46
Unspecified	2	65	27	94
TOTAL	210	1,100	221	1,531

GENDER	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	156	910	182	1,248
Male	54	190	39	283
TOTAL	210	1,100	221	1,531

AGE	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	101	371	22	494
30-39 yrs.	48	305	81	434
40-49 yrs.	34	226	67	327
50-59 yrs.	22	144	34	200

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≥60 yrs.	5	54	17	76
TOTAL	210	1,100	221	1,531

TENURE²	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	210	866	170	1,246
5-10 yrs.	0	203	43	246
11-20 yrs.	0	27	7	34
21-30 yrs.	0	4	1	5
>30 yrs.	0	0	0	0
TOTAL	210	1,100	221	1,531

See *Section IV: Assessment of Outcome Achievement* for information related to caseload averages for DCS staff.

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 Department of Child Safety are no longer necessary. During FFY 2019, six 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 2019 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” during FFY 2019. A review of narrative case information identified the agency to which each child transferred. All of these children were in the care and custody of the Department for at least one day during FFY 2019 before transferring to the sole custody of the juvenile justice or correctional agency.

Efforts to Track and Prevent Child Maltreatment Deaths

The Department of Child Safety, in conjunction with the Statewide Fatality Prevention Committee, developed the Department’s plan to prevent child maltreatment deaths during SFY 2019. The Department and Fatality Prevention Committee continued efforts to implement the plan during SFY 2020, including a partnership with the American Academy of Pediatrics to focus on infant death prevention by rolling out a new safe sleep campaign entitled “Don’t Wake Up to a Tragedy.” The Committee focused on prevention efforts with the pregnant and parenting youth in foster care population by holding two Young Parent University programs during SFY 2020, which included Safe Sleep workshops. Office of Prevention staff also call pregnant teens who are in foster care to offer a phone or in-person conversation related to home visitor programs, baby boxes, and Family Unification Program vouchers available to youth aging out of foster care. The teens are also provided with a baby book filled with child develop information. The Committee began to explore the overrepresentation of African American child fatalities by speaking with the South Phoenix Healthy Start program about the challenges the African American population faces in this urban area of the state.

² This is tenure in the classification not tenure in state service.

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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 DCS Child Abuse Hotline report occurred in FFY 2017, but the substantiated finding was not entered into CHILDS until FFY 2018, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2018, rather than 2017.

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in the Arizona SACWIS. Arizona uses information received from the state's Department of Vital Statistics, Child Fatality Review Teams, law enforcement agencies and the Medical Examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee reviews all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to DCS. Through this process, DCS receives information on all child deaths that may have been caused by a parent, guardian, custodian, or other adult member of the household due to abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS 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 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 X, Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

Inter-country Adoption Act of 2000 (ICCA)

The ICCA seeks to ensure that inter-country adoptions are in the child's best interest 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 have continued to receive the same comprehensive services as any other child in out-of-home care during the reporting period.

Case information was reviewed for each child who entered out-of-home care during FFY 2019 and was identified in CHILDS as having been previously adopted. This review identified five children who entered out-of-home care in FFY 2019 and were the subject of an inter-country adoption.

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One child was adopted from Guatemala at age three. DCS does not have the name of the agency that facilitated the adoption. The youth entered care at age 14 due to behavioral and mental health issues. The youth continues to be in care, is placed in a therapeutic group home, and is participating in therapeutic services. The permanency goal for the youth is reunification, with a concurrent goal of independent living.

One child was adopted from Vietnam at age one through a private agency in the United States called Children's Hope International. The youth entered care at age 16 due to behavioral issues. The youth was reunified with the mother after being in out-of-home care for three months.

One child was adopted from Africa at age three through a private adoption, there was no agency involvement. The youth entered care at age 10 due to behavioral issues. The youth continues to be in care, is placed in a group home for children with a history of trauma, and is participating in therapeutic services. The permanency goal for the youth is reunification.

One child was adopted from Ethiopia at age eight through the World Association for Children and Parents (WACAP), which recently merged with Holt International. The youth entered care at age 17 due to behavioral issues. The youth is now 18 years old and continues to be in care through the extended foster care program. The youth is placed in a group home, and is participating in services. The permanency goal for the youth is independent living.

One youth was adopted from Rwanda at age three through the Rwanda government. The Rwanda government does not allow private agencies to be involved with the adoptions of their citizens. The youth entered DCS care at age 10 due to behavioral and mental health issues. The youth continues to be in care, is placed in a residential treatment center, and participate in family therapy with his mother. The permanency goal for the youth is reunification.

