



CHILD AND FAMILY SERVICES

Annual Progress and Services Report
FFY 2024

Department of Child Safety
STATE OF ARIZONA

Submitted to:
U.S. Department of Health and Human Services
Administration for Children and Families
June 2023

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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 (CFSP) and administering title IV-B and title IV-E programs. The Department provides:

- prevention services
- child abuse and neglect investigations
- child safety assessments
- family support
- preservation and reunification services
- family foster 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
- 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
- Administration
- Operations
- Executive Consultant to the Director
- General Counsel and Legal Services

Field Operations:

- Five regions providing direct services for children and families
- Office of Child Welfare Investigations

Administration:

- Human Resources
- Facilities and Business Support Services
- Procurement and Contracts
- Fidelity and Compliance Services
- Resources and Referral Units
- Finance
- Information Technology
- Guardian
- Comprehensive Health Plan

Operations:

- Communications
- Foster Care and Adoption Supports
- Prevention
- Arizona Child Abuse Hotline
- Placement Administration
- Learning and Development
- Permanency and Youth Services
- Office of Accountability

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Legal Services

- Policy and Rules
- Central Records Coordination
- Statewide parent and relative locate services
- Legislative Services

Office of Child Welfare Investigations:

- Analyst Unit
- Joint Investigation Liaison

Consultation and Research:

- Practice design
- Program development
- Data analytics

Office of Accountability:

- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Protective Services Review Team
- Policy Unit
- Ombudsman's Office
- Practice Improvement
- Intergovernmental Tribal Affairs
- Victim Services
- Lean Coaching

Foster Care and Adoption Support:

- Office of Licensing and Regulation
- Adoption and Guardianship Subsidy
- Interstate Compact Placement of Children
- Adoption and foster home development and support
- Community foster care recruitment and retention

Finance:

- Budget and Accounting
- Title IV-E Management
- Audit Management Services
- Payment Processing

Communications:

- Office of Prevention
- Public Information
- Correspondence Control

Regional Operations

Arizona's fifteen counties are distributed into five regions. Maricopa East, Maricopa West, and South Regions encompass the state's urban areas while Northeast and Northwest Regions are rural. The counties within each region are:

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Maricopa East	Maricopa West	South	Northwest	Northeast
Eastern Maricopa	Western Maricopa	Pima Cochise Yuma Santa Cruz	Yavapai Coconino Mohave La Paz	Pinal Gila Graham 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 partner with families, caregivers, and the community to strengthen families, ensure safety, and achieve permanency for all Arizona's children through prevention, services, and support.

Organizational Core Values:

- Safety
- Compassion
- Change
- Accountability
- Equity
- Advocacy
- Family
- Engagement
- Teaming

Section II

Collaboration with Stakeholders

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Section II: Collaboration with Stakeholders

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities and continuous engagement initiatives. These components provide an opportunity for stakeholder collaboration, forums for consultation and a method to articulate the Department's strategic vision, mission, goals, objectives and activities to support and sustain improvement initiatives. This framework allows for stakeholder (families, providers, youth, tribes, courts, etc.) input into the assessment of performance, updates to the plan for improvement and outcome progress.

To support meaningful collaboration within the Department's framework, the Department shares outcome and goal-related data with staff and external stakeholders. The Department's Semi-Annual Child Welfare Report, Monthly Outcome and Operational Report (MOOR), Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's [Performance Measures](#) and [Reports](#) website. The Department has presented outcome and goal-related data to staff and external stakeholders during committees, workgroups, huddles and other meetings.

The Department's Office of Communications provides additional transparency and inclusion for stakeholders. In the past year, internal communication to staff has included video messages from the Director to all staff, and an intranet site with news and information. External communication includes regular press releases, social media engagement, and maintenance of a website with current news, data, and contact information.

Strategic Planning

The Department develops its strategic plans utilizing available data and the advice and insight of numerous internal and external stakeholders. Parents, youth, American Indian Tribes, court partners, advocacy groups, service providing agencies, Department 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 the Department consulted with to inform the selection of goals and strategic initiatives. In SFY 2023, the Department's strategic plan continues the three multi-year strategic priorities and updates the strategic initiatives to describe the planned milestones. Stakeholder input is occurring at the strategic initiative level, as described below.

Targeted Engagement Opportunities

As topics of strategic importance arise, the Department acquires input from relevant subject matter experts, which often include tribal representatives, court personnel, service providers, parents who received Department services, former foster children, foster parents, legislators, child advocates, educators, health and behavioral health care providers, and others as applicable. In 2021 and 2022, targeted engagement has focused on improving and refining the Guardian, the Department's Comprehensive Child Welfare Information system including refinement of reporting capabilities, reducing racial disparities and disproportionality in the child protection system and stabilizing the workforce through recruitment and hiring process improvement.

Meaningful collaboration and communication with staff are a top priority for the Department demonstrating commitment to children, families and the communities served. The Director supports and nurtures a culture that first and foremost listens, validates and seeks to solve and improve issues to retain employees. The Department had a recent change in leadership and the Director has begun visiting field offices to develop and implement an aligned leadership and management culture that embodies and promotes shared values, a learning and coaching mindset and behavioral integrity. This provides an opportunity for Department staff to be informed about issues, initiatives and challenges the Department is facing and provide feedback and suggestions. Additionally, the Director values cultivating relationships and partnerships with families, supporting agencies and the community at large. The Director's vision includes sustaining and supporting

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communities through trust and nurturance by being responsive to and recognizing the diversity and unique needs of families. Recurring continuous quality improvement efforts reinforce the relational ability to problem solve, develop counter measures and take actions for observed change which can be assessed and modified based on feedback and identified needs.

The Deputy Director of Field Operations will meet quarterly with leadership and program managers of each region to review performance metrics and provide updates on the strategic initiatives. Feedback is encouraged and is important to understand the needs, perceptions and to assess success of learning, practice fidelity and continuous improvement from Department staff providing intake, assessment and permanency to shape changes and understand the impacts of policies, procedures and practice.

The Department has continued to improve communication and engagement with community stakeholders and partners. The Director continues to hold quarterly calls with community non-profit organizations to share messaging and provide updates to strategic planning. In addition, the Assistant Directors of Support Services and Foster Care and Post Permanency Supports have established communication with key contracted partners to ensure messaging reaches the broader audience. This includes monthly calls and the distribution of community progress reports. Quarterly Provider Meetings continue to be held with Department contractors. The Department also holds regular sessions with the Arizona Council for Human Service Providers as well as the Foster Care Consortia around the state to ensure ongoing collaboration and partnership in strategic activities. The Department received assistance from the Center for States specific to foster and congregate care contractors to support an enhanced communication and engagement strategy with those providers. Additionally, many other initiatives and partnerships such as Positive Parenting Program (Triple P), Thriving Families Safer Children, Transition Aged Youth (TAY) Foster Care Survey and the DCS Data Community Committee demonstrate the Department's collaborative commitment. Many of these collaborations occurring during this reporting period include participation from parents, youth and families with lived child welfare experiences, which helps shape and support more effective practice. These collaborations advance initiatives and support the Department's priority goals and strategic plan.

The Department launched its new Comprehensive Child Welfare Information System (CCWIS), Guardian, in February 2021. As with any undertaking of this magnitude, there continues to be opportunities for quality improvement especially with the federal reporting requirement and improved system operations. In August of 2022, the Administration for Children and Families (ACF) conducted a technical assistance monitoring review of the Guardian system. The review focused on Guardian's conformance with the CCWIS design requirements, the case management automated function, reporting capabilities, data quality, and data governance. Staff from the Administration for Children and Families' Division of State Systems (DSS) and the State of Arizona participated in review activities. The review consisted of virtually demonstrating Guardian and its reporting capabilities, and a description of the state's plans for ensuring data quality and data governance. Additionally, DCS Specialists were interviewed to describe their user experience and identify strengths and opportunities for improvement. For example, dashboards, accessibility, and how the information is mapped were all identified as strengths. The ability to provide feedback was also identified. Potential areas of improvement included court reports, service referrals, notifications, alerts, etc.

ACF identified the following:

Strengths

- Continuous Improvement
- Data Governance
- Use of Document Management Templates:
- Consolidation of External Reports:
- Modular Design

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- Documentation

Challenges

- Business Rules Management
- Data Quality and Federal Reporting
- Dashboard Configuration and Alerts/Notification
- Security
- Coupling
- Cohesion

The agency continues to identify areas for improvement within the Guardian system. Recently, the Department entered a long-term partnership with the International Business Machines (IBM) to provide maintenance and operations and further Guardian's capability and ease of use. As part of this collaboration, an Enterprise Design Thinking workshop was conducted in March 2023. The workshop focused on three key areas: service referrals, intake, and placement. The workshop's goal was to focus on areas where needs could be identified while designing user experiences for future use. The Department remains committed to the continuous quality improvement of functionality, data integrity and reliability, federal reporting and ease of use.

A Helping Grand (formerly concrete resources) is a primary prevention program designed with extensive input from the Parent Advisory Collaborative. Parents identified areas where emergency assistance had not been provided in the past. Low-income families in Arizona struggled during the COVID-19 pandemic due to illness, social isolation, job loss and lack of resources. Resources are needed to help families meet their needs by completing job certifications and vocational programs, assisting with auto repair costs, covering dental costs and receiving mental health support services for an increased emotional well-being.

Utilizing funds from the American Rescue Plan, the Office of Prevention plans to *Support 1000 with 1000*. In collaboration with Family Resource Centers, community resource hubs, schools and local faith-based organizations, families will be referred to receive up to one thousand dollars for any of the four services listed above. The families will receive financial assistance and build a relationship with local community resource center to utilize supports if needed in the future. Payments will be made directly to the vendor rendering the service avoiding interference with any state provided financial or nutrition assistance the family may be receiving.

With a grass roots approach, this program was piloted in zip codes where the Department's intervention and removal rates are higher and where disproportionate outcomes exist specifically for African American children. This program was in the planning and development stages during FFY 2022 and was launched February 1, 2023. To date, the program has served 164 families approving over one hundred thousand dollars in service payments.

The Cultural Brokers program is designed to increase the overall well-being of children, youth, and families by providing culturally sensitive support that assists families in navigating multiple agencies and programs. Cultural Brokers assist families involved in child and family serving programs by brokering, advocating, and assisting. Cultural brokers focus on establishing and nurturing trust between cultural communities and the Department.

African American children continue to be report to the Arizona Child Abuse Hotline at a much greater rate than White or Hispanic children. African American children are reported to the Arizona Department of Child Safety at a rate 3.5 times greater than White or Hispanic children. In 2021, African American children constitute 5% of the Arizona population, and in SFY 2022, approximately 14.2 % of children in out-of-

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home foster care are African American. The Department has engaged in various interventions and community engagement strategies to reduce the overrepresentation of African American children in out-of-home care. Despite these efforts, there still appears to be apprehension and mistrust in the African American community.

From multiple community focus groups and collaboration with the Thriving Families Safer Children Initiative, the Cultural Brokers program was reviewed as the program and has shown promise in multiple California jurisdictions specifically designed to address over representation of African American children in foster care and to address the concerns of social competency and community distrust with the Department. Utilizing funds from the American Rescue Plan, this program is in the planning and development stages with the estimated implementation during FFY 2023. Listening sessions will be planned with community member in the geographic areas where the program will be implemented. Implementation will occur in partnership with the community served.

The Department has embarked on the Next Event Study, a project with Mathematica, a data analytics organization, to examine associations between the kinds of reports received by the DCS Child Abuse Hotline and the likelihood that a protective action is needed to help shape policy. The purpose is to determine with confidence the types of reports that do not require a protective response causing unnecessary involvement with families, and to identify differences in the experiences of people from various communities.

The Department received assistance from Prevent Child Abuse Arizona to engage community members in the design of this study and interpretation of results. Specifically, the Department wanted to engage community members from populations with varying opinions and have been disproportionately affected by the child welfare system including African Americans, Native Americans, rural Arizonans, and those in two high removal zip codes in the Tucson area.

In Spring of 2022, Prevent Child Abuse Arizona conducted focus groups for each of the four populations above. The focus groups informed the community representatives about the study and why it is being conducted, and asked community members about their experiences with DCS and their thoughts about when DCS assessment is needed and when it is not. This information was provided to Mathematica to inform the design of the study. The second round of focus groups, projected to be held in May of 2023, will seek community members' assistance with interpreting the results when the study is completed.

The Department has spent the last year working with Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, by reviewing fidelity to the TDM meeting model and alignment with the SAFE AZ practice model. During this year, community members, parents, and young people with lived TDM experience were invited to work with the Department to improve practice.

Over the course of the next six months, most field staff will receive training on the "Transformed" TDM protocol to be better equipped to serve families and young people with care and compassion.

The three pillars of the 2023 TDM Transformation include:

Family and participant experience

- Improve clarity surrounding the purpose of the meeting
- Foster participation and inclusion of family, cultural, and community supports
- Strengthen family engagement throughout the safety decision-making process and Team Decision Making™ meeting
- Ensure decisions are made within the meeting and in collaboration with the family (not before or outside of the meeting)

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- Clear expectations for meeting etiquette that demonstrates our respect, care, and compassion for families and young people

Continuous improvement and accountability

- Increase observations and developmental feedback to department staff
- Offer surveys to meeting participants and use results to drive change
- Standardize data collection in order to evaluate the effectiveness of the Team Decision Making™ approach

TDM policy simplification

- Clarify guidance as to when a meeting is required
- Improve integration of SAFE AZ (safety decision-making model)

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 Empowerment Council

The Department continues to utilize the Department's Youth Empowerment Council (YEC) as an integral component of including youth input in the implementation of Arizona's Chafee program. The Department's Youth Empowerment Council, Permanency and Youth Services (PYS), and members from Executive Leadership meet on a monthly basis. The Department also engages with young adults and allies through an Instagram account. Instagram has allowed the PYS team to ask young people questions about their needs, provide updates, and share resources. YEC also continued their efforts around peer-to-peer interactions, which included regular gatherings which fun activities such as roller-skating, volleyball, kick ball, and giving back to the community by packing food with a social service agency.

The Youth Empowerment Council (YEC) continues to focus on improving the lives of youth in foster care. There were two "Leadership" events, where youth learned about how to deliver presentations, focus on positive goal setting mentoring, and opportunities to build competences in preparation for employment.

The Council's goals for 2023 include continuing to support youth in group home care, providing more information about the foster child bill of rights, supporting planning for improvements to the driving program and improving youth's ability to gain financial literacy skills. To support the ability to gain financial literacy skills youth with lived foster care experience have provided training utilizing the "Keys to Your Financial Future" a curriculum which was created for youth in foster care. 169 youths have been trained from October 2022 to April 2023 and a total of 23 trainings have been completed.

In spring 2023, the Department's YEC selected the Youth Conference activities, and events which will occur. This event is scheduled for July 2023 in Flagstaff. YEC leaders will be the event emcees and assist youth during the conference.

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The Arizona Citizen Review Panels (CRP)

The fundamental role of the Citizen Review Panels 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 Arizona CRPs consists of citizens with varying degrees of knowledge and experience in child welfare.

The Arizona Citizen Review Panels are composed of three individual panels:

- Community Advisory Committee
- Prevention
- Successful Transition to Adulthood (STA)

Community Advisory Committee: In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a Community Advisory Committee. The Committee is comprised of members from education, healthcare, law enforcement, child welfare, the faith-based community and Arizona's tribal community and serves as one of the three required Citizen Review Panels. The committee provides an opportunity for the Department and community stakeholders to strengthen families, collaborate to ensure child safety, and achieve permanency for children. All meetings are open to the public, and each meeting dedicates a portion of the meeting to public comment. Public attendance has significantly decreased during the pandemic. The public can view the meetings online and email comments, which are read into the official minutes of the meeting. During SFY 2023 the Community Advisory Committee met to discuss the 2023 legislative session, appointed a new chairperson, and made several recommendations to the Department which included streamlining licensure for kinship families; providing trauma-informed training for staff; developing additional training for staff on Native American culture; improving supports for dually involved youth in care; and implementing a workgroup to make policy recommendations regarding the educational needs of children in care. The [meeting agendas and recordings](#) are available to the public on the Department's website. The Community Advisory Committee annual reports can be viewed at the [Department's website](#).

Prevention: The Prevention CRP was developed in November of 2021 and is currently comprised of ten members. The membership is comprised of staff from Prevent Child Abuse Arizona, Family Involvement Center, Southwest Human Development, Maricopa County Courts, DCS Parent Advisory Collaborative and Puma County Superior Courts. The goal of the panel is to allow for citizens in the community to play an essential role in ensuring that the state of Arizona adheres to the mission of protecting children from child abuse and neglect. Therefore, the tasks of the CRP extend across three regions consisting of all 15 counties. Due to the direct correlation between worker burnout and decreased productivity, the panel chose to focus on sustainability in the workplace. The panel has met once a month through a virtual platform. The panel routinely invites community stakeholders to participate and/or present to the committee. Thus far, the committee has identified action items that are low cost and high impact, identified gaps in recruitment and opportunities for retention, and has prioritized feedback from lived experience perspectives. The committee will continue to explore prevention strategies to decrease the likelihood of worker burnout. As it aims to increase productivity, resilience, and triumph in the workplace.

Successful Transition to Adulthood (STA): The STA panel met in February, March, April, May and June, September and November 2022. This CRP was moved to be supported by the Permanency & Youth Services (PYS) team in the fall of 2022 as it was determined the efforts of this CRP aligned with the work the PYS unit was doing. The CRP continue to focus on the following topics for further review: current practices to provide youth with information about sexual and reproductive health, educating youth about healthy intimate relationships, and current policies intended to encourage youth to maintain their cultural identity. This panel continues to explore how the Department can ensure that more youth in transition have the tools and skills needed to succeed.

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See the *Arizona Citizen Review Panel Annual Report* available on the Department's Public Website for additional information. The *Arizona Citizen Review Panel Annual Report* was received by the Department on June 27, 2023, and the Department published the Department's Response to 2022 Citizen Review Panel Report on June 30, 2023.

The Arizona Council of Human Service Providers Child Welfare Committee

The Arizona Council of Human Service Providers is a 501(c)6 membership association that represents organizations throughout Arizona that provide behavioral health, substance use disorder, whole person integrated care, child welfare, and juvenile justice services.

The Arizona Council is comprised of over 100 member agencies across all 15 counties who employ over 30,000 staff, operate over 900 facilities, and serve more than one million children, adults, and families annually. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care licensing, counseling, parent aide and supervised visitation, family presentation and reunification services, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on current issues and initiatives. During SFY 2022, the Arizona Council members worked with the Department on report consolidation, legislative policy agendas, therapeutic foster care, Guardian feedback, and potential flexibilities and modifications to the address workforce concerns. The Department and committee members have worked collaboratively on the transition to, and implementation of, parent skills training programs. The Arizona Foundation for Human Service Providers is the 501(C)3 arm of the Arizona Council. In 2017, the foundation entered a partnership 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, with a goal of helping counteract the impact of childhood trauma. The Foundation continues the work with Dr. Perry to create standardized training modules and a facilitator training program. Several Department staff members, as well as foster and kinship caregivers have attended the Foundation's facilitator training.

Together for Arizona (formerly known as Collective Impact for Child Safety and Well-Being)

According to the [2022 KidsCount](#) data, Arizona ranks 44th in the nation for overall family and community well-being. Individuals with lived experience in Arizona's child protection system have expressed challenges navigating Arizona's numerous health and human services. Families often access services in silos, without coordination among service providers and encounter unnecessary hurdles in accessing and utilizing support services. Because providers primarily hold service information rather than families owning it for themselves, providers must navigate multiple data systems and privacy constraints while families endure redundancy and inconsistency throughout the system. Together for Arizona, formerly known as Arizona's Collective Impact for Child Safety and Well-Being, addresses these barriers through a collaborative approach to coordinated service delivery systems that increase protective factors and support social determinants of health.

Together for Arizona is a group of leaders committed to improving outcomes for children by organizing cross-sector partners to reduce the number of Arizona children entering foster care. The Collective Impact model advances solutions designed in partnership with people with lived expertise by leveraging resources from its diverse partnerships to fund, initiate, test, and adapt strategies to connect families to supports and resources.

Together for Arizona provides high-level systems alignment and improvement efforts led by a core team, and on-the-ground strategy development and testing by action teams. The Core team is comprised of ten

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members from various state agencies, community partners, the Court, Arizona State University and advocacy groups. The action teams are made up of leaders of a variety of organizations and communities.

Action Teams have identified two improvement strategies and are currently exploring a third:

1. The Strong Families Toolkit is a concrete tool for families to store and organize the information about accessible services. The tool is intended to improve collaboration among resource providers and ensure families own their resource information. A second version is being developed utilizing community feedback from the first version. Additionally, a method for ordering and training on utilizing the Toolkit for providers across all sectors that interact with families is being developed.
2. A chat bot application intends to decrease the number of families in crisis through a text-based digital tool connecting families to support providers and resources using plain, accessible language. The team has been making progress on the Chatbot taxonomy related to the food flow with the assistance of parent partners. The next phase of testing will focus on the clothing flow.
3. Collective Impact is working to address the disproportionate number of preventable infant deaths occurring in African American communities by exploring, analyzing, and adapting home visiting improvement strategies alongside members of these communities.

The leadership team of Together for Arizona has identified two external projects to advance child and family wellbeing:

- the creation of a network of Family Resource Centers
- the creation of ‘Foster Cooperative,’ a forum for parents and professionals to connect and share resources.

Both strategies will advance and enhance family navigation in Arizona to reduce or prevent the need for Department intervention.

The Court Improvement Advisory Workgroup

The Court Improvement (CI) Advisory Workgroup is a multi-disciplinary committee that provides a structure for collaborative improvement activities between the Court and the Department. The Advisory Workgroup consists of judges, attorneys, several Department staff, Tribal representatives, court administrators, parents and children with lived experience, other representatives and community advocates.

The CI Program Manager and others from the Dependent Children’s Services Division of the Administrative Office of the Courts are involved in many joint projects with the Department. These collaborative efforts are opportunities for agency cross-training and joint examination of the expectations for outcome achievement required by the Department and the courts through the Child and Family Services Review (CFSR). The Department provided input into the Court Improvement Program’s strategic plan and continues to collaborate with CI to achieve its outcome improvement objectives for children and families involved in dependency cases.

CI Advisory Workgroup members are assigned to two “Working Groups” which focus on Prevention and High-Quality Legal Representation (HQLR). The Prevention Working Group is led by Pima County Superior Court Judge Kathleen Quigley and includes Pinal County Superior Court. This group works to support the statewide expansion of the Dependency Alternative Program (DAP) and is also introducing the legal community to other models including the Family Preservation Legal Clinic (FPLC) and Team Based Parent Representation (TBPR).

- Family Preservation Legal Clinic: is a legal and social work clinic offered by the Pima County Public Defender’s Office whose purpose is to reduce the number of dependency filings by addressing potential safety issues that can be resolved quickly and efficiently without the need for Court oversight. The program provides limited legal and social work assistance prior to the filing

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of a dependency petition. The assistance provided can include help with obtaining an order of protection, warrant resolution, filing for a contested divorce or custody orders, paternity action, housing resource referrals, or employment resources.

- **Team Based Parent Representation:** is a legal office model that utilizes an attorney, social worker, and a peer parent to effectively engage a parent involved in a dependency matter. The team is better able to communicate with the parent, ensuring their clear understanding of the reasons why the child was removed from their home. The program serves as a bridge between the Department and the parent, explaining and helping to navigate the system. TBPR has been successful in increasing the reunification of parents with their children.

The HQLR Working Group is led by Yavapai County Superior Court Judge Anna Young and includes Maricopa County Superior Court Judge Lori Bustamante. This group is currently developing a checklist for transition aged youth and a study of child and parent representation that will include a survey administered to clients in conjunction with the hearing process.

CI continues to provide educational opportunities for the legal community, and anyone involved in the juvenile dependency process. Recordings of most training can be found on the CI [website](#).

The Arizona 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. The circumstances surrounding every child death in Arizona is reviewed by one of the ten Continuous Quality Improvement local child fatality teams located throughout Arizona. The teams are comprised of experts including pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county Medical Examiner's office, and others. The teams must include local representatives from the Department. Department representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding policy, protocol, and practice; and provide information about prior involvement with the family, if 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 made available to the public. The annual report summarizes review findings and makes recommendations regarding the prevention of child deaths. The Department has used this information to inform and develop the fatality prevention plan, focusing on the prevention of unsafe sleep deaths the last several years. 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 Parent Advisory Collaborative (PAC)

The Parent Advisory Collaborative was developed in 2018 and consists of eighteen parents, many of whom had prior involvement with the Department. The PAC brings leadership and a community prevention voice which contributes to the development of best practices within the Department. The PAC continues to provide recommendations to the Department and the community to support the development of services and systems with compassion and respect for families and their culture, encouraging individual and family involvement.

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The PAC meets quarterly with Department leadership to receive education on practices, updates, and share information. In addition, the PAC meets monthly for a parent workshop to focus on special projects. In March 2023, PAC members participated in the Protective Factors Training of Trainers and Community of Practice. The PAC has participated in Child Abuse Prevention Month media campaigns to bring awareness to infant Safe Sleep. To bring awareness to Fatherhood Engagement, a PAC member participated in a video with the Department's Director to discuss the importance of fathers in the lives of children. This video was shared internally with Department staff. The PAC receives continuous education such as seminars, conferences and training. As the refugee population in Arizona increases, efforts are being made to include their voice in the PAC.

The Committee on Juvenile Courts

The Committee on Juvenile Courts (COJC) was established to facilitate communication and problem solving among the juvenile court judges regarding juvenile court matters. The COJC identifies the needs of the juvenile court for all children facing delinquency and dependency issues within the jurisdiction of the court and for children otherwise involved in the judicial system. The Committee on Juvenile Courts is a standing committee of the Arizona Judicial Council which helps to develop and implement policies to improve the quality of justice, plan for future developments of the juvenile system as well as 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, Administrative Offices of the Court staff, county specific Juvenile Court services directors and member of the public. The Department is invited to provide updates and discuss areas of strengths and concerns with the statewide Arizona child welfare process. In SFY 2023, the committee held meetings in January and April 2023. Agenda items included discussion on Juvenile Court rules and an update from the Department.

The Indian Child Welfare Act (ICWA) Committee

The ICWA Committee, overseen by the Arizona 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 Department staff, expert witness testimony, and ICWA Court.

Court Teams for Infants and Toddlers/Safe Babies Court Teams

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. Rooted in developmental science, SBCT is considered an approach to community engagement and systems change. Infant and Toddler Court Teams, through the SBCT approach, works with counties to build capacity to address early risk and adversity families face and prevent the removal of young children from their parents. Best for Babies works at the community level to improve how the courts, Department of Child Safety, and related service organizations work together. It focuses on transforming the dependency process from a siloed system to a collaborative community approach in order to facilitate integrated service delivery and achieve expedited permanency for young children. It also focuses on prevention of removal by supporting families and providers in accessing vital services, needed referrals and concrete supports to reduce family stress overload.

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All fifteen Arizona counties engage in addressing the unique needs of infants and toddlers involved in the dependency process through this approach. Through the initiative, judges order more frequent hearings to expedite service referral and delivery, usually every six to eight weeks. Birth to five assessments are ordered to assess children's developmental and behavioral health needs. Participating counties utilize the *Birth to Five Essential Services Checklist* to ensure physical, developmental and attachment needs are being met by the Department and providers.

Clinical Services include 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, and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting education, individual trauma therapy and resource coordination.

Clinical services capacity is increasing in counties. SBCT programs in Maricopa and Coconino counties offer Family Time Visitation Coaching, a model designed to increase the quality of parenting time for families and reduce time in care developed by Dr. Marty Beyer. The model uses a three-part approach including working with the parent to identify the child's needs before the visit, prompting and modeling parenting behavior during the visit, and debriefing after the visit. In Yavapai County, the partnerships between behavioral health providers and the court formed through SBCT have led to the implementation of parenting meetings, the '2for2' book program, and the Parent-to-Parent form, which have strengthened shared parenting practices.

Every year, Prevent Child Abuse Arizona hosts an annual statewide court team summit, inviting all of Arizona's SBCTs. The July 2022 in person convening provided an opportunity for all court teams in the state to receive advanced training and discuss goals and progress on a statewide and county level. The July 20, 2023, in person statewide convening will focus on trauma responsive courts and parent engagement. Zero to three will provide training on family and parent engagement as well as goal setting and quality improvement.

Several SBCTs in Arizona have an active Community Team and meet monthly. Each meeting includes a training and the opportunity for networking. The Department attends some these meetings and provides updates to the community team.

The Best for Babies initiative through Prevent Child Abuse Arizona (PCAAZ) continually provides training and technical assistance to court teams statewide, including training by experts on infant and toddler development and the impact of trauma on young children. Statewide quarterly community of practice meetings occur, bringing together coordinators from across the state to learn how other counties are implementing SBCTs, address barriers and identify successes, and network for solutions.

Prevent Child Abuse Arizona was awarded a five-year federal grant from Health Resources and Services Administration (HRSA). This grant will strengthen Best for Babies in Arizona by advancing statewide coordination of county court teams, enhancing the Zero to Three Safe Babies Court Team (SBCT) approach in three existing county sites, and creating opportunities for shared learning and improvement for all counties in Arizona. Data collection and evaluation will occur through partnership with the Arizona State University School of Social Work. The Department participates in the leadership team meetings.

During this grant's five-year span, PCAAZ and partners will work to improve collaborative service delivery to meet the needs of families with young children and reduce racial disparities in the child protection system through the coordination and enhancement of SBCTs through the following three objectives:

- Objective 1: Form a cross-sector statewide network of experts, including culturally and racially diverse people with lived experience to provide recommendations, guidance, and policy oversight to increase statewide awareness and effectiveness of the ITC court team approach.

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- Objective 2: Advance implementation of Safe Babies Court Teams (SBCT) Core Components in three selected existing ITC sites and measure the effect of enhancements made on reunifications, disparities, positive parenting outcomes, service access for families, and child and family well-being outcomes.
- Objective 3: Provide training and cross-sector convenings for all existing ITCs and selected expansion sites in order to increase judicial oversight, improve coordination among resource providers, produce service delivery systems co-designed with families with lived experience, strengthen trauma-informed practices in the court and services, and reduce racial and rural disparities.

Collaboration with the Juvenile Justice System

The Department continues to partner with the Juvenile Justice administrations on collaborative topics, including the implementation of Qualified Residential Treatment Programs (QRTP). On October 1, 2021, pursuant to federal law, the Department implemented QRTP as new trauma-informed group care facilities designed to assist minors who, for various reasons, are not able to maintain residence in a family setting. Collaboration between the Department and the Juvenile Justice system ensures QRTP placements are also available for dually adjudicated youth who would benefit from such placement.

Crossover Youth Practice Model

The Crossover Youth Practice Model (CYPM) is a joint effort between the Department and the Administrative Offices of the Court (AOC) including probation and detention, behavioral health and education partners to bolster the standardized process of preventing youth involved in the juvenile justice system from entering foster care. Additionally, the model ensures children in foster care who are arrested for a crime receive the same level of advocacy and support as a non-foster child. This program established statewide information sharing between the Department and AOC.

The program supports increased coordination with Juvenile Justice for youth involved in each system as the result of established data sharing protocols, and regional monthly and quarterly collaboration meetings. Due to its success, there are plans to sustain CYPM work statewide. Quarterly CYPM collaborative meetings are held in each region to discuss ongoing projects and collaboration between the Department, Arizona Department of Juvenile Corrections, and community partners. On March 16, 2022, the Department's Permanency and Youth Services Coordinator gave a presentation on the Department's Young Adult Program, Extended Foster Care and available transition service program information to Pinal County Juvenile Probation Officers and other community partners.

Family Treatment Court-Maricopa County and Recovery through Advocacy, Inspiration, Support and Empowerment (RAISE) Family Treatment Court (FTC) (formerly Family Drug Court) in Pima County

Since its inception in 2001, the Family Drug Court in Pima County provides intensive case management and judicial oversight to dependency-involved parents affected by substance abuse and their children. In November 2022 Family Drug Court (FDC) was changed to RAISE Family Treatment Court (FTC) reflecting the program's dedication to proactively and motivationally assisting parents to long-term recovery. RAISE FTC is a voluntary program for parents whose children are in the legal custody of the Department and who need support and guidance as they begin their recovery journey from drugs and/or alcohol or seek assistance to maintain their sobriety.

The program achieved 99% of the cumulative grant goal for years 1 through 4 of its current SAMHSA grant and is recognized as a National Peer Learning Court. With 74 parents and 132 children as the average monthly enrolled census, the number of parents and children served has significantly increased in the last

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6 years. FTC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach to attaining lasting permanency. The program promotes child safety and provides comprehensive treatment for improved sobriety, parenting capacity, family functioning, and child well-being. A fundamental aspect is the successful incorporation of peer support through Recovery Support Specialists who have the unique role of providing additional support and accountability for the parents.

The Department continues to partner with the Pima County RAISE Family Treatment Court to provide substance abuse treatment and services for diverse families involved in the child welfare system. The partnership has evolved to a coordinated, multi-system approach. Through data and information sharing, the partnership allows FTC and the Department to provide a comprehensive, family-centered approach to by working collaboratively through case management, safety planning, reunification, and shared goals to improve outcomes for parents with substance abuse issues and their children. The Department and RAISE FTC are currently participating in strategic planning to assess the feasibility of expanding and enhancing to:

- provide recovery support focused on enhancing recovery capital for participants
- provide access to life skills services and groups including participant wellness
- provide access to and direct provision of trauma therapy
- ensure that diverse populations are provided access to RAISE, including review of recruitment efforts
- expand services and access to RAISE to increase reunification and stability while reducing recidivism and maltreatment

The reunification rate for children with a parent who participated in FTC during 2022 was 84% (100% for parents who graduated, 91% for parents who voluntarily discharged, 52% for parents who were involuntarily discharged).

The Maricopa County program began in 2012 at the Durango Juvenile facility. In 2013, the program was expanded to the Southeast Juvenile Court facility in Mesa. In 2016, the name was changed to Family Treatment Court (FTC). The program in Maricopa County is a collaboration between the Juvenile Court, Terros Health, Medically Assisted Treatment, and Family Involvement Center's Parent for Parent Program. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety.

More counties are implementing Family Treatment Court including Yavapai and Coconino Counties. 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 changed allowing attorneys representing parents to refer and parents to self-refer.

Task Force on the Arizona Rules of Procedure for the Juvenile Court, Supreme Court of Arizona

The task force met to review current and new state and federal legislation with the goal of submitting a rule petition to the Arizona Supreme Court with proposed rule changes. During SFY 2021, the task force completed its review of the rules, and which were finalized in SFY 2022. There has been no current activity.

Foster and Adoption Supports (FAS) Quarterly Statewide Services Meetings and Monthly Workgroups

During SFY 2023, the Department continued to hold FAS meetings to provide information on the 2023 strategic plan, initiatives, improvements, data and updates to the provider community. In person meetings occurred in June 2022, September 2022, January 2023, and April 2023. Agenda items included trainings on therapeutic foster care, Every Child Succeeds Act (ESSA) and utilizing System of Care Coordinators (SOC) from the Department's Comprehensive Health Plan (CHP) as well as presentations from

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AdoptUSKids and Arizona Helping Hands about services offered to kinship, foster and adoptive families. Topics of discussion included recruitment campaigns, feedback from secret shopper calls and website reviews, barriers to shortening mean time to licensure, shared parenting, family support plans, kinship waivers for fingerprint clearance cards, responses to the current and former out-of-home caregiver surveys, policy and procedure for overcapacity expedited amendment requests to allow placement of a child in order to preserve sibling connections, prevent separation of siblings, and preserve connections children have to the foster parents. The January 2023 meeting included a collaboration with congregate care providers to discuss and strategize opportunities to partner to transition children from group homes to foster homes.

Participants include the Director, Assistant Directors of Foster Care Supports and Support Services, Office of Licensing and Regulation (OLR), Foster Recruitment and Retention Specialists, and FAS agency staff including executive leadership. These meetings serve as the foundation for active contract management and performance deliverables are reviewed to ensure the providers are achieving identified goals. Provider agencies needs and concerns are discussed, and feedback is encouraged via a survey provided at the end of each meeting. Feedback from the attending agencies indicated the provided data was helpful, and providers appreciated seeing their feedback incorporated into future meeting agendas.

During this reporting period, members of the Children's Bureau were instrumental in creating agendas which encouraged participation and feedback for both the FAS and congregate care provider meetings, and in the creation of a new quarterly site visit model as a means of active contract management and support to contracted providers. With assistance from members of the Children's Bureau, monthly calls with FAS providers evolved to monthly virtual support groups between the Foster Home Licensing team and the FAS agencies addressing licensing concerns and improving application submissions for licensure or renewal.

Additionally, the Foster and Adoption Recruitment team continues to partner with agencies during community and foster events to increase awareness of the needed improvements of the foster care system, as well as create cobranded recruitment tools with the assistance of the Department's contracted marketing agency.

Quarterly Provider Meetings and Monthly Workgroup

During SFY 2023, the Department held Congregate Care Provider meetings to provide relevant information and updates to contracted providers on the 2023 strategic plan, as well as to address licensing regulations, policy updates, contractual issues and provide trainings. In person meetings were held June 2022, September 2022, and January 2023. The January 2023 meeting included collaboration with FAS agencies to strategize moving children from group homes to foster homes. Participants included the Director, Assistant Director of Foster Care Supports, the OLR Program Administrator, child welfare licensing (CWL) and executive leadership from the congregate care community. Meeting topics included trainings on therapeutic foster care, Every Child Succeeds Act (ESSA), Phoenix Police Department's Missing Persons Unit, and the Department's Children's Health Plan (CHP) Pharmacy Services. Meeting topics were identified from participant survey feedback. At the end of each meeting, participants were asked to complete a survey about the featured topics and identify topics for future meetings.

With assistance from members of the Children's Bureau, the Child Welfare Licensing team began a virtual monthly workgroup with congregate care providers during this reporting period. The agenda for the monthly support groups is created by a leadership group from a coalition of congregate care providers. The coalition leadership team gathers questions, struggles, or needs for collaboration from members to present to the Department at these support groups. Departmental staff including OLR, Contracts, DCS CHP, Placement Administration, and Permanency and Youth Services participate in the workgroup meetings to collaborate, identify solutions and support congregate care providers.

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The KIDS Consortium (Maricopa County), Foster and Adoptive Council of Tucson (FACT) (Pima County) and Northern KIDS (Northern AZ)

The KIDS Consortium, FACT and Northern KIDS 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. After a hiatus during the COVID-19 pandemic, Northern KIDS relaunched in February 2023 and held their first meeting in many years. During the reporting period, the FACT meetings and KIDS and Northern KIDS are occurring monthly. The Department's Foster Recruitment and Retention Specialists attend the meetings to facilitate communication between the Department and the agencies, discuss agencies' needs and concerns, and obtain feedback on Department efforts and improvement strategies. The contractual relationship and practice related to recruitment of foster families, nurturing leads and support is discussed. This drives potential practice change and collaboration. Those topics identified are included in other meetings. Additional members of the Department attend the meetings as well, including the Assistant Director of Foster Care and Post Permanency Supports, the Foster Supports Manager, and the Office of Licensing and Regulation Program Administrator.

Collaboration with University Partners

The Department collaborates with university partners on improvement projects. Arizona State University (ASU) continues to support the DCS Leadership Summit for SFY 2023. The Department works jointly with Arizona State University to conduct the National Youth in Transition Database (NYTD) surveys and in 2022 strengthened the partnership through a scholarship program called Bridging Success + which provides year-round support and housing for youth in the Extended Foster Care Program. The Department has partnered with Grand Canyon University to provide full scholarships (tuition, fees and year-round room and board) for qualified foster children.

ASU's Center for Child Well-Being is partnering with the Department to provide professional development training for staff. The training includes cultural humility, cultural responsiveness, empathy, and trauma informed practice. The training is designed to enhance the quality of the workforce in supporting children and families. The Department has also partnered with Northern Arizona University and their Department of Occupational Therapy to promote a structural system change by developing the first model for Medicaid reimbursement and implementation of occupational therapy transition services to objectively address the needs of youth in and transitioning from foster care.

The Healthy Families Arizona Program (HFAz) Advisory Board

This community-based group was formed in 1993 and serves in an advisory capacity to the Department and the Healthy Families Arizona Program for 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 continues to focus on supporting the health and safety of families, retention of Healthy Families staff and families being served, and meeting program best practice standards. The board also supported the efforts of the Department in meeting the requirements for re-accreditation from the national model. The Advisory Board takes a strong advocacy role, and this year was instrumental in the legislative effort to provide additional funding for HFAz. The additional funds are being utilized to serve an additional 1500 families as well as provide salary increases to direct service staff as a strategy for staff engagement and retention and provide additional staff development to enhance the quality of services.

FosterEd

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FosterEd Arizona is a Compassionate Education Systems Initiative of the National Center for Youth Law working to ensure that students in foster care have effective and committed education champions, well-coordinated Education Teams, and student-centered education engagement and plans. The Education Team, coordinated by a FosterEd Education Liaison, supports educational needs and goals through student-centered engagement. FosterEd recognizes that needs are individualized, and all youth may not require the same involvement. Education Liaisons provide three tiers of support: intensive, responsive, and universal. Whereas intensive Education Liaisons focus on supporting high school students, responsive Education Liaisons serve students in kindergarten through grade 12, often by collaborating with the adults in students' lives. To support students statewide, the Department has four staff in Pima County with one liaison co-located in a field office, two liaisons co-located in Tucson Unified School District high schools, and one regional Program Manager. In Maricopa County, FosterEd has four education liaisons co-located in Department offices throughout the region and Yavapai County has one liaison co-located in both schools and a field office. All other students who reside in other counties in Arizona are serviced through consultations by any member of the team.

FosterEd's universal tier of service supports the successful implementation of system-level policies and practices ensuring youth access academic and social-emotional interventions. This is accomplished by providing training to education and child welfare agency partners, being available to consult with agency partners about specific issues for youth in foster care without formally embarking on a responsive or intensive case plan. The FosterEd Arizona leadership team continues to partner very closely with the Department through monthly meetings to discuss trends and successes and provide input and feedback to inform the education needs of youth in foster care.

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, ASAP integrates strategies across systems to leverage existing funding and increase access to community services. Specifically, the ASAP has the following duties and responsibilities:

- compile and summarize information and data on substance misuse and abuse and associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process.
- identify and address data gaps in order to provide Arizona with a comprehensive picture of substance misuse and abuse in the state.
- utilize evaluation and research reports to promote the most effective and evidence-based programs, policies, and practices across the state and make recommendations for modification as needed.
- encourage state and local partnerships to engage in shared planning processes and build the capacity of local communities to meet identified needs and maximize resources.
- identify and share effective practices to integrate strategies across systems that will leverage existing funding and increase access to services at the community level.

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- 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.

During SFY 2023, ASAP meetings occurred in September and December 2022. Topics reviewed during September 2022, included, substance abuse coalitions, PAXIS institute, office of juvenile justice and delinquency programs grant, Arizona opioid settlement, and workgroup reports. Topics reviewed during the December 2022, included, national guard counterdrug task for and prevention efforts in Arizona, Arizona youth survey, southern Arizona substance abuse coalition, and workgroup reports. Please see the [ASAP website](#) for additional information regarding the Partnership.

Safe, Healthy Infants and Families (SHIFT), (formerly Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs)

Beginning in June 2018, the Superior Court Juvenile Department convened a group of multi-disciplinary professionals to form the Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative Taskforce. SHIFT is comprised of members from the legal, child welfare, medical, behavioral health, early intervention, and public health communities. The SHIFT Collaborative Taskforce agreed upon a shared goal of decreasing trauma and improving outcomes for infants and families impacted by substance use disorders and prenatal substance exposure throughout the pregnancy, at the birth event, and beyond.

The Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative Taskforce works to improve outcomes for pregnant parents with substance use disorders and reduce prenatal substance exposure by improving system collaboration. The collaborative is comprised of the Superior Court of Arizona in Maricopa County, Maricopa County Department of Public Health, University of Arizona College of Medicine, Hushabye Nursery, the Department of Child Safety, Terros Health, Community Medical Services, Prevent Child Abuse Arizona, Arizona Health Care Cost Containment System (AHCCCS), the State of Arizona's Medicaid agency, Arizona Department of Health Services (DHS), and other community health service providers. The work of SHIFT was led by the Maricopa Superior Court from June 2018 until February 2020. Leadership then moved to the Maricopa County Department of Public Health after receiving their own grant to support the continued work of the group.

The SHIFT Collaborative Taskforce developed a continuum of response beginning in the prenatal period that promotes healing. The system of care is centered around a cross-system collaboration to assist the family develop a plan of safe care that connects the family/parents to treatment, education, and community resources, and prepares the family to improve their capacity to safely care for the baby. This approach has resulted in more parents and infants remaining safely together after birth and avoiding out-of-home care.

The SHIFT Collaborative Taskforce has worked for over two years to understand the current practices for this population and to develop a cross-systems solution to improve practices and outcomes for families impacted by prenatal substance exposure. A prenatal family care plan and prenatal system of care protocol was developed to encompass best practices for all involved agencies/providers in how to care for the pregnant parent and to collaborate with other involved agencies. Using a family-centered approach, the family care plan is led by the parent/family with the support of involved providers, such as home visitors, educational providers, Family Treatment Court, and behavioral health treatment. Because pregnant women have increased motivation to change during the prenatal period, the group also focuses on forming a Prenatal Coordinated System of Care.

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The family care plan uses a whole-person, risk reduction approach to connect the family with services, and helps providers understand what supports and resources the family already has in place. This is critical at the birth event, in which these infants are reported to the Department and a child welfare investigation occurs.

The mission of Arizona SHIFT is to identify and support pregnant and postpartum families in Arizona affected by substance use disorders by receiving person centered, high quality, trauma-informed, culturally responsive and compassionate care. The vision is to improve outcomes for babies and families affected by a substance use disorder with a commitment to forge a robust network of community care providers to support families with a coordinated, integrated, and non-stigmatizing approach. The goal of the pilot project is to demonstrate that the use of coordinated cross-systems approaches to families affected by substance use disorders during the prenatal period will lead to better health, well-being, and child welfare outcomes. The Arizona team developed three goals for the state:

- establish the use of information sharing protocols to improve outcomes and service delivery to families.
- provide a roadmap for providers and parents/caregivers to increase supports and services for pregnant people and those caring for newborns who have experienced substance exposure.
- increase the use of Prenatal Family Care Plan prenatally and post-partum.

The SHIFT Collaborative/Taskforce is also working to evaluate the effectiveness of the prenatal coordinated care model through the Prenatal Coordinated Care pilot project. The University of Arizona College of Medicine, Phoenix has committed to gather, store, and analyze data from each of the involved agencies. The Institutional Review Board (IRB) for the project was approved in December 2020.

In 2020 Prevent Child Abuse Arizona joined the efforts of SHIFT. Through statewide collaboration and technical assistance, SHIFT has been implemented in Pinal, Yavapai, and Coconino counties. The statewide taskforce is creating guidance documents so that the model can be implemented in other areas. In October of 2022, the taskforce held the first ever SHIFT Hope to Healing Summit. The full-day collaborative event focused on SHIFTing the perspective on the stigma of perinatal substance use and featured a lived experience parent panel; presentations on the impact of substance use on women and newborn health outcomes, and what providers need to know after reporting to the Department. The agenda included an overview of data involving substance exposed newborns, substance use and the impact on women's health and mortality, communicating with parents, building a system of care, building the SHIFT network, and educating providers on how decisions are made by the Department. The Department participated in the planning and execution of the event and provided an information session on mandated reporting. This event had one hundred attendees including community, partner agencies and the Department.

The SHIFT Collaborative meets monthly to discuss system improvements. SHIFT members developed the Prenatal Family Care Plan, a prenatal plan of safe care and has continued its process of implementing the Prenatal Coordinated Care pilot project. The Prenatal Family Care Plan is comprised of information including the family's substance use treatment history including, mental and behavioral health records, drug testing results, family and medical contacts and safe sleep information, that will assist medical providers and the Department when working with the family at a critical and highly emotional time. The Prenatal Family Care plan was piloted in Yavapai County and has since expanded to Maricopa and Pinal counties. The [Maricopa County SHIFT website](#) went live in early 2022. SHIFT has partnered with a local provider, Hushabye Nursery, and has begun trainings in Pinal County as well as implementing a training for Department staff. The Prenatal Family Care Plan remains in its infancy stage as medical care providers and the Department continue to assess this new process. The SHIFT team is also working on a uniform discharge plan to be used by medical care professionals. In the last year SHIFT has grown to four counties with two sites in Maricopa. SHIFT aims to support parents in resource connection, completing a Plan of Safe Care, and preparing for a child welfare investigation. Two counties have seen a 100% success rate in newborns

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remaining with parents after birth when parents participated in SHIFT. SHIFT will continue to grow and focus on implementation across the state through continued partnerships and Court Teams for Infants and Toddlers as a prevention strategy

The Interagency Leadership Team (IALT)

The Interagency Leadership Team is a collaboration between the Department of Health Services, First Things First, the Department, Arizona Early Intervention Program (AzEIP), and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT meets every other month, with the subcommittees meeting more frequently to focus on topics such as mental health consultation and professional development. During this reporting period the IALT Statewide Data Management Workgroup was formed. This subcommittee is using data from Efforts to Outcomes (ETO) to determine the best options for statewide reporting of data. System reports were created for home visitation rates by county, program and zip codes. This data was used to determine the overall reach and impact of the home visiting programs. The committee is also working on determining the best methods for analyzing aggregate data for immunizations, well child visits and developmental screening.

The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. The Home Visitor Supervisor Institute was held in person and had ninety-two attendees and covered the *Five Skills Effective Managers Need Today*. Professional development opportunities continue to offer monthly virtual learning labs for home visitors and professionals working with children and families. Home visiting prevention programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership continue to be discussed and coordinated during IALT meetings to reduce or prevent child maltreatment.

Funding reductions have impacted one of the IALT partners. The team continues to identify options to ensure families are receiving home visitation services. IALT is working diligently to evaluate program capacity to potentially transition families to other home visiting programs to ensure continuity of services the families want and need.

Arizona Department of Juvenile Corrections (ADJC) Partnership

The Arizona Department of Juvenile Corrections (ADJC) Partnership was re-established in January 2021 with new members. Monthly collaborative meetings occur between ADJC and the Department to discuss dually involved youth and release plans for those youth incarcerated at Adobe Mountain, the Arizona Juvenile Corrections facility. The plans include any actions that need to be taken to ensure a successful transition from incarceration to the community. These collaborative meetings include Juvenile Corrections case managers and Youth Transition Specialists, the ADJC Chief Hearing Officer, placement coordinators and Department staff.

The Department Permanency and Youth Services (PYS) Coordinator attends staffings, Child and Family Team (CFT) meetings, and Team Decision Making (TDM) meetings to assist Department and ADJC teams in planning for a youth's successful transition to adulthood from Adobe Mountain. The support frequently includes conversations and direction about the Department's Young Adult Program (YAP), extended foster care, extended jurisdiction youth planning, and plans for family reunification, if appropriate.

In April and June 2022, the Department's Youth Advocates provided a presentation on services and extended foster care to transition aged youth in secure care at the Arizona Department of Juvenile Correction's Adobe Mountain School. As a result of this presentation, the Youth Advocates made

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individual connections with multiple youth and attended the youth's case plan staffings, Child and Family Team meetings, and Team Decision Making meetings to support the transition planning. There is an ongoing plan to routinely schedule presentations with the Department and Adobe Mountain School throughout the year to continue the partnership and support of transition age youth in secure care. The Youth Advocates will have the opportunity to have additional contact with the youth in secure care, if the youth would like to continue receiving support as they exit the facility.