Monthly Caseworker Visit Data

This data will be reported to the Children's Bureau by December 15, 2020, as indicated by the February 4, 2020 Program Instruction. The caseworker visit data previously submitted for FFYs 2017 through 2019 indicate DCS met the goals of 95% of children seen on a monthly basis by caseworkers and at least 50% of the total number of visits occurring in the child's residence. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* for information about the use of the federal Monthly Caseworker Visit Grant.

State Contact for the FFY 2021 APSR

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SECTION XII

Updates to Targeted Plans within the 2020 – 2024 CFSP

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Section XII: Updates to the Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan - There were no changes or additions to the *Foster and Adoptive Parent Diligent Recruitment Plan* submitted with the FFY 2020-2024 CFSP. Please see *Section V: Assessment of System Performance* for a description of the progress and accomplishments in implementing the *Arizona Foster and Adoptive Parent Recruitment Plan*.

Health Care Oversight and Coordination Plan - Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2021 Update*.

Disaster Plan - There were no changes or additions to the *Disaster Plan* submitted with the FFY 2020-2024 CFSP, except to note the DCS Director has changed. In SFY 2020, Arizona began to experience the effects of the COVID-19 pandemic. On March 11, 2020, Governor Ducey declared a state of emergency in the state of Arizona.

The Department of Child Safety has responded and acted to promote the health and safety of children and families served, out-of-home caregivers, service providers, and Department staff during the COVID-19 pandemic, which began for Arizona in March 2020. The following are examples of changes, activities, or efforts made by DCS in response to the virus.

- DCS case aides were temporarily assigned to care for DCS staff's children in DCS offices, which allowed for the DCS staff to respond to new reports of child abuse and conduct home visits to ensure the safety and well-being of children.
- Arizona opened enrichment centers for the children of state employees, which allowed the children to have a safe place to be while the state employee continued to work supporting other Arizona citizens.
- DCS employees, who are able to conduct their job duties without being physically in a DCS office, telecommuted from home. This increased social distancing for those DCS staff not able to telecommute by having fewer people in the DCS offices.
- Some DCS referred services were held by video conference or phone. For example, the first month of family reunification teams were held in-person, but were then transitioned to virtual visits to increase social distancing. There were also several parenting classes provided to families through virtual means during this time.
- Virtual parenting time was conducted during the first two months of the pandemic. If the parent did not have the technology to participate in the virtual visit, the visit supervisor took a laptop to the parent in order for the parent to participate in the virtual visit.
- DCS Specialists conducted monthly contacts with children in out-of-home care, and children who remained in their family home and had been assessed as safe, via video conferencing for the first two months of the pandemic.
- Fabric masks, cleaning supplies, and gloves were provided to DCS staff to ensure recommended precautions could be followed. DCS staff were instructed to put fabric masks on children who came into care and were symptomatic or believed to have been exposed to COVID-19.
- Diapers and children's supplies were delivered to foster families. Gift cards for groceries, computers to ensure children could complete school work from home, and 600 Easter baskets were also distributed. Two local farms donated food, which was distributed to foster families.

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Section XII: Updates to the Targeted Plans within the 2020-2024 CFSP

- The DCS Director conducted weekly calls with providers and courts to keep in communication about business practices, expectations, changes, and updates. The Director also kept in weekly communication with DCS staff and families served by DCS through videos, letters, and emails. The Deputy Director of Field Operations conducted weekly calls with a parent representative group. Guidance and support documents were made available in a special area of the website for members of the public and a special area of SharePoint was made to house COVID-19 specific communications and guidance.
- Because the DCS Child Abuse Hotline had assigned laptops and virtual private network access to the entire Hotline workforce in 2019, the Child Abuse Hotline was able to continue at full capacity to ensure that reports of child abuse and neglect were received and processed during the COVID-19 pandemic. The DCS Child Abuse Hotline was the only state call center that was prepared to deploy remotely.
- DCS Administration ensured any employee or child who presented with symptoms of or had been exposed to COVID-19 had access to medical testing.

The above alterations to the normal procedures of the Department were not intended to be permanent changes. The Department plans to return to normal procedures at a time it is determined to be safe, while following state and federal government directives, and the advice of the Center for Disease Control. For example, during the second half of May 2020, in-person parenting time and DCS Specialist monthly contacts with children in out-of-home care and those determined to be safe while remaining in-home resumed.

During the COVID-19 pandemic, courts have been holding court both virtually and in-person, depending on the location and individual county decision making. Court personnel have indicated that a larger number of people have been participating during this time, the individuals have been more prepared for the court hearings, and have also been more polite during the conversations.

DCS intends to survey providers and partners to explore what worked well during the time when virtual contact was required to determine if there are portions of this type of service contact type might be able to continue and actually increase family engagement.

During SFY 2021, the Department will update the state Disaster Plan to include a documented plan should a similar pandemic occur or continue, after reflection and analysis of the response made and efforts during the current pandemic.

Training Plan - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2021 Update*.