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

The Department has engaged in a continuous improvement cycle with community partners 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 includes strategic planning, targeted engagement activities, and continuous engagement initiatives components. 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.

The Department continues to employ Statewide Committee Coordinators to primarily support the Citizen Review Panels, stakeholder engagement committees, the Youth Empowerment Council, and the Parent Advisory Collaborative. The coordinators' roles are to:

- plan, support, and attend stakeholder committee meetings.
- at the request of the committee, schedule presenters, prepare meeting materials, and ensure meetings are posted in accordance with public meeting law, if applicable.
- ensure committees have a clearly identified charge and assist with execution.
- identify focus areas or topics on which the Department desires feedback.
- ensure there is no unintentional redundancy among the different stakeholder committees.
- determine whether intra-committee collaboration is necessary and facilitate collaboration
- 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 the Department and the child welfare community.
- 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 on a regular basis, and input from Department stakeholders is incorporated into decision making and CFSP goals. The Department's Semi-Annual Child Welfare Report, Monthly Operational and Outcome Report (MOOR), 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's [strategic plans](#) are available on the Department of Child Safety's internet site.

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 provider agencies have been involved in the Department's service array development. The Department remains focused on priorities, goals and strategies in continuous engagement to more align with emerging and existing needs. Robust communication and shared experiences have created opportunities for

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assessment, re-alignment and improvement of engagement and outcomes through meaningful discussion and concentrated focus.

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) located throughout Arizona, to increase the public's ability to strengthen families. The councils organize engagement campaigns to heighten public awareness of child abuse and neglect and communicate strategies to help communities assist in prevention. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children.

The councils are a primary and secondary prevention strategy funded solely by the Community Based Child Abuse Prevention (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 on the Department's [Office of Prevention webpage](#) and 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. The Office of Prevention also continues to have an Instagram Page, [AZCommunityResourcePage](#). There are now eighteen statewide RCAPCs in all fifteen counties.

The councils are involved in numerous activities to support Child Abuse Prevention (CAP) Month, which occurs every April, and additional activities throughout the year. Each activity is tailored to the unique needs of the community. During the month of April, councils obtain local proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month, distribute thousands of pamphlets at community and school resource fairs, and provide virtual and in person training that educates the public about the effects of Adverse Childhood Experiences (ACES) and the healing qualities of the Protective Factors. Articles were published in local newspapers for parenting tips. Social Media sites such as Spotify, Pinterest, Instagram and Facebook are utilized as sources of media distribution.

The councils continue community engagement by developing family engagement bags containing prevention materials, community resources, and protective factor building activities such as books, child games, and coloring pages. In April 2023, the Office of Prevention Child Abuse Prevention Month media campaign focused on bringing attention to infant Safe Sleep. The infant mortality rate continues to rise due to preventable unsafe sleep environments. This multi-media campaign included radio and television public service announcements, billboards, web pages, news articles, Facebook, Twitter, Instagram, and Spotify. Prevent Child Abuse Arizona will be hosting the 2023 Statewide Child Abuse Prevention Conference scheduled for July 2023.

The Department promotes evidence-informed and evidence-based practices in several ways, 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 on 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. The Department promotes the protective factors by educating Department staff and members of the Parent Advisory Collaborative about the protective factors and integrating the concepts across the service array for families.

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The Office of Prevention returned to hosting monthly Regional Child Abuse Prevent Council Collaboration meetings. These meetings create opportunities for statewide collaboration with representatives from the seventeen councils and Parent Advisory Collaborative. Attendance continues to increase monthly. The meetings provide time to share events, community outreach, request assistance with contract guidelines and social media content.

Adverse Childhood Experiences Consortium

The Department is a founding member of the Arizona Adverse Childhood Experiences (ACE) Consortium, which started in 2007. The Arizona ACEs consortium is a grassroots initiative that engages groups of individuals representing organizations and networks across Arizona who promote education and support around the effects of toxic stress. Arizona continues to make great strides to prevent and reduce adverse childhood experiences and promote resiliency. The mission of the Consortium is to increase awareness of ACEs in Arizona and promote ideas, policies, and practices that minimize childhood adversity and build resilience in individuals, families, and communities. The Department comprehensively incorporates the trauma-informed practice principles including safety, collaboration, choice and transparency, which align with the Department's values.

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

The "Who Do You Trust with Your Child?" campaign was initially launched in 2012. This campaign includes posters and brochures that provide parents information on selecting safe caregivers and preventing child maltreatment. The literature also includes the ChildHelp Hotline, which is staffed twenty-four hours per day with highly qualified counselors. The brochure is available to community members and organizations through the Department website. The "Who Do You Trust with Your Child" brochure is also included in the DCS Infant Care Plan and distributed with the Safe Sleep Baby Box Program.

Parent Advisory Collaborative

The Department recognizes the importance of parent involvement in prevention efforts and developed the Prevention Advisory Collaborative in 2018. In the fall of 2019, the Prevention Advisory Collaborative and the Parent Advisory Board merged to form the Parent Advisory Collaborative (PAC). The group now consists of parents in the community and parents previously involved with the child welfare system to share ideas, strategies and services that strengthen families. The PAC focuses on primary, secondary and tertiary prevention and intervention strategies that are strength-based and family centered. The PAC works to increase parent involvement in child abuse prevention efforts and strategies to strengthen communities. The PAC members' accomplishments have been numerous and have occurred at local, state, and national levels, including developing a parent newsletter, presenting at conferences, and participating in committees.

The PAC is a very active group that provides parent voices to Department policy, procedure, and programs. The leadership team consults with PAC members, who bring the perspective of parents and families to decision making. The PAC meets at least monthly and will meet additional times throughout the month to ensure work progresses in the sub committees. In addition, the PAC meets quarterly for two hours to present the PAC and PAC committees activities and accomplishments to members of executive leadership. This year, two members of the PAC will attend the Children's Bureau Child Abuse Prevention Annual Grantee Meeting in Baltimore, MD as Arizona Parent Leaders.

The PAC receives training and professional development opportunities on Departmental procedures by and participate in conferences and seminars including:

- Strong Families
- ACES Consortium

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- Strengthening Families Protective Factors
- Flourishing Families
- Prevent Child Abuse Arizona and hosted a Nurturing Father Workshop at the Annual CAP Conference
- Prevent Child Abuse America
- The effects of marijuana on pregnant mothers by ADHS and assisted with outreach activities

The PAC continues its involvement on various committees that have been organized to focus on specific topics. The PAC Committees are:

- Newsletter Committee: develops the Parent Voice AZ, a newsletter created by the PAC. Each edition includes a public interest story and a community resource.
- Recruitment Committee: develops materials and strategies to enroll new PAC members from counties outside Maricopa and Pima Counties and to include diverse populations, including the refugee community.
- Safe Sleep Committee: develops new ways to engage the community in safe sleep education specifically the African American and Native American community where there is an increased rate of co-sleeping deaths each year.
- Strengthening Young Parents: supports the development of the Young Parent University. One of the PAC members will be hosting a Nurturing Fathers workshop at the 2023 Young Parent University.
- Legislative Committee: supports the Citizen Review Panels (CRP). The CRPs met this year for strategic planning. At this meeting, the three CRPs, Prevention, Community Advisory Collaborative, and Successful Transition to Adulthood, discussed their group's focus following a presentation on CRP 101. The CRPs continue to expand, and the expansion reflects the diversity of the geographic areas of Arizona. Recruitment for the individual CRPs is ongoing.
- Housing: collaborates with community organizations to educate the public, identify housing resources for families, and attend meetings with the housing authorities.

This year the PAC assisted in identifying four key areas to provide funding for families through the A Helping Grand (formerly Concrete Resources) program. These areas were identified as those where families needed assistance and could not locate resources in the community. Based on those recommendations, it was determined the Department would provide financial assistance for the following areas: vocational or trade school, pediatric dental care, mental health services and auto repair.

The Parent Advisory Collaborative continues to be passionate by bringing parent voices to prevention and strengthening families in the community throughout the State of Arizona and nationally. The PAC actively seeks to improve supports and services to children and families through its efforts.

In 2022, the PAC member achieved numerous accomplishments both locally and nationally, including:
Local Level:

- facilitate Fathers Workshops with Department staff and at the Prevent Child Abuse: Child Abuse Prevention Annual Conference and discuss Shaken Baby Syndrome with a local news station during CAP Month
- participate in Department quality improvement events for Team Decision Making Meetings

State Level:

- present to First Things First Regional Councils
- develop the Dad Together Campaign for out-of-home Billboards and social media

National Level:

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- Birth Parent National Network (BPNN) member
- Alliance Parent Partnership Council (ANPPC), part of the Children’s Trust Fund member
- FRIENDS National Parent Advisory Council (PAC) member

The Safe Sleep Campaign

In response to the 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. The Department began the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign 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 the Department who need a safe place for their infant to sleep.

Due to large disproportionalities in co-sleeping deaths, intentional efforts have been made to engage African American, Hispanic and Refugee communities in safe sleep awareness. The Office of Prevention continues its baby box partnership with one of the Regional Child Abuse Prevention Council Agencies, Three Precious Miracles, which represents communities on Native Tribal Lands. The collaboration allows the Department to provide safe sleep resources and education to communities where Native American children are overrepresented in the unsafe sleep death data. The Office of Prevention has collaborated with the International Rescue Committee and Rice AZ Foundation in safe sleep education training and baby box distribution partnership as they serve the refugee community throughout the state of Arizona. The Office of Prevention continues its collaboration with local health care facilities to provide baby boxes to new parents without a safe sleep environment. The Office of Prevention has partnered with Arizona Department of Health Services (ADHS) to collectively and uniformly reinforce safe sleep practices in a unified format. Printed Safe Sleep posters were distributed with the ability for refugee families to access in their native languages. The Department and the Arizona Department of Health Services (ADHS) looks forward to future Safe Sleep collaboratives. In addition to the boxes, community partners are encouraged to provide safe sleep education and review the “Don’t wake Up to a Tragedy” safe sleep checklist when providing a baby box to a family. The Office of Prevention plans to continue expanding the baby box program by partnering with additional community agencies, childcare facilities and health clinics.

As a result of the safe sleep federal guideline changes, the Department has finalized an Interagency Agreement with ADHS and will be distributing pack-n-plays in lieu of baby boxes effective June 1, 2023.

Healthy Families Arizona

In its thirty-first year, the Healthy Families Arizona (HFAz) program is a nationally accredited, 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 2022, eleven HFAz program sites and forty-four Family Support Teams provided services to families living in fifteen counties in Arizona across two hundred and fifty-four zip codes.

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.

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- 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.
- linking families with community services, health care, childcare, 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 FY 2022, HFAz served 3,540 families during FY 2022. This represents all families in the program, regardless of how long they had been in the program. Families participated in HFAz for a median of thirteen months, higher than the median number of ten months in FY 2021 and FY 2020), and 31% of families participate for 24 months or more. The FY 2022 outcomes include the following:

- child abuse and neglect: 96.9% of participating families (who received at least six months of HFAz services) had no substantiated DCS reports
- substance abuse: 766 parents received a substance abuse screening
- child development: 3745 screenings were conducted and of those 7% of the screenings indicated a child had a developmental delay and another 14% indicated a child has a higher potential for future delay and would benefit from additional developmental support
- child safety: 99% of parents locked up weapons and ammunition, 99% used car seats, and 93% used smoke alarms at 24 months

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on the following subscales at twelve months of participation: Home Environment, Connection to Resources, Self-Care, and Problem-Solving Skills. The Department will continue to explore how HFPI results change over time, as families continue to recover from the pandemic. Overall, these improvements indicate that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect.

As part of the HFAz Best Practice Standards, HFAz statewide and site level equity plans were completed with intentional efforts to support the equity plan development and implementation in FY 2023. The evaluation team and HFAz leadership revised the annual Caregiver and Staff Surveys to include additional questions on diversity, equity, inclusion, and belonging. Enhanced data collection efforts and use of incentives increased the survey response rate to 48%, compared to 35% in FY 2021. Caregiver survey and staff interview data will be collected in FY 2023 to inform equity plan revisions.

Beginning July 1, 2022, HFAz received an additional ten-million-dollar funding increase to build infrastructure to expand the HFAz program. It is anticipated this funding will increase the number of families served by approximately 1,100 and expand the service area in FY 2023. During FY 2023, the Department will educate communities with high removal rates and intervention on home visiting programs and provide referrals to HFAz.

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All HFAz sites are required to maintain the standards necessary to comply with the Healthy Families America credential, including attending a standard training on the model. In partnership with the Department, Prevent Child Abuse Arizona coordinates this required training for all HFAZ staff.

After each training, Prevent Child Abuse Arizona completes a post-training debrief with trainers to process participants' feedback and review strengths and challenges of the training, and summarizes the findings in a typed document. In FY 2023, there have been 10 trainings provided so far to a total of 90 HFAZ staff, with six more planned before the end of the fiscal year.

Healthy Families Az staff and providers received visits from Healthy Families America from November 2022 to March 2023 and are in the process of responding to recommendations. It is anticipated that the program will be re-accredited in September of 2023.

HFAz developed a video for staff and participant marketing which will soon be rolled out in the communities. A website is also under development to direct families interested in program services and provide information to prospective staff who have questions or need information about their local provider.

Over the last six years, the Department has collaborated with AZ Department of Health Services, First Things First and Prevent Child Abuse AZ to provide professional development for supervisors through a Home Visitor Supervisor Institute (HVSI). This year the institute returned in-person. The HVSI is provided to all evidenced based and evidenced informed home visitor program supervisors. The HVSI was held in June 2022 and there were 92 supervisors in attendance. The topic of the Institute was: The 5 Skills effective managers need today Self Compassion, Empathy, Curiosity, and Courage.

The feedback received from the supervisors was that 100% of participants (80/80) agreed or strongly agreed that they learned something new and 100% (80/80) agreed or strongly agreed that they can apply what they learned to their work.

Positive Parenting Program Initiative (Triple P)

Triple P is a multi-tiered, multi-disciplinary program that provides support and education for parents, families, and others caring for children. Triple P offers simple, practical tools and strategies for a range of parenting concerns, from common issues faced by all parents through the normal course of child development, to more difficult social, emotional, and behavioral challenges. As a multi-level approach, Triple P recognizes that families have different needs in terms of the type, intensity, and method of assistance they may require. It can be offered in a variety of settings and formats and by a wide variety of service providers. Triple P is delivered through trauma-informed care, maximizing the likelihood that dysfunctional cycles (i.e., substance abuse, violence, incarceration) within families are interrupted, and trajectories are shifted toward improved aspects of overall health and well-being.

Regardless of the type, intensity, and service delivery method, all Triple P is based on the guiding principle of self-regulation. Parents are taught skills to manage their emotional response and reactions, thereby increasing their ability to problem-solve and independently handle a variety of situations. There is also a core set of positive parenting principles which are embedded in all Triple P interventions:

- **Safe and Engaging Environment:** Triple P encourages parents to provide a safe, supervised, and protective environment that provides opportunities for children to explore, experiment, and play.
- **Positive Learning:** Triple P teaches parents to respond positively and constructively to child-initiated interactions.
- **Assertive Discipline:** Triple P teaches parents proactive discipline strategies that are effective and noncoercive.

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- Realistic Expectations: Triple P enables parents to adopt expectations that are both developmentally appropriate and realistic for the parent.
- Parental Self-Care: Triple P encourages parents to take care of themselves and to ensure their own personal needs are being met.

When parents and caregivers have the skills necessary to create healthy relationships with their children and other family members, they develop a sense of competence and confidence. By directly reducing risk factors and increasing protective factors, Triple P helps prevent child maltreatment, and factors that contribute to child abuse and neglect, including substance abuse.

Since 2015, PCAAZ has worked to build the capacity of the Arizona human service workforce to deliver Triple P. To date, three hundred and forty-two individuals have been certified through this project. Many organizations who offer Triple P within their service arrays are serving families involved with the Department. This includes peer-run providers serving incarcerated parents and the reentry population; family-run organizations, behavioral health providers serving families on AHCCCS, and providers who have direct contracts with the Department. Coconino County Juvenile Court is offering Triple P at no cost to all families in the community as part of their prevention and diversion efforts, and the City of Tempe is also beginning to deliver Triple P through a high school-based diversion program. The City of Tempe also provides Triple P at no cost and open to any community member and is one of the few providers offering Triple P as a primary prevention strategy.

This past year, the Department has elected to add Triple P to the service array, specifically for post-permanency families who have adopted children through the Department. Two provider organizations have been contracted to provide Level 4 Triple P courses for all ages (Standard 0-12, Group 0-12, Standard Teen and Group Teen) as well as Level 5 Pathways, which is an adjunct intervention to the Level 4 parenting classes that assists parents with anger management and thinking in more helpful ways. The Department anticipates approximately fifteen to twenty referrals monthly, with each contractor anticipated to serve more than one hundred families annually.

Representatives from the Department attend quarterly Triple P Advisory meetings to learn about program updates in Arizona and to contribute their perspectives on advancing the initiative.

The new Triple P referral website was launched allowing the Department to refer families to available Triple P courses and practitioners in their area. Department staff can use the new website as a tool to refer families to available Triple P courses and practitioners in their area. This year, the Department has invested in the implementation of a Triple P Level 2 Cohort of 20 practitioners. This will certify them to offer three, 90-minute seminars in popular parenting topics (Power of Positive Parenting; Raising Confident, Competent Children; and Raising Resilient Children).

Thriving Families, Safer Children (TFSC)

The Thriving Families, Safer Children (TFSC) movement is a national effort supported by the Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America (PCA America) to create a more just and equitable child and family well-being system. Arizona has been participating in TFSC since early 2021. The goal of the TFSC initiative in Arizona is to specifically address the disparities faced by African Americans in the child protection system and other health and human service systems by engaging those with lived expertise in the design of strategies to prevent entry into out-of-home care, as well as help connect child protection involved families to supports to promote reunification. The leadership team of TFSC Arizona includes Prevent Child Abuse Arizona's Executive Director, the Department's Director, leaders of organizations serving the African American community, leaders of advocacy organizations, and individuals with lived experience of the child protection system. A

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meeting was held in April 2023, and the group will begin gathering community input for the implementation of the Department's Cultural Brokers program.

Protective Factors Train the Trainer

The Strengthening Families Protective Factors Framework is an international initiative aimed to develop and enhance five protective factors (parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children), keep families strong and children safe from abuse and neglect. The Framework was designed to assist professionals who work with children and families to promote optimal development of all children while protecting vulnerable children from maltreatment.

The Office of Prevention invested in the Children's Trust Fund Alliance "Bringing the Protective Factors Framework to Your Life at Work" training of trainers and certified thirty trainers during the first half of CY 2023 and due to the overwhelming response of applicants, a second training will be held in fall of 2023. Coconino, Cochise, Gila, Maricopa, Mohave, Pinal and Yavapai counties were represented by various community participants. Those certified included Department staff, home visitor program staff, educators, professionals from other agencies, faith-based organizations, the only African American male doula in Arizona, Regional Child Abuse Prevention council members, and parents from the Parent Advisory Committee. This training is designed to teach participants how to train family service professionals, parents, caregivers, educators, and others about the protective factors and how to incorporate them into their lives and work.

Training participants must conduct at least three trainings during the year following their certification and a portion of the training within the first six weeks of certification. The Office of Prevention will provide the training cost of the participant's first three trainings, which will ensure trainings provided during the first part of 2023 are free of charge to the community. Additionally, the training participants must attend community of practice meetings, which will be held via Zoom on a quarterly basis to enhance their trainings and share in best practice delivery of the curriculum. The first "Train the Trainers" (TOT) occurred in March 2023. A second TOT is scheduled for September 2023.

Housing: Family Unification Program and Foster Youth to Independence Tenant Protected Vouchers

The Office of Prevention offers support for housing through partnerships that offer Housing and Urban Development's Family Unification Program (FUP) and the Foster Youth to Independence Tenant Protected Voucher Program (FYI-TPV).

Arizona currently has one of the largest housing awards from the United States Department of Housing and Urban Development (HUD) for Family Unification Program (FUP) vouchers. The FUP vouchers provide housing to families to prevent children from entering care, removing housing barriers for the reunification of children and parents and for foster youth aging out of care that are at risk for homelessness. Arizona has a total of four hundred and forty-one FUP vouchers across the state among six housing authorities including the Cities of Mesa, Tempe, Phoenix, Tucson, Yuma and Maricopa County. As of January 2023, all the vouchers in the Cities of Mesa, Tempe, Phoenix, and Maricopa County are being utilized successfully by young people and families.

The Department has been able to offer support to young parents who themselves have previously been involved with the child welfare systems or who do not have any history of involvement with child welfare systems as parents by utilizing the CBCAP grant to support them with the costs associated in leasing an apartment, completing other necessary tasks associated with a lease, or other unforeseen costs related to securing housing.

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The Department continues to provide Foster Youth to Independence program (FYI) services. FYI is a dedicated program supporting the housing needs of young people who were in any state or tribal foster care program (in out-of-home care) at age 16 or later. Housing vouchers are available to youth ages 18 through 25 (not yet 26). The program has since been successfully maintained through strategic support and partnerships among four housing authorities including the Cities of Glendale, Scottsdale, Flagstaff and Mohave County. HUD continues to make programmatic and administrative changes that allow rural communities to access vouchers at a lower rate than their metropolitan counterparts. At this time, HUD has changed the number of vouchers that can be requested through a single housing authority for FYI, which will minimize the rate of vouchers being issued. The new administrative change requires that a single housing authority successfully utilize 50% of their issued vouchers before being able to issue more.

The goal of expanding the availability of the vouchers is to provide support to families and young people with a history of child welfare involvement continues to be a priority. Developing processes for both programs has been ongoing, and continuous throughout the year, and has allowed unique opportunities to involve both families, and youth to gain feedback, and support. Parents and young people with lived experience are regularly invited to attend discussions of the housing programs and serves as a review to ensure that there no breakdowns occur at any point. The invitations resulted in attendance and the creation of a newsletter with helpful hints regarding the housing process in a manner that was understood by all attendees. While continuous improvement is a goal, there are limitation, as certain requirements set by the federal government that must be adhered to. There continues to be barriers to housing for youth and families. Arizona homeless rates increased by 23% from 2020 to 2022 due in part to rent and population increases. The Office of Prevention has partnered with Maricopa Association of Governments (MAG), who can assist youth at risk of homelessness to locate housing.

Effective July 1, 2022, the Extended Foster Care subsidy amount increased from \$715 to \$1200 per month. The Department was excited to see additional housing supports for young adults as Arizona continues to see the cost of living increase significantly. We continue to evaluate how we can better prepare young people with the financial management tools they will need to have once they turn 21 and no longer have this supportive funding available to them. The Department would also be interested in receiving support from the Children's Bureau in how to support our young adults who are involved in gun ownership and facing serious consequences for misuse of firearms. Young Adults in EFC continue to receive up to two start up payments to support room and board costs. The Department's after-care providers also provide funding for room and board for youth who reached the age of eighteen in any state or tribal foster care system. The Department's STA service has provided approximately \$60,000 to former foster youth to assist with housing costs from July 1, 2022, thru May 1, 2023.

In December 2022, a new Transitional Housing contract began with six providers. As of May 2023, forty young adults have been transitioned to Transitional Housing Programs. The Housing model consists of three phases, which allow a young adult to live in settings that do not have constant supervision but provide supportive services and opportunities for young adults to practice living outside of licensed settings. In addition to the Transitional Housing Service, the Department also entered into new agreements with Grand Canyon University and Arizona State University to fund room and board costs directly to the institutions for young adults attending.

Arizona has community-based housing programs that young adults also utilize as needed. Lifeology is a Runaway and Homeless Youth grantee for youth who may benefit from that system's support. The Arizona Governor's Office provided over \$10,000,000 to the East Valley Institute of Technology in 2022, to develop a housing program for young people who are enrolled with the school.

Young Parent University (YPU)

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Young people who are parenting or soon to become parents, with a history of involvement with the child welfare system as a child, are at an increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. Young parents involved with the child welfare system 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. The Office of Prevention has facilitated the Young Parent University (YPU) for five years to minimize these risks.

The Young Parent University involves both young people who are in foster or extended foster care, and youth within the community who have not interacted with the Department. Development and management of the program has historically been the responsibility of the Office of Prevention however for the upcoming YPU, the Office of Prevention partnered with the Department's Permanency and Youth Services, to maximize funding and extend outreach to youth that can benefit from this amazing conference. This year's workgroup is comprised of stakeholders from Prevent Child Abuse Arizona, Department representatives including Youth Empowerment Council, Young Adult Specialists, and staff from Arizona Children's Association. Recruitment for this workgroup was targeted to agencies that are known and recognized across the state as providing supporting services to young people between the ages of fourteen to twenty-one and have knowledge of working with young people who have previously been involved in the child protection system.

Throughout the year, the Office of Prevention provides outreach to pregnant and parenting teens to offer resources and referrals to home visitor programs. These parents also receive invitations to the Young Parent University.

The last Young Parent University occurred in person in February 2023 and included accommodations for their children. This planning workgroup included young parents with lived experience who stressed the importance of engaging fathers. The young parents were provided with gifts and toddler necessities for their participation. The parents received a diaper bag filled with goodies around the theme of "Raising Cuties". There are a variety of gift cards from Uber Eats, Amazon, Target, Walmart, local grocery stores, DoorDash and GrubHub that each parent will receive. The attending children will also receive a gift bag.

The upcoming Young Parent University will include workshops including higher education, co-parenting, child support and paternity, financial literacy, the importance of fathers, child development, well checks, mental health during pregnancy, postpartum, safe sleep and a self-care beading activity. The parents will be able to choose the workshops they attend. Each session was chosen to promote protective factors and strengthen young families in the community. The next Young Parent University is tentatively scheduled for early 2024.

Prevention Media and Communication Materials

During the month of April 2023, Child Abuse Prevention Month, awareness messaging was delivered through an integrated media campaign designed to share actionable resources with the community that help families utilize protective factors and community resources while bringing awareness to unsafe sleep environments. In 2022, 95% of sudden unexpected deaths were caused by suffocation in an unsafe sleep environment compared to 82% in 2021. (source: [Arizona Child Fatality Review Team Twenty-Ninth Annual Report November 15, 2022](#)). The focus of the 2023 campaign was "Safe Sleep". The campaign's goal brought awareness and provided available support and resources to parents and caregivers in the community to prevent co-sleeping deaths as a result of suffocation. The campaign provided the ABCs of safe sleep, Alone, on their Back and in a Crib. The Department partnered with pediatric and maternal health providers to display "What you need to know about safe sleep" posters. This year's campaign utilized

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billboards, Facebook, Instagram, Pinterest, radio, newspaper and television public service announcements. The campaign can also be found on the Department's [website](#). Media strategies were available in English and Spanish.

In June 2023, the DCS Office of Prevention will began developing marketing material for the *Dad Together* program. In collaboration with three Father Support Specialists from the program, the Department created a poster, brochure and landing page for [Dad Together](#). The materials were printed in English and Spanish. The information can be interpreted in different languages to support the growing refugee community in Arizona. During this FFY, the Department is developing a marketing campaign to launch in June for Father's Day to bring awareness to the available resource for fathers and father figures.

The Office of Prevention continues to utilize Facebook and Instagram to share child safety tips, protective factor knowledge, community resources and events. The Department's social media platform was also utilized to increase public awareness of Child Abuse Prevention Month and share the Proclamation signed by the Governor's office. The Department continues to share information about safe sleep throughout the year. During the summer, tips are shared to remind parents and caregivers not to leave children alone in hot vehicles.

The Office of Prevention funds seventeen Regional Child Abuse Prevention Councils (RCAP) throughout the state of Arizona. The RCAP Councils have been able to re-engage families with in-person activities and training. Many participated in community events and distributed over five hundred family engagement bags. One council had a Pinwheel coloring party for the community, which was a huge success.

Outreach to Spanish Speaking Communities

During this reporting period, campaigns in Spanish and English were provided on multiple platforms such as social media, radio and outdoor advertising on topics of fatherhood and safe sleep awareness. Foster parent recruitment campaigns were also conducted in Spanish and English.

Car Seat Program

A component of the Office of Prevention's strategic plan is to ensure that every Arizona family has access to a car or booster seat for infants and/or children. The Office of Prevention facilitates a Car Seat Program, collaborating with community agencies to stress the importance of and correct use of car and booster seats, and restraints. The Office of Prevention provides car seats and trainings to community agencies, who ensure the information is shared with those receiving a car seat. There are currently twenty-two community agencies that collaborate with the Department's car seat education and distribution program. Due to the number of child fatalities in recent years from children being unrestrained, the Office of Prevention will utilize State and Federal funding to expand the Car Seat Program. The Office of Prevention will collaborate with Phoenix Fire Department, International Rescue Committee, RICE AZ and Arizona Helping Hands to ensure that all families in need of a car seat can be provided one. Intentional efforts are being made to ensure that underserved communities have access to these resources as often as needed and discussions are occurring to incorporate local churches and teen parenting agencies to this car seat program.

Community Outreach and Distribution of Educational Materials

During SFY 2022 and 2023, the Office of Prevention continued distributing bags containing injury and child abuse prevention materials to families at community resource fairs hosted by local school districts and/or family resources centers in Maricopa and Pima Counties. The purpose is to share prevention information such as resources, parenting tips, and preventative education with low-income, immigrants, or

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under-represented families who utilize the agencies and schools. The following educational materials (Spanish and English) were included:

- Triple P Positive Parenting Free Online class
- 211 Arizona: Statewide directory for resources and connections
- Safe Sleep education (alone, on his back, and in a crib)
- Healthy Families Program Brochures and referral info: Free home visitation program that serves pregnant women and families of newborns
- Protective factors activity and coloring book
- Top Ten Tips for Parents
- Top Ten Tips for Parents during COVID
- Who do you trust with your child
- Dad Together program brochures

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 workgroup 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 Workgroup (Epi Workgroup), the Community Outreach and Training Workgroup, the Arizona Substance Abuse Program Inventory Workgroup, the Arizona Substance Abuse Recidivism Reduction Workgroup, 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, ASAP integrates strategies across systems to leverage existing funding and increase access to community services. Specifically, the ASAP has the following duties and responsibilities:

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

The CarePortal

The CarePortal is a faith-based prevention collaboration which is an initiative coordinated by the Office of Prevention and is active in five Arizona counties. The CarePortal is a secondary and tertiary prevention

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program, that serves families already involved with the Department, as well as young adults who are exiting foster care due to age of majority. The CarePortal connects families involved with the Department to local churches who serve their communities by providing basic goods and services to keep families together, reunify families, and support kinship living arrangements. 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. The CarePortal hopes to continue expanding throughout the state.

The CarePortal engages churches to help meet the needs of families to promote safe parenting and positive behavioral change. In this model, a child welfare worker identifies a need and accesses the CarePortal online and submits the request. Using GEO Radius Technology, CarePortal quickly sends an email to those churches that can assist. The Department is working with CarePortal to expand its prevention reach into schools to meet the needs of the families as a resource prior to intervention with child protection.

In FFY 2022, Community CarePortal churches assisted eight hundred and sixty-six children and four hundred and eleven families by providing goods and services for many unmet needs. Due to Department turnover last year, CarePortal referrals decreased however the Department and the CarePortal developed training materials and methods to increase awareness of the program in order to serve more children and families. These efforts have proved successful as CarePortal referrals have substantially increased in this first quarter of 2023. The Office of Prevention has begun discussions with CarePortal to implement a pilot program in two local school districts, where Department intervention is high, to allow for the submission of referrals for families in need of assistance. It is hoped utilization of this program will reduce reporting as families will be receiving assistance to meet their needs.

Refugee Community Engagement

During FFY 2022, the Office of Prevention partnered with the International Rescue Committee to develop and deliver training and/or informational resources about the most common immigrant and refugee populations, including their parenting, relationship and problem-solving practices. The Office of Prevention has provided information to immigrant and refugee families and communities about parent behaviors that are considered abusive or neglectful in Arizona that may lead to Department involvement. The Office of Prevention introduced positive parenting practices and the Protective Factors Framework to refugee families during Cultural Orientation workshops within the first three weeks of families arriving in the United States. The Cultural Orientation workshops include information about financial literacy, citizenship, local and national laws, cultural norms, safety, domestic violence and now child abuse prevention.

Human Trafficking Prevention Campaign

The Arizona Office of the Governor, Office of Youth, Faith and Family led a statewide human trafficking prevention campaign ahead of Super Bowl LVII that was held in Glendale, Arizona. This public awareness campaign will support the State of Arizona's efforts to prevent human trafficking activity in and assist victims of human trafficking find support. Using funds from the American Rescue Plan, the Department funded the twelve-week social media campaign targeted for teens statewide. The digital media will use Instagram, TikTok and Snapchat to bring awareness to teens.

Pathway to Statewide Resources

In Arizona there is no established pathway for families and providers to locate and utilize resources and supports that promote overall family well-being. Due to this, there is an overreliance on the Department to ensure families' basic needs are met. Providers who interface with families are contacting the Department's hotline for assistance. During FFY 2022, utilizing funds from the American Rescue Plan, the Office of

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Prevention partnered with First Things First, Prevent Child Abuse Arizona and the National Family Support Network to create an infrastructure for centralized coordination of Family Resource Centers (FRC) with the following goals:

- create a shared definition of a Family Resource Center
- collect data on service utilization to identify areas of need
- find entities that fit definition of FRC
- connect families and providers to website of resources
- offer professional development opportunities to FRCs
- create/braid funding streams to support FRCs
- provide family resources through FRC network

State, private and public key stakeholders will be invited to build a robust infrastructure that will be used for years to come. This project has an expected implementation date in FFY 2023.

Mandated Reporter Prevention Training Development

With funding from the Department, Prevent Child Abuse Arizona, in collaboration with the Arizona Adverse Childhood Experiences Consortium and Onward Hope, developed a [training](#) that will give mandated reporters knowledge and tools about connecting families to resources and support in order to reduce “family overwhelm” and prevent child maltreatment. This training is being designed to be offered with the standardized Mandated Reporter Training (MRT).

Community, the context in which families and children live, is the frontline of prevention, and mandated reporters are part of community. Mandated reporters must report when they suspect child abuse and neglect and can also connect families to supports and resources when needed.

Based on the information gathered in focus groups of parents and educators, Prevent Child Abuse Arizona created a one-hour training called ‘Considering Yourself a Mandated Supporter’. This training will educate mandated reporters on:

- distinction between the child protective system and the broader child wellbeing system
- individual behaviors that promote family protective factors
- opportunities to connect families to resources

In May 2023, an inaugural Training of Trainers was held to teach twenty practitioners, including two parents with lived experience the “Considering Yourself a Mandated Supporter” training. These professionals will then offer this training to a total of at least twenty schools in FY 2024.

Council on Child Safety and Family Empowerment

Enacted on February 11, 2022, the Council on Child Safety and Family Empowerment was authorized under [Executive Order 2020-05](#) and consists of members appointed by the Governor including the Department. This multidisciplinary council was created to align, leverage, and coordinate faith-based and community resources to address challenges faced by vulnerable children and families who may be engaged, or at risk of engaging, with the child welfare system. The goal of the Council is to develop partnerships between the State, faith-based organizations and community entities to safely decrease the number of children being placed in foster care by facilitating and providing support for prevention and trauma informed services, as well as supporting recruitment to increase the number of foster and adoptive families and supporting existing foster and adoptive families. The Council will serve as the Children’s Justice State Task Force, assisting in the development of the three-year assessment and establish recommendations for the implementation of the Child Abuse Prevention and Treatment Act/Children’s Just Act (CJA).

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During SFY 2023, the council met in September and November 2022, and March and May 2023. The meeting in September 2022 included a variety of topics including employee compensation increases which led to positive results in a decrease in both turnover rates and the rate of the workforce drop-off, highlights of the Workforce Resilience program in addressing vicarious trauma that Department employees face, and the DCS Welcome Center. During the November 2022 meeting, the Department discussed permanency and National Reunification Day. The March 2023 meeting focused on the Department's Welcome Center Trafficking Training and an update on the Welcome Center was provided during the May 2023 meeting. The meeting in May focused on an update to the Department's Welcome Center and its purpose.

National Partnership for Child Safety (NPCS)

The National Partnership for Child Safety (NPCS) is a collaborative comprised of jurisdictions across the country and is focused on quality improvement and prevention.

The NPCS offers support with implementing and developing critical incident review processes, coaching in the use of the Safe Systems Improvement Tool, policy development, communications, data analysis, and customized database creation.

As a member of the NPCS, the Department attends recurring meetings including an Executive Committee, Systemic Critical Incident Review (SCIR) Peer Leaders meeting, and a Data Sharing Workgroup. The partnership also offers ongoing technical support.

The Department currently utilizes a REDCap database to house information from fatality and near fatality case reviews. The database was customized to the Department's needs with support from University of Kentucky. The Department began sharing fatality and near fatality case data with the National Center for Fatality Review and Prevention (NCFRP). The NCFRP at the Michigan Public Health Institute (MPHI) serves as the data warehouse. Fatality review data includes various demographics, child welfare history, and case outcomes and is collected to be analyzed and help inform policy and prevention efforts.

Dad Together

Using funds provided through the American Rescue Plan, the *Dad Together* program provides statewide prevention services and supports to fathers to increase their involvement in the care and support of their children in order to prevent contact with the Department of Child Safety. Fathers, biological or psychological, are referred or self-referred to this program and immediately assigned a Father Support Specialist (FSS), who is also a father himself. The FSS provides mentorship and develops an individualized support plan to assist the father with services intended to achieve their or their child's behavior health goals. *Dad Together* also provides specialized support and parent education groups for fathers through the Nurturing Parent Program.

Since October 2021, the *Dad Together* program has serviced ninety-four fathers by providing ongoing supportive services. *Dad Together* has implemented the Nurturing Fathers Program and has enrolled twenty-seven fathers. The *Dad Together* engagement team has facilitated forty-one support groups with 3 to fifteen participants. Two fathers that completed the Nurturing Fathers Program have become Father Support Specialists.

During this reporting year, the FSS has been meeting with local community partners, M.A.N.C.A.V.E and Father Matters to host a Fatherhood Summit and community events for fathers and their children. The Office of Prevention has been meeting with Prevent Child Abuse Arizona to develop and host a four-part virtual series for providers on engaging fathers that will begin in June 2023 utilizing surveys gathered from

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Department staff, home visitors and community providers to determine areas of engagement. The speakers for this series will include an African American male doula and Nurturing Fathers Program Facilitators.

Youth Transitioning into Adulthood

Coordinated outreach activities for transition into adulthood are provided to young adults who have experienced foster care in Arizona, other states, or recognized tribes. Young people age eighteen through twenty who are legal residents of Arizona and have experienced child welfare in any state or tribal foster care program (in out-of-home care) at age sixteen are eligible for services through the Arizona Transitional Independent Living Program (TILP). This program serves over two hundred former foster youth annually, providing varying services, and specific supports to assist young people achieve a successful transition to adulthood. The TILP services are currently delivered through a community-based contractor, Arizona's Children Association, and is available statewide. The TILP services support young people to secure stable housing, enroll in post-secondary education and training programs, obtain employment, secure necessary behavioral health services, and connect with other state and federally funded services for young people.

The Department and Arizona Children's Association work closely with community partners to assist in prevention related planning and support services for youth who experienced foster care. These collaborations include, but are not limited to: Family Unification Program (FUP) and Foster Youth to Independence Tenant Protected Vouchers (FYI-TPV), Families First Substance Abuse Treatment Programs, Arizona's Interagency Pregnancy and Parenting Assistance Program, Arizona Developmental Disabilities Planning Council, Secondary and Post-Secondary Educational engagement and retention programs, Workforce Innovation and Opportunity Act (WIOA) providers, Sex-Trafficking Prevention, and the Young Parent University.

Supporting Housing insecurity through trauma-informed practice

The Office of Prevention has been offering training sessions to Department staff, and community supports that offer help to the specific populations who are eligible for the Family Unification and Foster Youth to Independence Housing choice voucher programs. Strategic training has been created to help support those serving this population to understand the programmatic requirements and support the unique needs of individuals who may be experiencing homelessness and have been involved in child welfare.

As mentioned previously, with the continued offering of the Foster Youth to Independence Tenant Protected Voucher Program, strategic recruitment of communally recognized agencies that can offer direct support to young people has been instrumental to the success of the program. Administratively, the necessity of continuing a Community of Practice between all partners in the execution of the FYI program was recognized. These collaborations allow for a creative, often more emotionally supportive learning environment for the participating housing authorities to better navigate this new program and understand how to best support the youth and families who participate.

Mandatory quarterly meetings were held for both Family Unification Program (FUP) and the Foster Youth to Independence (FYI). The meetings offered an opportunity for the Office of Prevention to provide technical assistance to the participating housing authorities, and Coordination of Care (CoC) by discussing the needs of families and youth, trends within the community, and ideas from professionals offering support to families and youth.

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

The Arizona Child Abuse Hotline

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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. 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 critical information available about the reporter's concerns. Concerns of abuse or neglect are either "screened-in" as meeting statutory report criteria for investigation or "screened-out" as not meeting statutory criteria.

The Hotline uses standard work and a tiered visual management system to track, monitor, and respond to quality and service level trends at both the individual and team level. This management system allows the workforce to promptly recognize and identify when either quality or service levels are not within the target ranges and take corrective action. The average answer speed is 5 minutes, 40 seconds. This is a slight increase compared to the 4 minutes, 19 second average callers experienced during SFY 2022. The average speed of answer likely increased in SFY 2023 in part due to having a newer workforce. From September through January over 20% of call-taking staff were DCS Intake Specialist Trainees (under 22 weeks of employment). As trainees become more independent, the average speed of answer has continued to decrease, with the most recent May 2023 average answer speed of 3 minutes and 20 seconds.

Two oversight positions continue to be embedded at the Hotline to perform quality assurance reviews of Hotline decisions. A Practice Improvement Specialist reports to the Office of Accountability and 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 97% which is an improvement from the 90% reported during the last update. For fidelity monitoring purposes, the Office of Child Welfare Investigations Hotline Analyst reports to the Office of Child Welfare Investigations and 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. The accuracy rate is also consistently over 94% which is an improvement from the 90% reported during the last update.

Workforce retention and workplace culture continued as a focus for Hotline management this year. The Hotline expanded its hybrid work model to allow 30% of staff to work remotely. Diversifying remote work options has allowed the Hotline to offer flexibility that previously did not exist. Additionally, the Hotline was able to retain two tenured employees as the result of the hybrid work model. Moreover, the remote work model allows critical operations to resume in case of a service outage at the Hotline worksite. Those employees working offsite can continue to serve the public if a service outage or interruption renders the worksite inaccessible or unavailable.

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:

- investigate reports of abuse and neglect
- 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
- work cooperatively with law enforcement regarding reports that include criminal conduct allegations

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- 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, the 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, severe physical abuse and neglect, sexual abuse, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with all relevant stakeholders including 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 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 assessments, safety assessments, and safety intervention decisions. The Family Functioning Assessment-Investigation assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child during the initial assessment process. The 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. Subsequent reassessments of the Family Functioning Assessment 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 the 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 Department oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the Department'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 child welfare investigations of allegations of criminal conduct child abuse. The OCWI conducts child abuse investigations involving criminal conduct in Pima, Pinal, and Maricopa counties, as defined in Arizona Revised Statute §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. OCWI Investigators have extensive experience in child welfare, law enforcement, or both and receive ongoing training to support their expertise. The OCWI employs research analysts who have direct access to criminal history report information and other related databases to assist OCWI and the Department

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in their investigations. The OCWI primarily receives reports from the Department's Hotline, and referrals can also be submitted by field investigations staff if, during a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed.

The OCWI jointly investigates the child welfare portion of criminal conduct reports with law enforcement. OCWI Investigators have the authority to protect children by taking temporary custody when a child is determined to be unsafe. Since SFY 2019, OCWI provides 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 assisting criminal conduct investigations across the entire state of Arizona.

The OCWI continues to support the Department by providing joint investigation training throughout the state to Department staff and community partners. The OCWI has a position housed at the Child Abuse Hotline. This position is responsible for quality assurance related to the criminal conduct tracking characteristic, which was added to qualifying reports. This position also completes training for Hotline staff on 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.

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 guide joint investigations of allegations involving criminal conduct. The relationships established between DCS Specialists, DCS Program Supervisors, OCWI Investigators, 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.

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative DCS Specialists, OCWI staff in Maricopa, Pinal, 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 allows for a more coordinated 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, as well as reducing the traumatization victims endure. 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 MDTs, 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 memoros 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 victims to receive services without having to travel long distances. There are also advocacy centers in Arizona that

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have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed. Information about joint investigation protocols and [advocacy centers](#) can be found at the Department's [Joint Investigation Protocol website](#).

Superior Court Dependency Alternative Program (DAP)

The Pima County Superior Court implemented the Dependency Alternative Program (DAP) 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 DAP model has been presented to representatives from all 15 Arizona counties. Currently, eight additional counties have developed and implemented DAP protocols and have begun to staff these cases.

Several 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.

Protective Services Review Team (PSRT)

The Protective Services Review Team (PSRT) was created by the Department to review allegations proposed for substantiation to ensure the listings on the DCS Central Registry are consistent with Arizona's standard of evidence and statutory definitions of abuse and neglect. The Department is required to notify each alleged perpetrator by mail or personal service of a proposed substantiated finding and ensures due process for all alleged perpetrators. This notification includes information related to the alleged perpetrator's right to request an appeal through the administrative court process. Once an appeal request is received, PSRT will proceed with reviewing the entire case record along with supporting documentation provided by the field investigation team in order to proceed with an administrative hearing, if the situation is applicable to this process, based on the standard of probable cause. The outcome of the administrative process will determine whether the alleged perpetrator will be entered into the Central Registry. Further, alleged perpetrators with a pending dependency adjudication are not eligible to request an administrative hearing as their due process rights are being met through the juvenile court process. Alleged perpetrators with findings involving a dependency matter, are provided notice through the filing of the dependency petition. Should a judge in the juvenile court process make a finding of abuse or neglect through the court process, the alleged perpetrator's name will be entered on the Central Registry.

Since early 2022, when the Department policy, computer-based training and field resources were updated and revised, PSRT began attending section and unit meetings to provide information and ensure the updated policy, computer-based trainings and resources are being utilized. Additionally, effective December 2022, PSRT created an [Administrative Policy](#).

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

Family Connections and Nurturing Parenting Program

The Department recognized the need to create services that are individualized, relevant, engaging, coordinated, consistent, effective, and aligned with the Families First Prevention Services Act (FFPSA). After many years of research and development, the new service array of Family Connections (FC) and Nurturing Parent Program (NPP) became available to Arizona families in July 2021 replacing the family preservation, family support and family reunification services. The goals for the service design are to:

- decrease recurrence of maltreatment and repeat reports

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- decrease the number of children entering out-of-home care
- decrease racial disparity in foster care
- increase the percentage of children who exit foster care to reunification.

Services are available to families who have had a report of child abuse or neglect, or who are at risk of abuse or neglect. 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 with or without court involvement and in or out of the home depending on the needs of the family. Families can also be referred for community services and services provided by other state agencies, including behavioral health services.

Family Connections (FC) is a parent skill-building program that addresses the parenting role and parent-child relationship. The program is family-centered, trauma-informed, preventive, comprehensive, and flexible. FC focuses on strengthening families in the core outcomes of social support, family functioning, family resources, parenting stress, child well-being, and parent attitudes and behaviors. Family Connections is an individualized family intervention service program that partners with parents in a process of assessment, service planning and change-focused intervention around selected core outcomes to help reduce risk of maltreatment, address impending danger in the family, meet conditions for return, or maintain children safely in the home. FC assesses numerous aspects of family, parent, and child well-being to assist parents in making necessary behavioral changes to meet their child's needs. In CY 2022, Family Connections served 2,909 families (source: Guardian Business Intelligence, April 2023).

Nurturing Parent Program (NPP) is a curriculum-based parenting skills, education, and coaching program. NPP strengthens nurturing and positive bonds between the child and parent. NPP focuses on the key areas of appropriate expectations and family roles, empathy, non-violent discipline, and child's power and independence. NPP is provided by contracted community-based agencies and is available in all Arizona counties. The Nurturing Parenting Programs are founded on the morals and values of positive self-worth, empathy, empowerment and strong will, structure and discipline, and laughter, humor and play. NPP Practitioners utilize standardized curriculum that includes parent and facilitator workbooks. In Arizona, the NPP Practitioner can utilize specific curriculum that have a focus for target populations such as an Easy Reader handbook for families with cognitive delays, Families in Substance Abuse Treatment and Recovery, Nurturing Fathers Program, Nurturing Parenting for African American Families, LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus) Supplemental Lesson Guide, and American Indian Supplemental Lesson Guide. The NPP Practitioner will develop a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught. In CY 2022, NPP served 2,327 families (source: Guardian Business Intelligence April 2023).

Substance Exposed Newborn Safe Environment (SENSE) Program

The Substance Exposed Newborn Safe Environment (SENSE) program continues to be available statewide. 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, when possible. 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 DCS Specialist, a nurse consultant, a Healthy Families Arizona staff member (or other home visitor program), the Family Connections Program, and a substance abuse treatment provider (AFF provider). 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. Parents who are interested in further support can elect to continue the home visitation services up to the child's 5th birthday

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to provide aftercare support once the other services close. The Department currently contracts with twelve providers and those providers employ eleven nurses to provide nursing visits throughout the state. 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. During CY 2022, the SENSE program has served 218 families and completed 247 nursing assessments (source: Guardian Business Intelligence April 2023 and the Nurse Consultant's Assessment tracking tool).

The SENSE program is supported by four Department staff from Fidelity and Compliance Services (FCS), two Service Coordinators, a Management Analyst, and a Nurse Consultant. The Service Coordinator monitors the program by conducting provider agency site visits and performing case reviews. The Management Analyst collects data for the program and shares the information at quarterly provider meetings to discuss practice and needs for the program. FCS also works closely with the Contracts office to report performance trends and assist with Vendor Performance Reports. All data and information are also shared with the Department's Consultation and Research unit to help inform future program design changes.

The Nurse Consultant reviews all nurse assessments to screen for medical and safety concerns and provides follow-up action when necessary. The Nurse Consultant facilitates a monthly statewide nursing call to provide technical assistance (to SENSE nurses), information, and resources, and answer questions that arise. Trends observed by the Nurse Consultant during the reviews are discussed during the monthly calls to increase the effectiveness of the program.

The Department collaborates 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 as well as fund the Nurse Consultant position. The grant funds cover two home nursing visits per family to ensure the substance exposed newborn (SEN) is healthy, developmentally on track, all appropriate referrals have been made, the mother is receiving post-partum care, and the family is utilizing a primary care provider.

Supervised Visitation Only and Clinically Supervised Parenting Time Services

The Department recognized the need to re-evaluate visitation services as part of the service array redesign implemented in July 2021 and significantly reframed the focus of parenting time supervision for families whose children are not placed in their physical care. The Department focused on staff and provider education efforts to provide the least restrictive level of supervision during parenting time. Safety threats are evaluated to determine if they are present during supervised visitation to allow the least restrictive visitation supervision, such as supervision by a family member when possible. If this option cannot manage the safety threat, the Department provides Supervised Visitation Only (SVO) services to families. The SVO services are available statewide and provide transportation and visitation supervision between parents/guardians and their children, or between siblings.

Additionally, if the family requires more trained oversight to recognize and manage the safety threat during parenting time, Clinically Supervised Parenting Time (CSPT) services are available. CSPT allows families to have parenting time that is supervised by a master's level clinician to recognize complicated danger threats that cannot be safely managed by less restrictive supervision. Other services can be used in conjunction with SVO and CSPT services. For example, a family may have visitation supervision and be engaged in Nurturing Parent Program services to build and demonstrate their enhanced caregiver capacities. The Department provided CSPT services to 33 families in CY 2022 (source: Guardian Business Intelligence April 2023).

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

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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 and caregivers whose substance abuse is a significant barrier to maintaining or 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 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, recovery maintenance, outpatient and residential treatment services. The program focuses on reunification, completion of services including 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.

During SFY 2023, AFF is working to meet the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment by the following: (source: AFF 2023 Annual Report)

1. 7,162 new referrals and 1,088 continuing referrals were received.
2. attempted at least one outreach with 98% of the new referrals during SFY 2022.
3. 90% of those outreach attempts were completed within one business day of receiving the referral from the Department.
4. 60% of referrals resulted in clients providing a release of information for voluntary acceptance of AFF services with less than 1% of referrals were still processing at the end of SFY 2023.
5. 26% of these clients completed their assessment within seven days after accepting services.
6. Of those AFF clients receiving services and whose case was closed during SFY 2023, 12% (962 clients) successfully completed AFF services.
7. provided 28% counseling services and 72% non-counseling or auxiliary services (case management, parenting and domestic violence classes and concrete supports) to 4, 117 clients
8. 84% of those who completed services reported employment compared to 71% at the time of enrollment to AFF. Significantly more parents who completed AFF (77%) were reunified with their child than those who did not complete AFF (46%).

Housing Assistance

The Housing Assistance Program continues to be available during the reporting period. The program provides financial assistance to families when the lack of safe and adequate housing is a significant barrier to family preservation, reunification, or permanency. This program provides vendor payments for rent, rent or utility arrearages, and utility deposits or payments for eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are unavailable. Housing Assistance Program eligibility requires that at least one child in the family must be involved with the Department 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 leaving units while owing money often have difficulty finding rental housing, despite the availability of funds through the Housing Assistance Program.

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six-month period. In SFY 2022 the Housing Assistance program:

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- provided financial support for the reunification or permanent living arrangement of 352 children within 153 families throughout Arizona, which is a decrease of 80 children and a decrease of 24 families compared to SFY 2021.
- expended \$250,866 statewide, \$71,179 less than in SFY 2021.

Contributing factors to this decrease include lack of available and sustainable housing and verifiable income.

In SFY 2022, the average length of stay in out-of-home care prior to reunification was 406 days (13.3 months) (source: [Semi-Annual Child Welfare Report March 2023](#)). An estimated \$3,205,632 would have been expended by the Department for foster care maintenance (licensed foster home, personal and clothing allowance) at an average cost of \$684.73 per month/per child if the 352 children who benefited from Housing Assistance during SFY 2022 had entered or remained in foster care. Based on the SFY 2022 Housing Assistance Program expenditures of \$250,866 there was a cost avoidance of \$2,954,766.

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. 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 developed jointly with the parent or guardian and child when appropriate, focusing on the safety threats and risks identified from 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 three at the time of removal, Arizona law requires a permanency hearing within six months of the child's removal from the home.

The Department's [SAFE AZ SharePoint](#) site contains documents that provide example questions and guides to educate DCS Specialists when speaking with families to gather information to assess functioning and protective capacities. The guides provide recommend open-ended, non-confrontational questions 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

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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 with a safety plan. The Department may develop this plan with the family during a Team Decision Making (TDM) meeting and follow-up and support services are put in place to ensure a safe and successful reunification.

The Department implements 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 twelve months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the DCS Specialist will simultaneously work toward the family reunification goal and the identified concurrent goal. 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, 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 circumstances 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 interest 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 prohibits a permanency goal of independent living, which is the state's version of APPLA, for children younger than 16 years of age. 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 home 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 an 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 will:

- place children in the least restrictive living arrangement available, consistent with the needs of the child.

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- 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 near the parents' home and within the child's own school district.
- 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, shelters, group homes, residential treatment centers, Qualified Residential Treatment Programs (QRTP), 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 a 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 begins 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 of the option to become a placement resource for 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 unit.

The Department has a standardized process for locating relatives and kin for children in custody, and this information is specifically documented in Guardian. In addition, Family Engagement Specialists, whose job duties include searching for relatives and kin for children referred to the Fostering Sustainable Connections program, and field staff located at the various offices across the state, have access to Accurant, a person search software. 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 Department Locate unit for more extensive search efforts.

Each month, the Fostering Sustainable Connections (FSC) team meets with regional Permanency team and a Match Meeting Specialist from one region to review each child assigned to the team who is receiving FSC services. During these meetings, the number of connections found for each child are discussed, as well as any successes and barriers. Methods to overcome the identified barriers are discussed. Each month, the Fostering Sustainable Connections (FSC) team meets with the Maricopa County Match Meeting Specialist to review each child assigned in that region who is receiving FSC services. During this meeting, the number of connections found for each child are discussed, as well as any successes and barriers. Methods to overcome the identified barriers are also discussed. The vast majority of FSC cases are generated from Maricopa and Pima counties and those cases not covered in monthly reviews are done on a "as needed" basis. The parameters have been expanded to include a more varied group of children with a broader age range. Additionally, improvements have been made to the statewide data tracking system which better captures the number of connections found and case outcomes. The system allows the Department to extract data relating to the number of open referrals, length of referral, number of familiar connections identified and status of maintaining identified connections.

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

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system tools are utilized, and qualitative reviews are conducted to monitor the decisions to place children in a group home setting.

The Department developed several specialized living arrangement types considered Qualified Residential Treatment Programs (QRTP), 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. QRTP are considered when a family-like setting cannot be secured, and the child meets one of the following:

- requires a structured living arrangement as a result of conduct disorder or aggressive behaviors and cannot be served in a less restrictive environment.
- experienced significant trauma as a result of physical abuse, sexual abuse, or sex trafficking and requires intensive trauma-informed care and reduced staffing ratios to address the trauma.
- exhibits sexually maladaptive behaviors that cannot be addressed in a less restrictive setting, or
- identifies as LGBTQIA+ and will benefit by participation in a program specifically designed to serve their needs.

The Family Functioning Assessment process, TDM meetings, and Child and Family Team meetings are used to identify caregivers, services, and supports to meet a child's needs. The Department holds a TDM meeting for most removals or potential removals, during which parents, family members, the Department, 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 family from which the child was removed. 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 caregiver, service providers, attorneys, and the Department. Among other information, the written case plan should identify the child's educational, medical, and behavioral health needs, and identify services for 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 caregivers 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.
- 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 they are 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 caregiver, pre-placement visitation,

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

For American Indian children, caregiver selection must take place in accordance with the Indian Child Welfare Act (ICWA), 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 that kinship connections are not limited to blood relationships and has policies and procedures in place requiring staff to identify and pursue all emotional connections important to a child. Kinship caregivers often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On September 30, 2022, 48% (5,446 children) of children in out-of-home care were placed in a kinship foster home (source: [Monthly Operational Outcomes Report, April 2023](#)).

The Department has focused on identifying and engaging kin as early as possible, 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 also advantages for the child welfare agency. Primarily, use of kinship caregivers dramatically reduces the need for non-relative licensed family foster homes. On December 31, 2022, 49% of children age birth to 17 in out-of-home care in Arizona were living with a kinship caregiver, reducing the need for licensed family foster home beds by 5,328 children compared to 46% and 5,923 during March of 2022. (source: [Semi-annual Child Welfare Report, March 2023](#)).

Arizona's percentage of children with kin, which is above the current national average of 35%, indicates effective practice that is grounded in clear policy and procedural guidance (source: [AFCARS Report 29](#)). Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian to provide the names, types of relationship, and all available information necessary to locate persons 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 required 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 an interest in providing care for the child.
- utilizing the *Assessing and Supporting Kinship Practice Guidelines*, 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 if the child enters out-of-home care.

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- utilizing the relative information note type, which allows staff to easily locate information about kin and assessments of kin as out-of-home caregiver resources
- the use of family locate referrals to search for and locate relatives of children in out-of-home care.

As part of Fostering Sustainable Connections, two Kinship Engagement Support Specialists continue to work with children in congregate care settings to identify possible family settings. This is supported by access to person search software. It is believed this software increases the number of relatives and kin located for children in congregate care settings. During the current fiscal year, the Department experienced staffing shortages and both Kinship Engagement Support Specialists took kinship support cases. Other aspects of the Department's support to relative and kinship identification include:

- Kinship Engagement Support 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.
- 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.

The Department's continues collaboration with the Children's Health Plan (CHP) to identify kinship caregivers who can benefit from support throughout Arizona. This collaboration identifies those kinship caregivers who are in need support in a timelier manner. CHP, through its Resource Coordination team, provides outreach to referred caregivers when children are initially placed in their home, which includes identifying a primary care physician and dental provider as close to their home as possible, assistance with appointment scheduling, referrals to other community resources, and care coordination with caregivers and health providers for children with special health care needs. Caregivers receive contact information for CHP member services should any issues or concerns arise or simply need to know what their rights are in accessing services for the children in their care. Examples of information and support provided include translation to allow effective communication between the caregiver and health care provider, assistance with medication questions or issues, and locating a health care provider with more special health care needs.

The Kinship Foster Care booklet continues to be distributed which provides extensive information for kinship caregivers, including expectations for the care and supervision of children in the Department's care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

Collaboration continues with community agencies to discuss barriers for unlicensed kinship caregivers and problem-solving efforts to meet the needs of the families. Aviva Children's Services continues to provide support in the rural south, northeast and northwest parts of the state. A food box resource was lost due to procedural changes. A new food box resource was identified that provides food boxes kept at the kinship support office for statewide delivery. Presentations to the community and staff have been occurring to provide education and understanding of the kinship experience and support for kinship caregivers. The kinship team is present at events to answer questions from kinship caregivers and identify kinship caregivers that need extra support. The Department supports kin by conducting outreach activities through phone calls, mailings, and in-person information sessions.

Department policy indicates that the assessment of a relative or significant person who asks to be a kin caregiver 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

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background checks. Based on the results of this discussion, a formal home study may be initiated. In Arizona, kinship home studies are conducted through contracted community agencies. Financial support, in the form of Temporary Assistance for Needy Families (TANF) is encouraged through the Home Assessment and Courtesy Supervision contracts. Providers are required to assist families with the submission of TANF applications. The Kinship Support team reviews and corrects inaccurate application submissions with the goal of increasing the number of caregivers that apply for TANF and facilitate this assistance to occur early in the placement episode.

During SFY 2023, an average of 339 kinship home assessments were assigned per month. Contracted staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through the Department 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, except for 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. During SFY 2022, 80 waivers were granted. Waivers are typically granted for the following reasons:

- applicant's age (18- to 20-year-olds)
- applicants who do not meet the minimum financial requirements
- homes that lack sufficient bedrooms or homes where bedrooms do not meet all the requirements
- applicants without sufficient bathrooms
- Sharing of bedrooms beyond what is prescribed
- applicants who submit medical statements older than rule requirements or on outdated forms

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. The *Applying for "Child-Only" Cash Assistance (TANF) guide*, which includes instructions for the DCS Specialist to submit the application for the family through a designated email address for timelier processing, continues to be available. The *Assessing and Supporting Kinship Families practice guideline*, which provides information and best practice tips for working with kinship out-of-home caregivers, also continues to be utilized.

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 occurred. There is also additional information on the Department's [public website](#) which directs kinship caregivers to resources and supports.

Kinship caregivers now receive \$300 per foster child in their home. 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 Department's Comprehensive Health Plan (CHP)
- childcare, 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 up to 300 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 the Department's custody

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- kinship stipend for children living with unlicensed relatives was expanded to include all unlicensed kin caregivers caring for children in DCS custody, without consideration for the caregiver's income
- kinship resource and family support centers in urban areas, offering services to strengthen kinship caregivers, access to community professionals who can assist in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues
- 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, GAP Ministries, Spreading Threads, Grandparent Ambassadors, ASA Now and Arizona's Children Association (AzCA) continue to provide an array of services and supports to kinship caregivers across the state

Direct support to kinship caregivers is provided by responding to phone calls and email inquiries. Assistance is typically sought to resolve payment issues, contact the assigned Specialist, provide resource problem solving including basic need items and services, as well as provide guidance on the Department's involvement.

The Department now employs eight Kinship Support Specialists to support kinship caregivers in all counties through in person or virtual visits. The assigned Kinship Support Specialist contacts the family within a specific timeframe, schedules an in-person or virtual meeting, and conducts follow ups every 30, 50 and 80 days. If a kinship caregiver needs additional support after the 80 days, the kinship support specialist continues to provide support as needed. The Kinship Support Specialists meet with referred kinship caregivers upon placement of the children to connect the families to resources that help the families with items such as clothes, safety items for the children, and bedroom items including cribs and mattresses. The support assists families to access resources and receive available financial assistance including TANF child only cash assistance. The Kinship Support Specialists also connect families with community support groups that can assist them in their child welfare experience. In addition, information is provided on the legal and behavioral health systems, and efforts are made to stabilize living arrangements to avoid placement disruptions or changes.

Kinship Engagement Support Specialists support field staff by seeking connections and kinship caregivers for children entering the Department's care who are not placed with a kinship caregiver utilizing a family search database. The Specialists then make contact and assess the ability of the potential kinship caregivers to be a connection or placement resource for the child. Kinship Engagement Support Specialists also complete criminal background checks and Central Registry checks once a potential kinship caregiver has confirmed the desire to be a caregiver for the child. The agencies contracted to complete the Kinship Home Studies and Courtesy Supervision can also assist with helping unlicensed kinship caregivers find resources in their areas.

The Department's Kinship Support Program Supervisors participate in collaborative efforts with stakeholders to identify kinship caregiver needs and offer supports. Community groups and partnerships include the following:

- The Kinship Coalition consisting of community agencies primarily in the Maricopa County area offering resources to kinship caregivers. The group meets every two months to exchange information, collaborate on new resources needed and identify kinship caregiver needs and issues.
- 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 (Aviva Children's

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Services, More Than a Bed, Arizona Children’s Association Kinship Navigator Program, GAP Ministries Warehouse, Boost a Foster Family, Family Involvement Center, Spreading Threads and licensing agencies).) who provide services to kinship caregivers. This group meets monthly to share resources and identify additional ways to support kinship caregivers.

- The Maricopa Family Support Alliance is a network of family support agencies working together to increase 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 Kinship Support Program Supervisors also monitor efforts and provide support through statewide technical assistance and training. Recent efforts include:

- utilizing funding from the Kinship Navigator Program Grant to purchase items such as car seats, clothing, food, strollers and assistance with pool fencing and home repairs
- completing a training with A Second Chance and continue to advocate the incorporation of a Kinship Caregiver voice in CORE training for Specialist, Supervisors and Program Managers to educate this cohort about Kinship caregivers experiences, needs and struggles
- assisting the payment processing unit by contacting unlicensed kin to confirm dates care was provided to ensure reimbursement is received. The Kinship team simultaneously provides education to those kinship caregivers on utilization of the Guardian Portal to avoid any future payment issues
- providing policy and best practices information sessions to newly hired DCS Specialists to support kinship caregivers

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

The Interstate Compact on the Placement of Children (ICPC) is a contract 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, public or private agency wishing to place a child in the care, custody and control of the Department in another state must proceed through the ICPC. Likewise, any person, court, public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona 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.”

The Department received 799 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2022, 162 less than the 961 requests in FFY 2021. In FFY 2022, the Department made 1,062 requests to other states for home studies, which is 180 less than the 1,242 requests made in FFY 2021. During the reporting period, the Department utilized the National Electronic Interstate Compact Enterprise (NEICE) 2.0 system for ICPC data tracking. Arizona ICPC completed 694 of the home studies within the 60-day timeframe or provided preliminary reports. Referral processing has been significantly improved with most processed within seven days of receipt due to DocuSign integration. During this same time period, the Department sent 1062 ICPC home study requests to other states using the NEICE system, and 935 were completed within the 60-day timeframe or AZ ICPC was provided with a preliminary report.

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During SFY 2023, the NEICE 2.0 system was utilized to improve timeliness and processing of requests. Arizona has improved its safe and timely performance, but this remains a work in progress due to staffing issues with contracted agencies. Steps are being taken to resolve these issues and improvements are expected. The Department will continue to improve the efficiency of the completion of home studies by working with contracted providers and relaying expectations.

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. There were no major changes made during SFY 2023 nor planned changes for the upcoming year. 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 can meet the needs of the child is the primary consideration. 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 to address disproportionality by specifically targeting recruitment within the African American, Hispanic, and American Indian communities. Targeted recruitment also focuses on homes for older youth and siblings. The Department requests that the agencies recruit homes in specific geographical areas. The Department uses data from the licensing and child welfare system to help identify areas of needs for recruitment efforts. The Department previously used a recruitment estimator; however, a new version is being developed to be compatible with Guardian, the Department's system of record.

Arizona utilizes an array of interstate resources 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 Department's website. Families with certified adoptive home studies can also be listed on the 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.

The Department utilized adoption promotion and support funding for respite services to better assist families who adopt children with special needs from the foster care system.

Adoption Subsidy

Throughout the reporting period, the Department has continued the title IV-E Adoption Assistance Program and the state administered adoption subsidy program, which subsidizes adoptions of special needs children

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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. Most children receiving adoption assistance are eligible and receive 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 decreased slightly after consistently increasing yearly. The number of children served by the adoption subsidy program dropped from 33,504 on March 31, 2022, to 33,480 on March 31, 2023, with 2,749 new special needs adoptions being subsidized in SFY 2022. The Department reimbursed \$ 3,034,010.00 of nonrecurring adoption expenses in FY 2022. Of the 2,749 children who were adopted during SFY 2022, approximately 98% were covered under a title IV-E adoption agreement, and the remaining 2% 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.
- During SFY 2020, the Department introduced a new specialized adoption subsidy rate for children who have significant developmental delays or behavioral health needs. Since the inception of the new specialized adoption subsidy rate, 116 children have been adopted with this rate, with 53 of those adoptions occurring within SFY 2022 compared to 37 of these adoptions occurring in SFY 2021.
- Adoption subsidy staff continue to collaborate with behavioral health agencies and service providers to coordinate services to meet the behavioral health needs of adoptive children. The Department continues to fund the Behavioral Health Clinical Coordinator positions to ensure that the needs of families are met statewide. These positions assist families navigate the behavioral health system, including attendance at Child and Family Team 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 listing of support groups for adoptive families across the state. This listing is provided to the licensing agencies, adoption subsidy workers, and Department field staff to provide 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 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 Payment Funds

The Department used the Adoption Incentive Payment Fund during the past year to provide monthly adoption subsidy maintenance payments to adoptive families. The Department intends to continue this same support to families during FFY 2023. The Department has not encountered changes, challenges, or issues regarding timely expenditures with the 36-month expenditure period.

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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 2023 to fund the expansion of adoption subsidy. The Department will continue to use the Adoption Savings to meet the needs of the adoption maintenance population, as well as expansion of post-adoption services including monthly adoption subsidy maintenance payments and Triple P (Positive Parenting Program).

The Post-Permanency Triple P services began on January 1, 2023, with two agencies being awarded the contract to support families served by the subsidy program. This program supports adoptive and guardianship families that would benefit from an evidence-based program designed to promote positive and caring relationships between parents, caregivers and children. The goal is to provide effective management strategies to address behavior issues and provide support to prevent the re-entry of post permanency children into out-of-home care.

Both agencies began accepting referrals in February 2023; however, some of the accepted referral types have been delayed by training/certification requirements of the Triple P program such as delivering the service to parents or guardians of teens. As both agencies are in Maricopa County, services will be provided in the home for residents of Maricopa County and Triple P Arizona has authorized virtual meetings with families in the other counties of Arizona.

The Department has engaged the provider community and will allocate 30% of the adoption savings funding to post-adoption services. In year one, the Department estimates expending \$3 million with expansion in year two. 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 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, 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 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, 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

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Subsidized Guardianship

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 still resides with the guardian. As of March 31, 2023, there were 2,684 children receiving guardianship subsidy with 1,780 families.

Independent Living and Transitional Independent Living

The 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 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 ages 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 utilizes the Youth Thrive™ Framework, focusing on ensuring youth have the protective and promotive factors necessary to live successfully upon exiting the state foster care system at age 18 or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Young Adult Program, which is the Department's state Chafee Program. Youth served under the Young Adult Program are ages 14 and older, currently in out-of-home care, and in the custody of the Department. The Young Adult Program provides training and financial assistance to children in out-of-home care in efforts to support them in achieving permanency and ensure a successful transition to adulthood.

The Department has historically had a Chafee service for life skills training for youth ages 16-21. In SFY 2022, the Department transitioned to a new, Successful Transition to Adulthood (STA) service for youth ages 14-21. The STA service began on February 1, 2022, and is provided by Intermountain Centers for Human Development (ICHHD) in the Southern Region and by Arizona's Children Association (AZCA) in the rest of the state. The Department utilized NYTD survey data from 479 surveyed youth from the 2020 baseline cohort of 17-year-olds to inform new service delivery. Key findings reported by youth include:

- 39% felt more support was needed in strengthening relationships with important people in their lives. STA can support youth with family finding and 3-5-7 work to heal grief and loss
- 22% felt confident in financial knowledge, leaving 78% feeling somewhat confident or not at all confident. STA includes the Keys to Youth Financial Future curriculum
- 27% of youth identified as a member of the LGBTQIA+ community. STA can support cultural needs relating to the LGBTQIA+ community
- 18% reported being employed full or part-time. STA can assist with employment preparation and maintenance

The Department also utilized youth feedback from the 2019 Youth Conference related to congregate care staff needing more training on conflict resolution and communication, when developing the new STA service. As a result, the STA service can assist with resolving conflict between youth and caregivers,

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including providing mediation and tools for effective communication. Youth have also shared anecdotally that it can feel “un-normal” to have providers teaching “life skills” and prefer to learn them in the home setting. The Department also includes life skills preparation in caregiver contracts but have found that some caregivers may need support in delivering the information. The STA service can assist youth and their caregivers in developing a normalcy plan, which can include how the youth will learn life skills in the home environment with the caregiver. If a young adult is living on their own and needs specific support, the STA service can also assist them directly. Youth have also provided feedback during the conference and Youth Empowerment Council participation that multiple placement moves impact their school stability. The STA service can support youth in creating educational success plans, which can ensure the right supports at school, as well as involvement in extra-curricular activities that lead to improved student engagement.

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 Chafee aftercare 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 any state or tribal child welfare agency 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 2022, one hundred and forty-one former foster youth received assistance from this program, which is a significant decrease from the two hundred and eight youth served during CY 2021. This decrease may be attributed to an increase in youth remaining in extended foster care and alternative support services now available to youth outside the Chafee after care program. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the service.

The 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 Department Program Managers, Program Supervisors, and Program Specialists.

The Department and AHCCCS continue to recognize the need for timely and accessible services to address the unique needs of families with adolescents by providing and developing services specifically for adolescents. Examples include the following:

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition from the children's behavioral health system of care into the adult system of care. Transitional planning begins once a youth turns 16 years of age, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. Requests are made to have a representative from the adult behavioral health provider attend the youth's CFTs. Arizona behavioral health providers have access to the *Transition to Independence Process (TIP)* to inform the delivery of services. Mercy Care has provided technical assistance to providers to implement the TIP model with fidelity. Some children's services continue to 21 years of age, when appropriate, including TIP. Transition facilitators actively work with youth and young adults on their future planning and skill development. TIP training is being planned for the provider community to enhance application of the service.
- Continued collaboration with AHCCCS, Health Plans, and behavioral health agencies to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider, Solari Crisis and Human Services, to manage the SMI eligibility process. Mercy Care oversees and monitors the number of youth between the ages of 17 ½ and 18 receiving a determination of SMI or non-SMI. Solari Crisis and Human Services has provided training on the SMI determination process to both the provider community and the Department.

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- Support and Rehabilitation Services are available for youth including a variety of home-based and community services with the goal of keeping children in their homes and community. Support services are 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. Additionally, behavioral health prevention and promotion education, medication training, and psychoeducational services such as pre-job training, job development and ongoing support to maintain employment are available.
- The Child and Adolescent Level of Care Utilization System (CALOCUS) is a standardized tool used to determine the intensity of services needed for children and adolescents age 6 to 18 years. This instrument is developmentally informed and has been created on the foundation of a System of Care approach of embracing family-driven, youth-guided care that includes individualized strength-based and culturally sensitive service planning, supporting the use of intensive care coordination or wraparound planning teams when indicated, and providing a broad service array that includes natural supports as well as clinical services. The CALOCUS recognizes that the use of home and community-based services and natural supports can provide increased service intensity instead of relying just on “bricks and mortar” or other out-of-home placement to achieve higher levels of service intensity. For children with complex needs, as indicated through an individualized assessment or a CALOCUS score of four and higher, the development of a document that reflects the strengths, needs and culture of the child and family provides a foundation for future planning is required and shall be completed within 45 days of the initial intake appointment. The written Strengths, Needs, and Cultural Discovery (SNCD) summarizes information on a broad range of life domains of the child and the family and includes the following elements:
 - identification of strengths, assets and resources that can be mobilized to address the child and family’s need for support
 - exploration and understanding of the unique culture of the family to ensure that the service plan will be one the child and family will support and utilize
 - attention to aspects of family culture influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation, and other factors
 - recording of the child’s and family’s vision of a desired future
 - identification of the needs and areas of focus that shall be addressed in order to move toward the desired future

With the implementation of the Department’s CHP plan, a collaborative group was formed consisting of system partners and the provider community allowing Mercy Care to address system gaps, improve collaboration, review transition age youth data, identify trends, and initiate solutions. A cross training workgroup was also developed where state of the art training is currently being developed. As a result, Mercy Care conducted regional trainings in the summer of 2022, providing details regarding trauma informed care and identifying the type of service delivery the Department should expect to see from Mercy Care providers. The collaborative group has since developed a training regarding the Department’s Young Adult Program, which will be offered to the Mercy Care providers over three virtual sessions in the summer of 2023.

A partnership has been created between Mercy Care and the Department’s Youth Empowerment Council (YEC). This partnership will allow for collaborative efforts to occur for improvements to the child welfare and health care systems. This year Mercy Care was able to participate in YEC meetings and surveyed youth to better understand and serve the needs of youth in foster care.

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

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them, and related accomplishments 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)

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through Young Adult Transitional Insurance (YATI), a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan when they turn eighteen years of age. This program provides continuous health coverage until the age of 26, regardless of income. There were four hundred and ten YATI referrals submitted for young adults who reached the age of eighteen while in foster care during CY 2022, a decrease of ninety-one referrals completed compared to CY 2021. An automated process has been established between CHP and AHCCCS to ensure all youth who turn eighteen in out-of-home care and are enrolled in the Children's Health Plan have services transferred to AHCCCS for Medicaid services. Youth exiting care at age 18 or older are also supported with a transition plan which is developed with the youth to identify services and supports to meet their individual needs. For youth who will be moving to another state, their transition plan includes resources to support their enrollment in Medicaid in their state. As part of this transition, the DCS Specialist or a Permanency and Youth Services Specialist will assist the youth in contacting the Independent Living Coordinator to begin the process for obtaining information on Chafee funded aftercare services as well as health care benefits and the enrollment process in that state.

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 young adults up to age twenty-six. As of March 1, 2021, Arizona accepted the Federal option under the Family First Prevention Services Act to serve young adults up to the age of 26, if they are making satisfactory progress toward completing their course of study or training and have not participated in the program for a total of more than five years.

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 young adult:

- 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
 - was adopted from any state or tribal foster care program at age 16 or 17
- 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 needs of the parents, children, and out-of-home care providers. DCS Specialists are

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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, needs, 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 Department involvement. The case plan communicates, to all parties, the permanency goal, the reason for Department involvement with the family, the desired behavior changes, and the services and supports that will be provided to enable those 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 than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid unnecessary service provision and improve outcomes for families. DCS Specialists are to monitor the parent's engagement in services, and that the services and supports identified in the case plan are producing the desired behavioral changes.

Engaging family members in the continual evaluation of their strengths, needs, and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles continue throughout the Department. Family-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. Examples include the following:

- 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.
- The Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections (FSC), 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 timelier, develop important connections, and experience more positive emotional and social outcomes. Specialist Core classroom training covers the basics of the FSC program and efforts made to identify and locate relatives and kin for children.
- Arizona's case planning policies and procedures require full disclosure about the reasons for Department 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 them, 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 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 aged 12 years or older are to be included at critical decision points in the life of the case to ensure each child is:
 - informed of their role and rights in participating in the case plan and court proceedings
 - informed about the Department's goal of achieving permanency for the child in a safe home

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- 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
- made aware that individualized services addressing the reasons for Department involvement are made available to families
- informed about their parents' activities and progress toward reunification, unless returning home is not a possibility
- helped to identify significant adults with whom relationships can be maintained.
- 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 Department's policy has contributed to 49% of children placed with relative caregivers on December 31, 2022, which continues to be above the national average of 34% (source: [Semi Annual Child Welfare Report March 2023](#) and [AFCARS 29 Report](#)).
- 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 and Case Aide Learning Track training. DCS Specialist classroom 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.
- The Department's Program Supervisor Learning Track includes classroom training with a focus on when and how often to hold clinical supervision discussions with DCS Specialists in order to develop strategies for engagement with the family. Classroom training also includes 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 parallel process in their work with families. 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 utilizing structured field break activities and discussion with the Program Manager.
- Foster parents are encouraged to engage and communicate with birth parents of children placed in their home. During the COVID-19 pandemic, the Department launched and has continued to utilize 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 where printable pages are available to families.
- 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.

Team Decision Making

Team Decision Making (TDM) is a strength-based decision-making process to address the safety, living arrangement, and permanency of children involved with the Department. TDM meetings are a collaborative process involving a team of people, including Department field staff and Supervisors, family (custodial and

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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 absent or under-involved parents, identification of relatives for placement and 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 situations. TDM meetings may occur when a child is found to be in present danger and has been removed from the 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); when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority); when a youth turns 14 and 16 years of age to explore and plan for the youth's future needs (Youth Transition TDM); or a youth has reached age 18 and wants to voluntarily participate in services with the Department until the 21st birthday (Age of Majority TDM).

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 Program Supervisor. TDM procedures help TDM Facilitators, the family, and DCS Specialists work together toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

The Team Decision Making program has identified the need to enhance the community and family's engagement and experience in TDM meetings. The TDM program is receiving technical assistance from Action for Child Protection to help strengthen facilitators' knowledge of SAFE AZ, the Department's safety assessment model. Knowledge of the SAFE AZ model assists TDM facilitators in guiding the team members to consensus that focuses on the least intrusive and safest plan for the children. The technical assistance includes training for TDM facilitators related to the model.

The Department has spent the last year working with Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, in reviewing fidelity to the TDM meeting model as well as alignment with our SAFE AZ practice model. During this year, community members, parents, and young people with lived TDM experience were invited to work alongside the Department in order to improve our practice. The contract with Evident Change has been extended through June 2024. Collaboration includes continuous work with the TDM Implementation Team, and various workgroups including Learning and Development,

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Communication and Culture, (foster participation and inclusion of family, cultural, and community supports) Safe AZ Integration and Sustainability.

In addition to having facilitators trained in SAFE AZ within the TDM framework, Evident Change is providing technical assistance to ensure model fidelity and enhance facilitator skill awareness in group engagement. Evident Change began this process by reviewing all the Departmental policies, program guidance, trainings and program forms specific to TDM. Observations were conducted with all TDM types, and in every region. Listening sessions occurred with families who had Department involvement and participated in a TDM recently, including African American community members, tribal child welfare staff, and youth who are involved with the Department. Listening sessions for Department staff have also been completed. Technical assistance is also focusing on cultural responsiveness, parenting time, and domestic violence supported by TDM and the SAFE AZ model.

TDM has asked community and family members who have participated in a TDM to participate in an ongoing survey. The goal of the post-TDM survey is to collect insightful comments from those who have participated in the process in order to contribute to better practice and quality. To ensure practice fidelity of the TDM model and enhance connections with the families and community members involved, information gained from the survey will be incorporated into the department's strategic plan.

TDM leadership continues to monitor the use of TDMs throughout a family's involvement with the Department to identify trends and opportunities for improvement in utilizing TDMs. This assisted in identifying TDM policy knowledge, procedure and best practice gaps.

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

During CY 2023, most field staff will receive training on the transformed TDM protocol to be better equipped to serve families and young people with care and compassion. In addition, Evident Change has recommended the Department reduce TDM meetings to safety, placement stabilization and permanency types to ensure model fidelity. The outline highlighting the three pillars of the 2023 TDM Transformation include:

1. Family and participant experience

- improve clarity surrounding the meeting purpose
- foster participation and inclusion of family, cultural, and community supports
- strengthen family engagement throughout the safety decision-making process and Team Decision Making™ meeting
- ensure decisions are made within the meeting and in collaboration with the family (not before or outside of the meeting)
- clear expectations for meeting etiquette that demonstrates respect, care, and compassion for families and young people

2. Continuous improvement and accountability

- increase observations and developmental feedback to department staff
- offer surveys to meeting participants and use results to drive change

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- standardize data collection in order to evaluate the effectiveness of the Team Decision Making™ approach
3. TDM policy simplification
- clarify guidance for when a meeting is required
 - improve integration of SAFE AZ (safety decision-making model)

There have been barriers to tracking TDM data consistently, which may explain the decrease in the number of TDMs held compared to the prior year. TDM information is tracked through a main TDM database. The TDM database has been experiencing challenges with operational functionality creating delays in data entry. Tracking enhancements to create consistent operation and identify features to assist in practice improvement and quality of TDMs is occurring. In addition to the technical assistance Evident Change has created and shared TDM Database software. The Department is assessing the use of this software as a possible solution to the TDM data collection barriers.

Case Manager Face-to-Face Contacts with Children

The DCS Specialist's contacts with children and parents are important opportunities to conduct ongoing assessments; 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 also 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 the contacts must be in the child's residence (parental home or an out-of-home placement) and any verbal child must be seen alone, or attempts must be made to have alone time 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 or caregiver requires more frequent face-to-face visits or telephone contact between face-to-face visits.

Department procedures and an extensive reference document, Quality Supervision and Contacts with Children in Out-of-Home Care, which provides 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.

Child contact information is monitored using scorecards at the unit, section, and region level to monitor the completion of required contacts and documentation

Arizona's state quality assurance case review instrument, the Practice Improvement Case Review (PICR) includes an item to evaluate the frequency and quality of DCS Specialist contacts with children. 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.

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The Department's policies include an emphasis to consider cultural and inclusive language. The DCS Specialist engages in conversations with the child to ensure their cultural needs are being met during monthly contacts and when selecting out-of-home caregivers or placements. The DCS Specialist explores cultural factors that are important to the child such as race, ethnicity, religion, tribal affiliation, sexual orientation, and how the child's cultural identity is being supported. During the monthly contact and regular case plan reviews, services and supports are evaluated for how appropriate and effective they are in context of the child's cultural factors.

The Department uses the federal Monthly Caseworker Visit Grant to reduce turnover and retain staff responsible for child safety assessments, family engagement, and permanency planning activities, and to invest in mobile technology for field staff. The federal Monthly Caseworker Visit Grant will also be used to support recruitment and retention through increasing telecommuting/remote work options and purchasing laptops, which improves capacity to conduct monthly caseworker visits with children.

The caseworker visit data submitted for FFY 2022 indicated 86% of children were seen on a monthly basis by caseworkers and 68% of the total number of visits occurred in the child's residence which did not meet the goal of 95% of children seen monthly by caseworkers. Contributing factors include recruitment and retention of DCS Specialists, especially during the pandemic and "the great resignation," which are challenges faced by child welfare agencies nationally. Department staff were also adjusting to the Guardian system's new method of data entry that captures monthly caseworker visitation of children. Actions to achieve the goal include the implementation of DCS Specialist recruitment and retention strategies and restructuring of the monthly caseworker visitation documentation template in Guardian based on user feedback to improve ease of entry. Please see *Section IV: Assessment of Outcome Achievement for information about case volume and workforce resources.*

Additionally, the Department continues to develop and refine the ability to extract the data from Guardian monthly caseworker visit data is discussed during unit and section huddles and remains visually available. Visitation is also discussed during monthly supervision.

Case Manager Contacts with Parents

If the child's permanency goal is to remain with family or family reunification, the DCS Specialist is required to have face-to-face contact with each parent 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.

The PICR instrument includes an item to evaluate the frequency and quality of DCS Specialist contacts with 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

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to clarify practice expectations, such as the frequency of required contact and the importance of discussing the parents' needs, services, progress, etc.

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 the Department. 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.

Field staff located at the various offices across the state, have access to Accurint (LexisNexis), a person search software. This software can be used to conduct initial searches for family members of a child in out-of-home care, and if efforts are not successful, a referral can be made to the DCS Locate Team for more extensive search efforts. The Department's Locate Team also receives locate requests from the Attorney General's Office. Family locate efforts can be conducted for person within and outside the United States. Referrals received from the Attorney General's Office are typically for a family member for whom a location request is necessary for an upcoming hearing. Dependent upon whether the search is conducted for someone within the United States or in another country, the locate search utilizes information in Guardian, Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Arizona Motor Vehicle Division records, Juvenile Access Communication Exchange (JAX), the Federal Bureau of Prisons, social media including, but not limited to, Facebook, and general internet search engines such as Google. The DCS Locate Team also communicates with critical persons who may be knowledgeable about the person being sought. The Locate Team also utilizes a robust investigative tool, Accurint, that can search 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 the State Department, Foreign Consulates, and U.S. Embassies internationally.

From July 2022 through April 2023, the DCS Locate Team received 3,488 referrals from the Arizona Attorney General Office (AGO), and 47 DCS Specialists. Of these, 321 were cancelled by the AGO or rejected and 298 are still being processed. Thus, as of May 1, 2023, DCS Locate Team attempted to locate 2,916 people and successfully obtained location information for 1,214 (42%) of the individuals. It is important to note that the individuals identified for locate attempts are referred due to the inability to readily obtain address or contact information and often are willfully engaged in efforts to avoid being located.

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. The goal of FSC is the identification and contact with family and kin to increase the natural supports and family-like settings for children in out-of-home care. Contracted Family Engagement Specialists (FES) conduct family searches for children in congregate care settings to identify relatives and other supportive connections through Seneca searches, case mining, social media, and one-on-one engagement activities with the child. FES staff are provided specialized training and given access to the Department's electronic database. There are three Match Meeting Specialists who assist with this process. Currently, one of the Specialists hosts monthly meetings with FSC staff and the Department Permanency team to discuss the search successes and barriers for each child. These monthly meetings will soon be expanded to the other two Match Meeting Specialists as well.

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

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Each child's DCS Specialist coordinates with the child's parents, out-of-home caregivers, 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 are used to guide the DCS Specialist in gathering 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 as well as 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, 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. Birth parents remain involved in education planning (including approving special education services) and if the parent is unable to fulfill this role, a surrogate parent is appointed by the state education agency or dependency court. 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 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 other state 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 program youth enrolled in post-secondary education has continued to decrease during the reporting period. In January 2021, 178 youth were enrolled, compared to 101 enrolled in June 2022. Older youth participating in the Extended Foster Care program are more likely to be living in the community with financial support from the agency, and often elect to work rather than participate in post-secondary education and training in order to support their lifestyles (living arrangements, costs associated with parenting, activities, etc.). The Department continues to explore and pursue opportunities to partner with post-secondary education and training programs to increase opportunities for supported enrollment. During SY 2023 these efforts include the Grand Canyon University Fostering Futures Scholarship and the expanded Bridging Success+ Scholarship. Both programs seek to ensure students experiencing foster care have access to year-round campus-based housing and supports.

The number of youth who received a high school diploma or General Education Development (GED) dramatically increased during the reporting period, from 188 in June 2021 to 417 in June 2022. The reason for this increase may be due to youth acquiring credits through credit recovery programs and re-enrollment in in-person GED programs that became more widely available post-pandemic. The Educational Case Management Unit continues to work with Arizona's contracted provider for Education and Training Vouchers, to support post-secondary education and training opportunities, and conduct educational information trainings across the state with DCS Specialists to ensure an understanding of monitoring and supporting education for youth in foster care.

The Educational Case Management Unit now employs three full-time case managers to serve youth with the third case manager joining the unit in April 2023. The purpose of the educational case management unit is to assist youth graduate from high school, pass the Arizona Merit test, apply for post-secondary financial assistance and education. The Education Specialists provide general technical assistance to assigned case managers, and complete education assessments during in-person interviews with referred youth to support

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preparation of 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 to ensure each youth's educational needs are met.

During SFY 2023, the following activities supported educational outcomes for foster youth continued across Arizona:

- 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. The Arizona Department of Education (ADE) and Department have maintained state level “Points of Contact” (POC) in addition to Regional POCs to resolve issues related to maintaining the school of origin/best interest determinations, school transportation, and other services. The Department’s POC maintains collaborative relationships with ADE to partner with local educational agencies (LEA) to assist in facilitating the statewide implementation of ESSA. POCs meet regularly to discuss ESSA. Additionally, trainings on ESSA offered to foster parents, the Department, and ADE staff have been beneficial to the community’s and stakeholders’ understanding of ESSA.
- The Statewide Coordinator for Foster Care Education Partnerships has engaged the ADE POC and LEAs over the last year to further explore opportunities to improve relationships, examine and enhance processes to ensure school stability, and improve education outcomes for youth in foster care. Strategies included outreach and engagement of the LEAs, education advocates, caregivers, Department staff, and other partners. Outreach and engagement efforts have assisted the Department to more fully understand the challenges between agencies serving school-aged youth experiencing foster care, celebrate successful partnerships, identify policies and practices that negatively impact education outcomes, and to identify areas for improvement and expansion of the collaborative relationship between education and child welfare.
- FosterEd, a 2016 initiative of the National Center for Youth Law is designed to improve the educational experience and outcomes for foster youth, and currently serves youth statewide. Co-location continue to occur in select field offices and schools. Technical assistance is now provided more broadly by FosterEd staff with navigating the complicated issues related to special education services and the application of the ESSA requirements for school stability and making “best interest” determinations for changes in school enrollment. The FosterEd team meets regularly with the Department to monitor and develop solutions to better support school-aged youth in foster care and their school staff.
- The Department’s Education Specialists participate in ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to provide verification of current or former foster care status for financial aid purposes and to form alliances to better address and meet educational needs of youth in the child welfare system. Education Specialists also updated and distributed the State Reference Guide to Arizona Scholarships, Grants, and Financial Aid Information specifically created for current and former foster care youth, foster care providers, and community partners.
- The Department’s Education Specialist for Maricopa County and the Northern portion of Arizona, support educational outcomes by:
 - 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
 - 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

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- from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community Colleges
- 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 a GED.
- collaborating with First Star ASU Academy and participating in the program's workshops to provide foster youth with academic support and resources to successfully enroll and succeed in college
- partnering with Grand Canyon University through the Fostering Futures Scholarship program which offers resources and academic scholarship to youth who are participating in the Extended Foster Care Program
- partnering with local post-secondary education programs, such as East Valley Institute of Technology (EVIT) and UEI College to assist youth to explore and enroll in trade certification programs
- 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
- 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 for Pima and Pinal Counties and the Southern portion of Arizona, helped youth achieve educational outcomes through an array of collaborative efforts including:
 - assisting and collaborating with United Way's Youth on the Rise (YOTR) council, which focuses on the re-engagement of youth age 16 to 24 to school or work
 - 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 information and resources through various presentations to Department staff statewide and community members including Pima and Pinal County Court Appointed Special Advocates program, Grace Retreat licensing workers, Casey Family Programs, Office of Children's Council, Pima County Juvenile Court Judges, local ESSA education liaisons and Youth On Their Own
 - participating as a member of the Pima County Youth Homelessness Coalition through Tucson Pima Coalition to end Homelessness (TPCH). This collaboration was an integral part of the planning for the Youth Homelessness Demonstration Project grant planning
 - collaboration with various community partners to address the needs of youth in foster care in the programs, build supportive programming and resources, and training on needs of youth experiencing foster care and monthly onsite support

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 provides guidance regarding mental health and substance abuse issues that may impact

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safety and permanency for children involved with the Department. The DCS unit psychological consultant service is available statewide. The goals include:

- ensuring mental and behavioral health issues of caregivers 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.
- ensuring psychological and psychiatric evaluations are obtained when necessary, and timely, and that the questions posed for the evaluator are complete and appropriate.
- assisting DCS Specialists to identify the most pressing mental health issues, prioritize and sequence interventions, and determine needed positive behavioral change.

DCS Comprehensive Health Plan and Consultation with Physicians or Other Medical Professionals

Most children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Health Plan (DCS CHP) and its contracted Managed Care Organization (MCO), Mercy Care. DCS CHP operates as an integrated 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). A health home (medical, dental and behavioral health, if appropriate) approach is utilized by DCS CHP to provide comprehensive health care that facilitates partnerships between patients, clinicians, medical staff, and families. The goal is to provide accessible and coordinated care to improve health outcomes for children and youth.

DCS CHP, in partnership with Mercy Care, 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 health care coverage is provided to all children placed in out-of-home care by the Department or in the custody of Arizona Administrative Office of the Courts/Juvenile Probation and placed in a foster care setting. DCS CHP serves eligible children in foster care placed in Arizona and those placed out-of-state until they are Medicaid enrolled in that state.

The DCS CHP Mercy Care's health care provider network includes an array of providers who meet the needs of children and youth in out-of-home care. The health plan documents network adequacy, including the monitoring, maintenance and enhancement of the network, in its annual Network Development and Management Plan (NDMP). This plan incorporates analyses of primary care provider (PCP) and specialty providers, geographic needs and documents network enhancements such as:

- integrated rapid response process to include a single statewide dispatch agency and addition of physical health screening to the rapid response behavioral health screening
- co-location of the crisis integrated rapid response provider as well as a pediatric clinic within the Maricopa County DCS Welcome Center to better provide trauma informed approaches
- expansion of physical and behavioral health services in northern and southern areas of Arizona

Health care providers are distributed geographically by specialty throughout the State of Arizona. Children and youth may see any provider in the DCS CHP Mercy Care network.

As a Medicaid health care plan, DCS CHP uses outcome-based performance measures to monitor the quality of health care and the appropriateness of services delivered to children in out-of-home care. These outcome results are measured against AHCCCS or Centers for Medicare & Medicaid Services (CMS) benchmarks, evaluated to identify areas in need of improvement, and compared to other state Medicaid health plans. DCS CHP provides services under a framework of the Early Periodic Screening Diagnostic and Treatment (EPSDT) program, Maternity program, Oral Health program, Medical Management program

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(MM), and Quality Improvement and Performance Improvement program (QMPI). Each of these programs adheres to AHCCCS benchmarks and associated reporting to AHCCCS.

DCS CHP Mercy Care 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.

Department policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement into out-of-home care, periodic EPSDT exams, as well as dental assessments to be completed with 30 days of entry into out-of-home care for children ages one year and older, and semi-annually thereafter.

The DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care. DCS CHP Mercy Care 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 to be documented in the file and provided to out-of-home care providers. Ongoing DCS CHP systems interface enhancements in Guardian provide for the transmission of medical record information. These enhancements include but are not limited to immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events which are received from Mercy Care's data system in electronic format. As with DCS CHP data, the expanded data set will be included in the Guardian health module which summarizes significant medical, behavioral, and developmental history and status information. DCS Specialists can provide medical history information to the courts and out-of-home caregivers through use of Guardian data. The data interface maps appropriate diagnoses to the corresponding Adoption and Foster Care Analysis and Reporting System (AFCARS) element to improve the accuracy of reporting and eliminate manual data entry for out-of-home cases. This data will also be available to caregivers through the caregiver portal in Guardian. Additionally, during this reporting period, the DCS CHP System of Care team began documenting healthcare coordination activities in Guardian case notes.

DCS CHP Mercy Care maintains a system of outreach and reminder notifications for health services. Outreach activities rely on written and verbal communication with members and all responsible parties, such as DCS Specialists, out-of-home caregivers, and Primary Care Providers (PCPs). DCS CHP outcome data suggests that these intensive outreach efforts are very effective. For this reporting period, DCS CHP Resource Coordinators communicated with an average of 93% of caregivers in the month the child entered care.

More specifically, the DCS CHP Resource Coordination function area contributes to care coordination efforts through telephonic outreach to caregivers upon health plan enrollment to identify and escalate the need for immediate care coordination and/or interventions from DCS CHP Health Coordination and System of Care function areas to ensure that children and youth in out-of-home care are receiving needed services in a timely manner. Information provided out-of-home care providers includes an explanation of member benefits such as EPSDT requirements, dental services including fluoride varnish, sealants and cleanings, vision services including replacement glasses, and behavioral health services.

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The DCS CHP Resource Coordination team augments its care coordination efforts by establishing a collaborative process with the contracted MCO to escalate care coordination for children and youth with a chronic or acute condition. The information is communicated through a messaging function within DCS CHP Mercy Care's FamilyConnect portal directly to the assigned Care Manager. If there is no Care Manager assigned, an email is initiated requesting that one be assigned to assist with navigation of health services.

DCS Specialists also have access to a child's health plan information using the Mercy CHP FamilyConnect portal. This portal also provides access to care management assessments, a child's insurance card, prior authorization for services information, medications, and other health care resource information.

As another measure to attain positive health outcomes for children, DCS CHP Mercy Care identifies children who have not received necessary preventative medical or dental services. DCS CHP strives to have all children seen within 30 days of initial placement with a caregiver per Department policies policy; however, when DCS CHP Mercy Care has not received a claim for a child, the caregiver and/or DCS Specialist is contacted and asked to work with the caregiver to ensure the child receives the appropriate services. If there is no response from the Specialist, the Supervisor is contacted to ensure the child gets the required services. DCS CHP 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.

Additionally, DCS CHP conducts quarterly Quality Management Performance Improvement (QMPI) evaluations that are reported to AHCCCS. These evaluations include all facets of health care for children in out-of-home care as well as the performance of DCS CHP Mercy Care. Quarterly meetings to review the data presented in these evaluations are attended by the Department, DCS CHP staff, community physicians, and caregivers.

In preparation for the expiration of the Public Health Emergency declaration, DCS CHP participated in ad-hoc meetings with AHCCCS to ensure minimal disruption of services provided to children and youth in out-of-home care. Special considerations have been made to ensure children in out-of-home care will not be impacted by changes to the Medicaid eligibility redetermination process. As such there will be no impact to their existing enrollments with DCS CHP Mercy Care. The federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, expired May 11, 2023.

During the COVID-19 pandemic, DCS CHP provided direct support to children, caregivers, and Department staff, and incorporated the following into regular business processes:

- collaboration with the Arizona Department of Health Services and development of an expedited COVID testing process. The process directed treating health care professionals to route test specimens to the Arizona State Public Health Laboratory for expedited results. The results were provided to the health care provider and DCS CHP within approximately 24 hours of the test.
- monitoring of COVID testing and results for children in out-of-home care and providing guidance and resources to caregivers regarding testing, isolation, and quarantine practices.
- modified prior authorization requirements as mandated by AHCCCS to ensure convenient access to health care services including critical medications for children in out-of-home care
- partnering with mobile units which offered COVID testing as well as wellness screening checks for children in care.
- continued outreach to caregivers regarding the importance of wellness exams upon entry into care.
- coverage of telehealth services mandated by AHCCCS and guidance to caregivers, health care providers, and Department staff on the types of services covered by telehealth.

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- aiding with identifying healthcare providers that offered telehealth.

As the COVID-19 Public Health Emergency ends, some of these processes will sunset. However, some processes remain such as the use of telehealth services and continued outreach to caregivers on entry into out-of-home care.

Children’s Rehabilitative Services

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

Child Behavioral Health Services and Efforts Toward Integrated Care

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.

Behavioral health benefits for Medicaid eligible children in out-of-home care were previously provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). On April 1, 2021, DCS CHP, through an integrated care model, began providing behavioral health benefits for Medicaid eligible children in out-of-home care. DCS CHP contracts with Mercy Care, an AHCCCS MCO with knowledge and experience in physical and behavioral health care and service delivery for this population. This partnership is a statewide contract, serving all Arizona children and youth in out-of-home care.

Under the integrated care model, Mercy Care is charged with:

- developing and maintaining a healthcare provider network for an all-pediatric population
- clinical care management and other health plan operations tailored for this specific population
- leveraging its extensive knowledge of the unique health needs of youth in DCS care to:
 - maintain the health of children in care with a focus on improving the healthcare service delivery system
 - monitor the utilization of service
 - augment quality management efforts
 - provide additional care management as needed.

DCS CHP Mercy Care also provides benefit coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage. American Indian children are served through DCS CHP or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements 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 DCS CHP Mercy Care. Tribal members continue to have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, Indian Health Services, or DCS CHP.

The Arizona practice model for behavioral health is based on the “wrap-around” model and includes a Child and Family Team (CFT) component. When children in care are enrolled in Arizona’s behavioral health

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system, a CFT is developed. 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 that are subject to a medical necessity determination by DCS CHP.

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 (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, DCS CHP staff, behavioral health service providers, and other child serving agencies and supports and is typically facilitated by a behavioral health case manager or other behavioral health staff person. The CHP System of Care function area developed and implemented a CFT Practice Evaluation tool to ensure that youth in out-of-home care receive the benefit of the CFT practice.

Behavioral Health Services for all children in the Department's custody are initiated as soon as they enter out-of-home care through the Integrated Rapid Response (IRR) referral process. If the child has already established care with a behavioral health provider prior to removal, the child is re-engaged by this provider through the IRR 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 IRR 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 System of Care Coordination (SOCC) team provides consultation and technical assistance to Department staff and other key stakeholders, and facilitates collaboration when barriers are present. The SOCC coordinates activities with the behavioral and physical health systems to provide all children and youth in out-of-home care 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 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, HB2442, also known as Jacob's Law, was signed into law to improve care for Arizona's foster/kinship/adoptive families receiving behavioral health services. The law establishes timelines to provide behavioral health services to foster and adoptive children. The bill's purpose is to ensure easier, better access to behavioral health care for Arizona's children in foster care and their families. The Department, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders work jointly to implement several key components of this law, which include the following:

- DCS placement packets are provided to the out-of-home caregiver immediately and include a designated point of contact to access behavioral health services, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers.
- Out-of-home caregivers may contact DCS CHP directly to request a screening and evaluation of the child.
- If a child in the Department's care 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, AHCCCS tracks several key data metrics, including but not limited to the number of times crisis services were initiated 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 procedural review oversight of psychotropic medication being prescribed to children and youth in foster care. AHCCCS has required that its contracted health plans have oversight over psychotropic medication being prescribed to Medicaid enrolled youth, including those in foster care. Informed consent/assent for psychotropic medication procedures have been implemented.

The AHCCCS Psychiatric and Psychotherapeutic *Best Practices for Children, Birth through Five Years of Age* (2016) publication defines best practice for psychiatric evaluation and the use of psychotherapeutic and psychopharmacological interventions with children birth through five years of age. These 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.

AHCCCS requires its contracted health plans to implement a monitoring system which reviews the prescribing of psychopharmacological treatments to children age birth to 5 years.

During this reporting period, DCS CHP aligned monitoring system activities with its contracted MCO, Mercy Care. Oversight of psychotropic medication prescribing, and related care is now conducted through a variety of mechanisms including

- Prior authorization is required for
 - psychotropic medications of children under 6 years of age
 - Clozapine under Age 18
 - Concomitant Antidepressant Treatment
 - Concomitant Antipsychotic Treatment
 - Long-Acting Antipsychotic Injectables Under 18 years of age
- Behavioral Health Chart audit which includes addressing psychotropic medication prescribing
- Review of members on multiple concurrent psychotropic medications
- Performance Measure Reports on
 - Metabolic monitoring of children and Adolescents on Antipsychotics
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Follow up care after Emergency room visit for alcohol and other drugs of abuse or dependence
 - Follow up after hospitalization for Mental Illness
 - Follow up care for children prescribed ADHD medication
 - Mental Health Utilization

Collaboration with the Behavioral Health System

Collaboration between the Department, DCS CHP Mercy Care, AHCCCS and system of care providers and partners 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

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individual child or family coordination. DCS CHP began operating as a fully integrated health plan April 1, 2021. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

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

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. DCS CHP collaborates with the DDD to ensure that children and youth in out-of-home care who are determined eligible or likely eligible for DDD services have access to receive necessary medical and behavioral health support and services. The Department and DDD have executed an Intergovernmental Agreement that specifies cooperative actions to develop a method for sharing data files about the DDD services approved for children in the care of the Department.

In addition, DCS CHP continues to collaborate with DDD to coordinate care for the children that qualify for the Arizona Early Intervention Program (AzeIP) and enhance system provision of services.

9. Programs and Services for Young Children

DCS Child Care

The Department provides referrals for childcare assistance for children who are in the Department's legal custody, or as a preventative service for those at risk of requiring protective services through a partnership with the Department of Economic Security. The Department provided childcare services for approximately 11,193 children from May 1, 2022, through April 2023, a decrease of approximately 924 children from last year. DES reported many childcare centers are having staffing issues and are at capacity with wait lists for services which may have contributed to the decrease in referrals. The Department's use of quality childcare increased from last year. As of May 1st, 2022, 71% of these children are currently attending quality rated childcare, which was an increase from 63% active referrals the year prior.

DCS Expulsion Prevention Program

Beginning in September 2018, and in partnership with the Department of Economic Security and Southwest Human Development, the Department has provided supportive services to children at risk for expulsion from their childcare or other early childhood care settings. These supports allow childcare providers to receive training, technical assistance, and a dedicated mental health professional to improve the quality of care and reduce a child's risk for expulsion. As the use of childcare or other early childhood care settings resumed, the referrals for support increased significantly due to the increased utilization of childcare. From May 2022 through April 2023, services were requested for sixty children across the state. Of those sixty children, eleven referrals were closed out with the child being expelled from the childcare setting. Furthermore, four of those eleven expulsions were immediate and did not afford the Department a chance to stabilize the situation. The remaining children receiving the supports were either stabilized or transitioned to a higher quality center that could better meet their needs.

Head Start

The Department continues to partner with the various Head Start grantees throughout the state to continue to ensure the availability of Head Start and Early Head Start for children in out-of-home care. In August 2019, the Department launched an initial pilot project with four of the state's nine grantees to streamline enrollment of foster youth into their programs. This program provides the Department with weekly

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availability updates for each of a grantee's Head Start and Early Head Start programs, allowing the Department to identify, match, and contact potential families to enroll additional children into these programs. This program was highly successful but was discontinued due to COVID 19. Currently there is no plan from Arizona Head Start Association (AZHSA) to reinstate the program. In the summer of 2022, the Memorandum of Understanding (MOU) between the Department and the Arizona Department of Education Acting as the Arizona Head Start State Collaboration Office was updated and signed by the Head Start grantees. The MOU describes how Arizona Head Start grantees and the Department will collaborate to improve accessibility of Head Start and Early Head Start programs for children in foster care. The MOU gives priority placement for foster children in Head Start services; if there is a waitlist any child in foster care is to be placed at the top of the list. Service boundaries are not enforced; a foster parent can enroll their foster child in Head Start in any zip code. Foster children can be enrolled without having immunization and medical records, proof of birth, or other documents and foster parents are given reasonable time to provide these documents.

Populations at the Greatest Risk of Maltreatment

Children ages birth through five continue to be 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. Most 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 Guardian 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 abuse history require a response time of no longer than 48 hours, and victim children age four or five with no prior history require a 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 during an investigation or ongoing work with the family.

Healthy Families Arizona and the SENSE program are specifically designed to serve children ages birth through five. Program descriptions include:

- 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 the time of 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 the 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 the Department due to having a child exposed to substances in utero. 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

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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 available statewide.

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 decreased 9 % from 5,041 on December 31, 2021, to 4,596 on December 31, 2022. The children under the age of five represented 39.3% of the total DCS out-of-home population on December 31, 2022 (age birth through seventeen) (source: [Semi-annual Child Welfare Report March 2023](#), placement tab).

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. Most children under the age of five who exit to adoption are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See the *Foster and Adoptive Parent Diligent Recruitment Plan*, submitted with this APSR, for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are 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 as a victim 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.

Additionally, Arizona's statewide protocol for children in out-of-home care, indicates that within 24 hours of removal, children are referred for an Integrated Rapid Response (IRR) evaluation. The IRR is an initial in-home assessment, conducted by behavioral health providers, for children entering DCS custody. Clinicians assess the child's immediate behavioral health needs and screens for developmental delays and physical health needs that require immediate support and connection to ongoing services. An IRR evaluation typically occurs within 72 hours, or two hours for an urgent need, of the Department's referral and children are referred for ongoing support if the child is found to have developmental delays.

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

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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.

- Several 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 Learning Track 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 or quarterly 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 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 DCS Comprehensive Health Plan Chief Medical Officer provided trainings to judges, attorneys, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, trauma, and the effects of these 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 (C2C) 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 ten 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 by increasing awareness among those who work with maltreated infants and toddlers about negative impact of abuse and neglect on very young children and change local systems to improve outcomes and prevent future court involvement in the lives of very young children.

All fifteen 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.

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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 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 allows parents to self-refer and parents' attorneys to make referrals as well. Maricopa County DCS has six dedicated C2C DCS Specialists located throughout the county. The dedicated specialists allow for increased collaboration on cases the courts are serving through the program and increases timely and appropriate service delivery.

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 ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. Most 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.

A 2019 evaluation of C2C found that the strong judicial leadership, standardized training on SBCT, and active community coordinators have led to more timely permanency outcomes, higher quality service delivery, and reduction in case related barriers. Reunification rates for the group receiving any of the clinical services offered by C2C were 72%, compared to only 48% of those who did not receive clinical C2C services.

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 with the Department. 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, Yavapai, and Coconino Counties' 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.

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In Yavapai County, two local agencies are partnering to offer standardized services that include developmentally appropriate, relationship based and trauma informed assessments, resource coordination, Parent Peer Support Programs, Group services and parenting classes, Family Time Coaching, and enhanced shared parenting services through therapeutically facilitated parent meetings. Evidence based therapies for children and families and adult trauma therapy will also be offered.

The Coconino County Juvenile Court shares the focus of the Safe Babies Court Team approach related to minimizing trauma and its impact on early development. The court is also taking steps to become a trauma-informed court center, while providing services and supports that improve outcomes for young children. The Coconino County Juvenile Court is currently going through the process of becoming the first Certified Trauma-Informed court center in the state through the Arizona Trauma Institute (ATI) and Trauma Institute International. All staff will take part in extensive coaching and training through ATI over the coming months to complete the certification process. The primary dependency and delinquency judge will become certified as well. The process will involve an organizational assessment, Executive Leadership training and coaching, creation of an Implementation Team, all-staff training in compassion fatigue, and a Certified Trauma Support Specialist. All training sessions include follow up coaching and select members of the juvenile court will become Internal Trainers/Coaches to ensure that any new staff can also become certified upon hire. Ongoing certification supports will also be put in place through ATI.

Every year, Prevent Child Abuse Arizona hosts an annual statewide court team summit, inviting all of Arizona's SBCTs. This in-person gathering occurred July 21, 2022, in Phoenix. This gathering provides an opportunity for all court teams in the state to receive advanced training and discuss goals and progress on a statewide and county level. The 2023 in-person statewide convening will occur in July and will focus on trauma responsive courts and parent engagement. Zero to three will provide training on family and parent engagement as well as goal setting and quality improvement. Several SBCTs in Arizona have an active Community Team and meet monthly. Each meeting includes a training and the opportunity for networking. In Maricopa, as well as other counties, the Department attends these meetings and provides updates to the community team.

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 provided with written information about fetal alcohol syndrome and its effects on children. 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 that include:

- 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
- 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 and continuing implementation during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.

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The Infant Care Plan, in accordance with the 2016 federal Comprehensive Addiction Recovery Act (CARA), is Arizona's version of the plan of safe care. The use of Infant Care Plans was implemented in June of 2017 and is required to be utilized for all substance exposed newborns involved with the Department. 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, childcare, and social connections. The Infant Care Plan is a document that must be created early in the decision-making process about safety for the child, and 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. Most of the children referred to the program are under the age of five.

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

The Office of Prevention has facilitated the Young Parent University (YPU) for the past five years. Young people who are parenting or soon to become parents with a history of involvement with the child welfare system as a child, are at increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. The Young Parent University involves both young people who are in foster or extended foster care, and youth within the community. This program allows these young parents to participate in workshops and receive educational materials for their children including books and flash cards.

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.

During the reporting period, the Department updated its Safe Haven newborn infant policy as a result of a change to Arizona statute ([A.R.S. §8-528](#)). State statute now allows unharmed newborn infants up to 30 days old to be received by a Safe Haven provider. The DCS Child Abuse Hotline receives a call from the Safe Haven provider when a newborn infant is left in their care and follows procedures to coordinate with a licensed private adoption agency on the Safe Haven list for the placement of the newborn infant into an adoptive home. A report is taken only when no licensed private adoption agency on the Safe Haven agency list has the ability and desire to take custody of the unharmed newborn infant within 24 hours of completion of a physical examination, or the newborn infant has been alleged to have been a victim of child abuse or neglect.

In order to influence timely permanency for young children, Department 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 termination of parental rights 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.

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

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The Department uses standardized discussion guides to reinforce the focus of strength-based supervision of critical outcomes and practices, including child safety, family engagement, permanency planning, child well-being, bias, and worker safety. Proactive clinical supervision at key decision points dictates 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 continues to utilize a SAFE AZ knowledge assessment for DCS Program Supervisors, Supervision Coaches, Program Managers, and Program Administrators. 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. Newly hired Supervisors are required to take the SAFE AZ assessment within two months of being hired.

The Department continues to support Program Supervisors and Program Managers in both clinical and administrative supervision through the Supervision Coach Program. The Department now has 20 full-time Supervision Coach positions with the addition of four coaches during this reporting period. Supervision Coaches receive intensive initial training and participate in ongoing Coaching Collaboratives to obtain peer-to-peer support, increase their knowledge on areas of practice, and refine their coaching skills. Learning objectives and activities for continued professional development are captured on an Individualized Expert Development Plan. 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 safety and learning. Program elements include Supervision Coaches, Program Supervisors, and Program Managers identifying learning objectives and activities for ongoing professional development; receiving monthly 1:1 coaching sessions and monthly observation conducting clinical and administrative supervision followed by feedback from the observing Supervision Coach or Program Manager. The Supervision Coach Program develops the Department's proficiency of 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 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 the state's Statewide Automated Casework Information System (SACWIS) in place through January 2021 or the state's Comprehensive Child Welfare Information System (CCWIS) that went live February 2021, 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 the National Child Abuse and Neglect Data System (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 fairer 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 Guardian (for the period covering January 2021 through June 2021) and CHILDS (for the period covering July 2020 through December 2020), as close as possible to the date of report publication.
- *The Monthly Operational Outcomes Report (MOOR)*: 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. During the roll-out of Guardian, DCS Specialists were adjusting to a new system and new process for entering information. Additionally, any bugs that were recognized after the system went live had to be resolved. As this occurred, measures whose validity lacked confidence were not reported and/or footnoted as needing updates in future iterations. As of February 2021, all such measures in the MOOR were updated going back to July 2020.
- *Power Business Intelligence*: The Department will use 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 as the Department continues to develop Guardian reporting requirements.
- *Practice Improvement Case Reviews (PICR)*: Information is generated by reviewing Hotline communications, investigation assessments, and in-home and out-of-home care cases using instruments that evaluate practice in the same practice areas evaluated during the CFSR in addition to many other areas of importance. 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 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 fluctuate substantially from year to year due to small sample sizes, sampling

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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. Additional information about the Practice Improvement Case Review is in *Section V: Assessment of System Performance*.

The Department's reports are available to the public on the Department's [website](#), News & Reports/DCS Reports. 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 assessments. 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 Data Community meetings are held six times a year to review the data from the Department and data from partner agencies, such as the court system, advocacy organizations and provider community. This allows the Department an opportunity to inform stakeholders about available data, how to better understand the meaning of the data, and explain its limitations as well as compare and discuss data shared by stakeholders. 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 goal. During the period under review, the group focused on ethnicity data. The Department put concentrated resources towards data cleansing of errant or missing racial and ethnicity data. Upon completion of this effort, the Department shared a dashboard being developed for potential public consumption. The dashboard would display the demographics of youth in care with the ability to filter by multiple factors allowing advocates, providers and other key stakeholders to make data driven decisions. Additionally, the group has been reviewing data of youth aging out of care compared to those opting to enter Extended Foster Care (EFC) and the number of children re-entering EFC by age. These discussions promote a common understanding of data definitions, and making data driven decisions to enhance service provision. The Data Community reviewed the metric definitions in the MOOR report to ensure they are understandable and sufficiently thorough to meet the needs of external stakeholders reviewing DCS data. Definitions were revised following recommendations of the DCS Data Community members.

1. Case Volume and Workforce Resources

During SFY 2022, the Department received 45,590 new reports to the Child Abuse Hotline, which is 1,383 more reports than SFY 2021. This increase is comparable to pre-pandemic levels. During December 2022, Region investigation caseloads ranged from 16 to 28 reports per investigator. Region out-of-home caseloads ranged from 17 to 24 children per DCS Specialist and in-home caseloads ranged from 10 to 29 per DCS Specialist. This is a decrease from last year and is attributed to the significant reduction in children in out-of-home care and report received by the Child Abuse Hotline. (source: [Monthly Operation and Outcome Report April 2023](#)).

Arizona achieved a significant reduction in the out-of-home care population from SFY 2015 to present. The zero to 17-year-old out-of-home care population decreased 39% from 17,264 children in SFY 2015 to

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10,572 children in SFY 2023. The out-of-home care population continues to decrease throughout SFY 2022 from 10,673 children to 10,572 children (source: [Monthly Operational and Outcome Report April 2023](#)).

It is always the Department's goal to fill 100% of positions and reduce turnover so that staff can provide quality services to children and families and practice with fidelity. Throughout this challenging time, significant effort has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Administrators, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. As of May 15, 2023, the Department had filled 92% of the 1,406 funded Specialist positions which is an increase from 81% in June 2022. This is significant progress the last few years with the goal of sustaining the high rate of filled Specialist positions which reduces caseloads and increases the service level the Department expects to provide to children and families exposed to the child welfare system.

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

- The Department continues to streamline hiring and selection processes for DCS Specialists. The DCS Recruitment team participate in monthly Community of Practices (COPS) hosted by the Arizona Department of Administration. These COPS provide recruiters from different state agencies throughout the state opportunities to network and engage in activities and discussions to make recruitment practices more efficient and improve the candidate experience.
- The Department customized their talent acquisition system, Page Up, to make the candidate experience more fluid and integrate documents electronically which eliminates having to process the application outside of the Page Up system.
- The Department continues to ensure a thorough Program Supervisor recruitment process, which mandates all candidates complete mandatory Supervisor training before applying, completion and review of the Predictive Index assessment for each final applicant with the Program Manager, a mandatory first day onboarding process for all new supervisors by the Program Manager, training the first week of hire facilitated by the Program Administrators, and subsequent training sessions during the first year of hire.
- The Work Force Resilience Program continues to provide a resource to aid Department employees with the unique challenges of their roles and the impact on their personal and professional lives.
- The Department continues to encourage non-case carrying employees with previous DCS Specialist experience to assist field offices experiencing a high case load volume and at the Welcome Center.

Additionally, to attract and hire more qualified Specialist candidates, the Department has implemented the following recruitment outreach efforts:

- explore potential internal candidates and promoting staff from within the Department.
- participate in numerous job fairs throughout the State of Arizona to increase visibility and exposure.
- create and foster relationships with local universities, colleges, and high schools by connecting with students and partnering with their instructors and career services departments.
- participate in career days, virtual career fairs, and speaking engagements.
- increase the use of online ads, university career pages/job boards, social media platforms, community job boards, and created contacts with Chambers of Commences throughout the state.

The Department continues to improve staff satisfaction and retention by implementing Safety Science Principles. The Department joined the National Partnership for Child Safety, a convening of multiple county and state jurisdictions working to utilize a safety science approach to reducing maltreatment. The Department will further the learning of the application of safety science through organizational surveys to gain insight into culture, emotional exhaustion, mindful organizing, psychological safety, personal/work safety and safety climate.

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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 PICR case review results on child safety. The Department's measures include 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.

The PICR results are 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 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 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.

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (source: MOOR Report December 2022)

FFY 2020: 95.6% (of 43,454 reports)

FFY 2021: 95.5% (of 44,575 reports)

FFY 2022: 95% (of 44,444 reports)

The percentage of initial responses initiated in accordance with state policy will be 95% or more (source: In-Home and Out-of-Home PICR Question Item 1A)

The percentage of reports received in which all victim children are seen within the report response time will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 1B and 1C)

During SFY 2023, the Department revised the PICR tool to include all questions included in the On-Site Review Instrument (OSRI) Item 1. The CY 2023 PICRs completed to date indicate that all three of the applicable reports received during the review period were initiated in accordance with Arizona state policy (Item 1A). The CY2023 PICRs also found that for all three of the reports received all victim children were seen within the report response timeframe set by state policy (Items 1B and C).

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During the month of February 2023, the Practice Improvement Team conducted a targeted review of 73 intakes (accepted child abuse reports) received by the Arizona Child Abuse Hotline during the months of October, November, and December 2022 using the three review questions within Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment of the OSRI. Arizona state policy was utilized to determine if the initial response times and face-to-face contact with the victim child(ren) was timely, as indicated by the OSRI.

Of the 73 intakes reviewed, 64 of the reports (88%) contained documentation indicating efforts to initiate the investigation within the required Department timeframe for the report priority level.

Of the nine reports that did not meet report response time:

- 2 were within 2 hours,
- 2 were within 24 hours,
- 1 was within 2 days,
- 1 was within 3 days,
- 1 was within 4 days,
- One was 28 days late, and
- One was 43 days late as the child's whereabouts were not known and a phone call to the parent and automated Juvenile Probation phone number to try to locate the child was not sufficient.

Of the 73 intakes reviewed, face-to-face contact was made with all listed victims within the agency response time in 49 of the 73 reports (67%). Of the 24 not within response time, one was out of the agency's control as numerous efforts were made within the response time to locate the family, but the family was not located. Including this report which contained concerted efforts, face-to-face contact was made, or concerted efforts were made to have face-to-face contact for 50 of the 73 reports (68%) reviewed.

It is noted that nine of the 23 reports that did not have concerted efforts to see the listed victims within the Department response time were also rated area needing improvement related to efforts to initiate the response time within the required timeframe (see above). For these nine reports, making the initial attempt to make contact with the child could have resulted in this area being a strength for more of the reports. Of the 14 that had an initial response within the timeframe however did not have concerted efforts to have follow-up attempts within the timeframe, efforts could have been made by the Department to make second attempts to have face-to-face contact with the victims within the required timeframes, sometimes including an alternative location at which the child may have been located.

Two of the 14 reports may have qualified for a mitigated response time by the DCS Supervisor but were not mitigated. One child was at a behavioral health hospital during the response time and another child was at a medical hospital.

As of March 2023, Arizona's state out-of-home continuous quality improvement review tool, the Practice Improvement Case Review (PICR) was altered to include OSRI Item 1 questions related to initial report response and face-to-face contact with victims during investigations to monitor and improve this area of practice. This change has allowed the Department to measure and monitor practice, share data internally on a quarterly basis, and make decisions related to practice and other improvement efforts that may need to be made.

Department policy requires a priority level be assigned to each report of abuse or neglect received by the Arizona Child Abuse Hotline with the following corresponding response times:

- Priority 1 (2 hours)
- Priority 2 (48 hours)

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- Priority 3 (72 hours)
- Priority 4 (7 days)

The DCS Specialist shall initiate the response to a Department report by having in-person contact with an alleged child victim identified in the DCS report, or by attempting to have in-person contact with an alleged child victim at the child's known or probable location. The Department shall make reasonable efforts to have in-person contact with each alleged child victim within the assigned report response time frame. When there are multiple children in the report or a child's location is not confirmed, DCS procedure prompts the DCS Specialist to initiate the response early enough to allow reasonable efforts to have in-person contact with all the children within the report response time frame. Reasonable efforts include actions to identify and respond to the probable location(s) of the child victims (such as the child's home, non-custodial parent's home, school or childcare setting, and/or other probable locations identified in the report or through other means). DCS procedure also indicates prompt follow-up must occur until all alleged child victims and other children in the home have been seen in-person and the safety of each child has been assessed and managed, or reasonable efforts to locate each child have been made.

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: Recurrence of 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 2023, Risk-Standardized Performance)

FFY 2018: 7.3%

FFY 2019: 6.6%

FFY 2020: disqualified

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 2023, Risk-Standardized Performance)

FFY 2018: 4.70

FFY 2019: 4.11

FFY 2020: disqualified

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

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The percentage of cases in which the agency made concerted efforts to provide or arrange for services for the family to protect the children and prevent their entry into foster care or re-entry into foster care after reunification will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 2A and 2B)

During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 2. The CY2023 PICRs completed to date indicate that in all five of the applicable cases reviewed, the Department made efforts to provide services for the family, including the alternative caregiver when applicable, to:

- prevent the child's removal,
- prevent the child's re-entry into foster care after reunification, or
- services could not have been provided to prevent the removal due to unmanageable safety concerns requiring the child's immediate removal (Items 2A and 2B).

All thirty applicable cases reviewed during the 2015 Arizona Round 3 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.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of initial assessments and ongoing assessments that accurately assessed all risk and safety concerns will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 3B1 and 3B2)

The percentage of cases in which appropriate safety plans were developed, continually monitored, and updated when needed will be 95% (source: In-Home and Out-of-Home PICR question Item 3B4)

The percentage of cases in which safety concerns were adequately or appropriately address by the agency will be 95% (source: In-Home and Out-of-Home PICR question Item 3B5)

The percentage of cases in which safety concerns related to the target child during visitation with the parents/caregivers and safety concerns related to the foster home or facility were adequately or appropriately address by the agency will be 95% (source: In-Home and Out-of-Home PICR questions Item 3B6 and 3B7)

During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 3. The CY2023 PICRs completed to date indicate that in all three of the applicable cases reviewed in which there was a child abuse or neglect report received during the review period, the Department accurately assessed all risk and safety concerns for the target child and/or any child(ren) in the family remaining in the home (Item 3B1). In 11 of the applicable 32 cases reviewed the Department conducted ongoing assessments that accurately assessed all risk and safety concerns for the target child and/or any child(ren) in the family remaining in the home (Item 3B2). In all of the cases reviewed, some significant information was gathered related to the safety of the child, but in many additional efforts to speak with the parents on a regular basis about the safety threats would help to fully determine if the threat continued to exist or if there was any progress in the parents' behaviors. Twenty-seven of the applicable 33 cases reviewed the Department developed an appropriate safety plan, continually monitored the plan, and updated the plans when necessary (Item 3B4).

The Department standard for a safety plan to be considered appropriate and sufficient includes all the following to occur during the entire three-month review period, if applicable:

- developed timely,
- have an immediate effect,
- be least intrusive,

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- identify actions to fully control the identified danger condition or threat,
- have sufficient oversight, and
- identify a responsible adult to control the present danger condition.

The CY2023 PICRs completed to date indicate that none of the cases reviewed had safety concerns pertaining to the target child and/or any child(ren) remaining in the home. (Item 3B5). Safety concerns measured using this question include two substantiated allegations of child abuse or neglect within a six-month period that involved the same or similar circumstances, a case being closed while significant safety concerns still existed in the home, or other safety-related incidents not specific to other safety related questions included in the instrument.

The CY2023 PICRs completed to date indicate that the one applicable case reviewed that had safety concerns pertaining to the target child's visitation with the parents/caregivers was adequately or appropriately addressed by the Department (Item 3B6). In six of the applicable 12 cases reviewed, safety concerns pertaining to the target child's foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members were adequately or appropriately addressed by the Department (Item 3B7).

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 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 the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

3. Permanency Outcomes 1 and 2

This section describes permanency administrative data and PICR case review results. The Department's measures include 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 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.

The PICR results are 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 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 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

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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.

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 4.48 or less (source: CFSR Data Profile, February 2023, risk-standardized performance)

FFY 2020: 3.75

FFY 2021: disqualified

FFY 2022: 3.62

Department data indicated moves for children in out-of-home care remain low. Children who entered care in SFY 2020 experienced 3.1 moves per 1,000 days of out-of-home care (source: [Monthly Operational and Outcome Report, April 2023](#)). This Department data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability.

The percentage of cases in which all placement changes during the review period were planned by the agency to achieve the child’s case goals or to meet the needs of the child and the child’s placement setting is stable will be 95% (source: In-Home and Out-of-Home PICR questions Item 4A and 4B)

During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 4. The CY 2023 PICRs completed to date indicate that in five of the applicable seven cases reviewed, any placement changes that occurred during the review period were planned by the agency to achieve the child’s case goals or to meet the needs of the child (Item 4A). In 32 of the applicable 38 cases reviewed, the child’s current placement setting, or most recent placement if the child was no longer in foster care was stable (Item 4B).

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 specified in the case file, appropriately matched to the child’s needs, established in a timely manner, and ASFA TPR requirements are met, will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 5A3, 5B1, 5B2, and 5D-G)

During SFY 2023, the Department revised the PICR tool to include a question related to the child’s permanency goal being specified in the case file. The CY2023 PICRs completed to date indicate that in all

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38 of the applicable cases reviewed, the child’s permanency goal was found to be specified in the case file (Item 5A3).

The 2022 PICR results indicate the child’s permanency goal was appropriate to the child’s needs in 85 of the 113 applicable cases reviewed (Item 5B2). The timeliness of setting the permanency goals was rated a strength in 88 of the applicable 113 cases reviewed during 2022 (Item 5B1). The 2022 PICR data indicates efforts to file a motion for TPR or document a compelling reason was observed to have been completed in 36 of the 69 applicable cases reviewed (Item 5D-G). 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, or the reason noted did not meet the definition of an acceptable compelling reason. The PICRs have continued to show some improvement in the area of documenting a compelling reason when required with the new Guardian system, as a text box for the documentation is now available for all children requiring the documentation of a compelling reason. The Practice Improvement team also reinstated PICR feedback meetings during SFY 2023 to share information with DCS Specialists and Supervisors related to the importance of timely and appropriate permanency goals for children.

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.

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 (source: In-Home and Out-of-Home PICR questions Item 5C2)

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 (source: In-Home and Out-of-Home PICR questions Item 6A and B)

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 35.2% or more (source: CFSR Data Profile, February 2023, risk-standardized performance)

- FFY 2018: 32.8%
- FFY 2019: 32.7%
- FFY 2020: 32.3%

Department data indicates 40% of children who entered care during SFY 2021 and 39.7% of children who entered during SFY 2022 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (source: [Monthly Operational Outcomes Report, April 2023](#)) This Department data is not risk-standardized and is the actual observed data.

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Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 43.8% or more (source: CFSR Data Profile, February 2023, risk-standardized performance)

FFY 2020: 56.8%

FFY 2021: 47.8%

FFY 2022: 53.3%

Department data indicates 56.0% of children who were in care on the first day of SFY 2021 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, April 2023](#)). This Department 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 2023, risk-standardized performance)

FFY 2020: 44.0%

FFY 2021: 38.2%

FFY 2022: 43.6%

Department data indicates 48.5% of the children who were in care on the first day of SFY 2021 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, April 2023](#)). 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 2023 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2020 who had been in care continuously between 12 and 23 months, 53.3% 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 2020 who had been in care for 24 month or more, 43.6% discharged to permanency within 12 months of the first day, exceeding the national standard of 37.3% or more. Many of the children who have been in care for 24 months or more exit to adoption.

The 2022 PICR results indicate all efforts to achieve timely permanency were made in 26 of the 96 applicable cases reviewed (Item 5C2). 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 Department has developed a monthly parent contact guide, which will prompt DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. The Department is in the process of compiling data to measure the success of the parent engage template and tracking tool. Initially the template and tracking tool was piloted in one section in the South region. In February 2023, the use of the template and tool was used region wide. This process will be utilized statewide in the next few months. The 2022 PICR results indicate efforts to identify and place youth ages sixteen and seventeen in a permanent living arrangement was observed to be a strength in 9 of the 10 applicable cases reviewed (Item 6A and B).

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

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that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR National Data Indicator: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 5.6% or less (source: CFSR Data Profile, February 2023, risk-standardized performance)

FFY 2019: 7.6%

FFY 2020: 7.1%

FFY 2021: 6.1%

The observed data was 5.7 for SFY 2021 (source CFSR Data Profile, February 2023. This Department data is not risk-standardized and is the actual observed data.

Arizona has achieved the national standard (statistically not different) CFSR national standard for re-entry within 12 months of exit to reunification, live with relative, or guardianship. According to the February 2023 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2020, and exited to reunification, living with a relative, or guardianship, 6.1 re-entered care within twelve months. The national standard is 5.6% 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: Guardian ad hoc report, includes kin living arrangements, includes children in out-of-home care \geq 24 hours)

9/30/21: 71%

9/30/22: 68%

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: Guardian ad hoc report, includes kin living arrangements, includes children in out-of-home care \geq 24 hours)

9/30/21: 88%

9/30/22: 87%

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/stepsiblings 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 were 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.

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The percentage of cases reviewed in which the target child was placed with all siblings during the entire review period who were also in foster care unless there was a valid reason for the child's separation from the siblings will be 95% (source: In-Home and Out-of-Home PICR questions Item 7A and 7B)

During SFY 2023, the Department revised the PICR tool to include questions related to the child's placement with siblings. Arizona utilizes the CFSR definition of sibling when measuring this area, which is "children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement or with whom the child would be expected to live if the child were not in foster care." The CY 2023 PICRs completed to date indicate that in 23 of the applicable 24 cases reviewed, the child was placed with all siblings who were also in foster care or there was a valid reason for the child's separation from the siblings (Items 7A and B). Valid reasons for the separation include a child needing specialized treatment, one sibling being abusive to another sibling, large sibling groups, or siblings with a different biological parent who were placed with different relatives.

The Department's Round 3 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

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 (source: In-Home and Out-of-Home PICR questions Item 8A1, 8A3, 8B1, 8B3, 8C1, and 8C3)

The 2022 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers than with fathers. The frequency of parenting time with mothers was rated a strength in 47 of the 88 applicable cases (Item 8A1) and 29 of the 86 applicable cases for fathers (Item 8B1). 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 or parents who are not attending scheduled parenting time and engage them in parenting time. The quality of the parenting time that did occur for mothers was rated a strength in 66 of the 70 applicable cases (Item 8A3) and 44 of the 47 applicable cases for fathers (Item 8B3). Siblings not living in the same out-of-home setting were observed to have frequent visitation in 23 of the 34 applicable cases (Item 8C1) and the quality was rated a strength in all 29 applicable cases (Item 8C3). The Practice Improvement team reinstated PICR feedback meetings during SFY 2023 to share information with DCS Specialists and Supervisors about the importance of making efforts to locate missing parents and encourage them to participate in parenting time.

The Department's Round 3 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 2022A and 2022B)

FFY 2021: 98%

FFY 2022: 92%

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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.

FFY 2021: 48% (source: AFCARS 2022A and 2022B)

FFY 2022: 53% (source: AFCARS 2022A and 2022B)

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 (source: In-Home and Out-of-Home PICR question Item 9E)

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.

The 2022 PICR results continue to indicate that compliance with the ICWA requirements is typically occurring. The reviews found concerted efforts were made to follow ICWA placement preferences in 7 of the 9 applicable cases (Item 9E).

The percentage of cases where concerted efforts were made to maintain the child's important connections will be 95% or more (source: In-Home and Out-of-Home PICR Item 9A)

The 2022 PICR results indicate the Department made concerted efforts to maintain the child's important connections the child had prior to entering foster care, such as neighborhood, community, faith, language, extended family members, kin, Tribe, school, and/or friends, in 74 of the 110 applicable cases reviewed (Item 9A).

The Department's Round 3 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 (source: In-Home and Out-of-Home PICR question Item 10)

Of children age birth to 17 in out-of-home care in March 2023, 50% were placed with a relative ([Monthly Operational Outcomes April 2023](#)). [Arizona AFCARS report 29](#) shows relative placement at 52%. This percentage has remained steady over the last several years, hovering around 45%. Arizona's percentage remains higher than the national average. The [AFCARS Report 29](#) indicates that nationwide, 35% of foster children were placed with relatives.

The 2022 PICR results indicate the child was placed with a stable relative placement or sufficient efforts were made to identify and assess maternal and paternal relatives in 60 of the 99 applicable cases reviewed (Item 10). Nearly all cases had some efforts to locate and assess relatives. Practice could improve through identification of all relatives, particularly paternal relatives. The Department utilizes person locate software 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 Round 3 CFSR PIP did not require case reviews related to CFSR Item 10.

CFSR Item 11: Relationship of child in care with parents

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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 (source: In-Home and Out-of-Home PICR questions Item 11 A and B)

The 2022 PICR results indicate concerted efforts to ensure parents are involved in a child's appointments and activities while in out-of-home care was more common with mothers than with fathers. Efforts were made to ensure the mother was invited to the child's appointments and events in 26 of the 68 applicable cases (Item 11A) and 10 of the 51 applicable cases for fathers (Item 11B). PICRs show there are opportunities to improve in this area by assessing the safety and appropriateness of the parent attending the event or appointment, ensuring the parent is invited, and ensuring the out-of-home caregiver is aware of the plan to have the parent attend. During the reporting period, the Department continued to utilize a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families. Information about the importance of informing and inviting parents to the children's events and appointments is included in the completed PICR instruments provided to the field. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* and *Section V: Assessment of System Performance* for additional information.

The Department's Round 3 The 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 PICR case review results on child and family well-being. The Department's measures include 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.

The PICR results are 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 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 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.

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

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

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The percentage of cases in which the needs of the child(ren) are assessed, and necessary services are provided (excluding medical, dental, education, and mental health) will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12A1 and 12A2)

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 (source: 2022 In-Home and Out-of-Home PICR question 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 (source: In-Home and Out-of-Home PICR questions Item 12B1 and 12B3)

The percentage of cases in which the needs of the father are assessed, and necessary services are provided will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12B2 and 12B4)

The percentage of cases in which the needs of the foster parents are assessed, and necessary services are provided will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12C1 and 12C2)

The 2022 PICR results indicate the children's needs were fully assessed in 104 of the 134 cases reviewed (Item 12A1) and necessary services were provided in 24 of the 49 applicable cases (Item 12A2). 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.

The 2022 PICR results indicate concerted efforts were made to provide youth age 14 and over with all the services needed to adequately prepare the youth for adulthood in 9 of the 24 applicable cases (2022 PICR tool Item 3A).

The 2022 PICR results indicate concerted efforts were made to fully assess the mother's needs in 34 of the 110 applicable cases (Item 12B1). Reviewers found necessary services to meet the mother's known needs were provided in 70 of the 107 applicable cases (Item 12B3). Concerted efforts were made to assess the father's needs in 13 of the 100 applicable cases (Item 12B2) and services were provided to meet the father's known needs in 39 of the 85 applicable cases (Item 12B4). Practice can improve through greater consistency in concerted efforts to locate and maintain contact with parents, including incarcerated parents and parents who have not recently been involved with their children. The Department is also focusing on the recruitment and retention of DCS Specialists, to ensure vacancies and turnover do not affect the Department's ability to achieve the desired outcomes.

The 2022 PICR results indicate concerted efforts were made to assess the needs of the out-of-home caregivers in 78 of the 91 applicable cases reviewed (Item 12C1) and services were provided to meet the out-of-home caregiver's needs in 44 of the 58 applicable cases reviewed (Item 12C2).

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

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The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (source: In-Home and Out-of-Home PICR question Item 13B)

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (source: In-Home and Out-of-Home PICR question Item 13C)

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (source: In-Home and Out-of-Home PICR question Item 13A)

The 2022 PICR results indicate concerted efforts were made to involve children age six or older in case planning in 30 of the 77 applicable cases reviewed (Item 13A). Concerted efforts were made to involve the mother in 36 of the 112 applicable cases (Item 13B) and the father in 18 of the 104 applicable cases reviewed (Item 13C). Cases rated strength had evidence that the mother, father, and/or child were invited to participate in CFT and/or TDM meetings held during the period under review and/or 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 Round 3 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 (source: In-Home and Out-of-Home PICR question Item 14A1)

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 (source: In-Home and Out-of-Home PICR question Item 14B)

The 2022 PICR results indicate sufficient frequency of in-person visits between the child and the assigned DCS Specialist was found in 107 of the 134 applicable cases reviewed (Item 14A1). 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.

The FFY 2022 monthly caseworker visit data indicates 86% of the required monthly in-person child contacts were completed and 68% of the visits occurred in the child's residence.

The 2022 PICR results indicate the assigned DCS Specialists had high quality contact with the child in 38 of the 130 applicable cases reviewed (Item 14B). 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,

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needs, etc. For the purpose of the PICRs, a child under the age of 3 or a child who is not able to communicate through other means such as sign language or writing is not considered a verbal child.

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 make improvements and achieve the 95% CFSR goal. The Department continues efforts to make enhancements to the Guardian system to improve the frequency and quality of monthly child contacts.

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 (source: In-Home and Out-of-Home PICR questions Item 15A1 and 15C)

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 (source: In-Home and Out-of-Home PICR questions Item 15B1 and 15D)

The 2022 PICR data indicates concerted efforts were made to have frequent in-person contact with the mother in 44 of the 112 applicable cases reviewed (Item 15A1) and 26 of the 105 cases applicable to the father (Item 15B1).

The 2022 PICR data indicates the quality of the parent contact was rated a strength in 22 of the 65 applicable cases for the mothers (Item 15C). The quality of the parent contact with fathers was rated strength in 12 of the 43 applicable cases (Item 15D). Practice can improve through greater and continual efforts to locate a missing parent and contact with detained or incarcerated parents. Practice can also improve by ensuring the parents are engaged in conversations related to their needs and services regularly. To assist with this, the Department is developing a monthly parent contact guide, which will prompt DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. The Department is in the process of compiling data to measure the success of the parent guide and tracking tool (Kanban). The guide was piloted within one section of the South region and rolled out region wide in February of 2023. The Department plans to implement the parent contact guide statewide in the coming months. Although not required, it is suggested the parent contact outline be utilized.

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 (source: In-Home and Out-of-Home PICR question Item 16)

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The 2022 PICR results indicate a thorough assessment of the child's educational needs was completed in 85 of the 103 applicable cases reviewed (Item 16A) and the provision of services for the known educational needs was rated a strength in 37 of the 51 applicable cases (Item 16B). Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

The Department's Round 3 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 (source: In-Home and Out-of-Home PICR questions Item 17A1-A3, 17B1-B3, 17C, 17C1, 17C2, and 17D)

This PICR item evaluates whether all 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,
- the child's health records were up to date and included in the case file,
- the case plan addresses the issue of health and dental care needs,
- foster parents or foster care providers are provided with the child's health records, and
- oversight of prescription medications for physical health issues during the entire period under review.

The 2022 PICR results indicate the target child in out-of-home care had a comprehensive well-child exam within the prior 12 months or the child(ren) being served through an in-home case had an assessment of physical health in 94 of the 116 applicable cases reviewed (Items 17A1-A3). The PICRs also found the target child in out-of-home care had a dental exam within the prior 6 months or the child(ren) being served through an in-home case had a necessary assessment of dental health in 65 of the 106 applicable cases reviewed (Items 17B10B3). Practice could improve by ensuring children have a comprehensive well-child and dental exam within 30 days of entering out-of-home care, a subsequent dental exam every six months and comprehensive medical exam every 12 months.

The 2022 PICR results indicate the child was provided with the appropriate physical health services for the child's known needs in 53 of the 68 applicable cases reviewed (Item 17C1) and dental health services for the child's known needs in 14 of the applicable 19 cases (Item 17C2).

The 2022 PICR results indicate the Department ensured the appropriate oversight of prescribed medication for the child's physical health needs in 19 of the 25 applicable cases (Item 17D).

During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 17. The CY2023 PICRs completed to date indicate 6 of the 38 applicable cases had the child's health records up to date and included in the case file, The number of health records up to date may be higher than indicated by the CY2023 PICRs as some of the paper files were not able to be viewed and may contain the child's health records. In seven of the 38 applicable cases, the issue of health and dental care was addressed in the case

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plan and in 21 of the applicable 38 cases the foster care providers were provided with the child's health records (Item 17C).

The Department's Round 3 CFSR PIP did not require case reviews related to CFSR Item 17.

Historically state Medicaid audits indicate DCS CHP's maintenance of high performance in all health care performance measures, with DCS CHP rating among the highest performing health care plans in the state. DCS CHP continually evaluates health care data to determine accuracy of the data and programming fidelity.

DCS CHP and its contracted managed care organization, Mercy Care, monitor data related to medical and dental appointments occurring for children in foster care. DCS CHP 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.

CFSR Item 18: Mental/behavioral health of the child

The percentage of cases in which the mental health needs of the child(ren) are assessed, services to address identified needs are provided, and the agency provided appropriate oversight of prescription medication will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 18A, 18B, and 18C)

The 2022 PICR results indicate the child's mental health needs were assessed in 86 of the 112 applicable cases reviewed (Item 18A) and required services were provided in 52 of the 93 applicable cases (Item 18B). The oversight of prescription medication for mental health conditions was rated strength in 19 of the 25 applicable cases reviewed (Item 18C). Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The Department's Round 3 CFSR PIP did not require case reviews related to CFSR Item 18.

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 well-being related processes and well-being outcomes. During the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

Section V

Assessment of System Performance

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1. Statewide Information System Capacity

Statewide Information System Description

From February 1998 to January 2021, the Department 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 supported Hotline functions, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provided online help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services. On March 31, 2022, user access was removed, and CHILDS was subsequently decommissioned. In February 2021, the Department began using the new Comprehensive Child Welfare Information System (CCWIS) solution known as Guardian.

Field staff are provided with a Guardian Overview computer-based training, which provides basic information about the Guardian system. Supervisors are provided with additional computer-based trainings specific to supervisory functions. Specialist Trainee Learning Track training covers Guardian resources; navigation; documenting Notes and Monthly Contacts; submitting Service Requests; completing the Family Functioning Assessment – Investigation, Ongoing, and Progress Update; documenting Case Plans and Family Contact Plans; completing Removal Screens; entering Legal information and generating Court Reports; and Aftercare Planning, Case Closure, and Transfer. Hotline Specialist Trainee Learning Track training covers the Intake area of Guardian, with a focus on system navigation; entering Source Provided information; creating Person records; researching in Guardian; and completing and finalizing Intakes, with consideration to Intake Categories/Types, Allegations, Tracking Characteristics, Criminal Conduct determination, Source Types, Collateral Contacts, Cross Reporting, and Narrative writing. To provide continuous learning and support that meets the needs of adult learners, Guardian Instructional Videos have been created to demonstrate tasks within the system. The videos guide employees through step-by-step instructions providing information on why particular areas have been updated or explain the impacts to policy or practice. These videos are included in Guardian updates from the Policy Unit, which are emailed to all Department staff and are housed on the Guardian Training Resources SharePoint page.

The Guardian system was built with the ability to capture the data necessary to respond to the evolving needs of its users and maintain Comprehensive Child Welfare Information System (CCWIS) compliance. Guardian enhancements and modifications are prioritized, reviewed, and approved by the Change Control Board. The next iterations of improvement continue to focus on user adoption of the new technology and efficiencies in workflows and other system tools to guide users through their work. This will include improvements to dashboards to provide information to leaders regarding work in process and flag potential process gaps so they can help resolve workflow barriers.

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.

Guardian is the Department’s Comprehensive Child Welfare Information System (CCWIS). It operates and accepts data to ensure the Department can 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. Guardian is available to caseworkers, supervisors, managers, administrators, and others,

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statewide. This information about each child’s removal status, location, demographic characteristics, and permanency goal is available and accessible to administration and field staff.

Guardian includes interfaces with other state agencies and supporting information systems to collect and confirm the accuracy of case participant demographic information, as well as other information needed to support the health and safety of each child. For example, interfaces with the Arizona Department of Education, and planned interfaces with the Arizona Department of Economic Security and Credit Check Bureaus, validate data from each entity to ensure the information about the child is accurate, up to date and accessible. Future enhancements are planned to existing interfaces, such as the statewide Family Assistance Administration (FAA) system, which allows Guardian 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, the family’s address, and other information that is obtained and verified during eligibility determination processes by FAA. Guardian will continue to update and add interfaces as needed, such as National Electronic Interstate Compact Enterprise (NEICE), which supports the Interstate Compact on the Placement of Children (ICPC), HEA+, and others.

The Department has implemented infrastructure to support data marts and deployed a data mart that contains data related to safety and child visitation. A data mart is a subject oriented database that allows the Department to efficiently analyze a subset of data that is contained in a warehouse. The Department implemented an AFCARS quality review process in SFY 2022 that includes review of data quality and missing entries by regional management analysts which will continue in SFY 2023. The regional management analysts work will be further supported with standardization of data stewardship functions in SFY 2024. This will include cross functional roles to represent data sets from the organization that include functions that support field functions.

The Department’s Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from Guardian, 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. AFCARS 2.0 development was completed and submitted May 2023 for the period of October 2022 through March 2023. The FFY 2023A data quality report provided the following error rates from AFCARS 2.1 elements pertinent to Statewide Information System Item 19:

FC-06 Date of Birth:	0 errors of 14,232
FC-07 Sex:	37 errors of 14,232 (0.26% failing)
FC-13-21 Race:	0 errors of 14,232
FC-21 Hispanic Origin:	0 errors of 14,232
FC-153 Exit Date:	0 errors of 14,232
FC-69 Removal:	36 errors of 14,232 (0.25% failing)
FC-113 Family Foster Home	6138 errors of 14,232 (43% failing)
FC-114 Licensed Home	8068 errors of 14,232 (57% failing)
FC-115 Therapeutic Home	8068 errors of 14,232 (57% failing)
FC-116 Shelter Care Home	8068 errors of 14,232 (57% failing)
FC-117 Relative	0 errors of 14,232

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FC-118 Pre-Adoptive Home	0 errors of 14,232
FC-119 Kinship	0 errors of 14,232
FC-120 Other	5411 errors of 14,232 (38% failing)
FC-122 Out-of-State:	3 errors of 14,232
FC-148 Most Recent Goal:	11,652 errors of 14,232 (82% failing)

Some of the elements have improved and some of the elements have a higher number of errors. Over the next 6 months the department will be reviewing the errors to identify causes and solutions. The submission being successful shows that the system can capture the data since no elements are at a 100% error rate; however, several of the elements exceed the acceptable error rates.

FC-113-116 and FC-120 errors are due to known system process issues related to service approvals which are in process of solutioning with a targeted resolution of September 2023.

FC-148 errors are primarily due to a lag in the entry of permanency goals and data related to these goals. We are in process of creating reports to highlight data quality issues for data stewards to monitor and address. Targeted completion of data quality monitoring report specific to permanency goals is September 2023.

In August of 2022, the Administration for Children and Families (ACF) conducted a technical assistance monitoring review of the Guardian system. The review focused on Guardian's conformance with the CCWIS design requirements, the case management automated function, reporting capabilities, data quality, and data governance. Staff from the Administration for Children and Families' Division of State Systems (DSS) and the State of Arizona participated in review activities. The review consisted of virtually demonstrating Guardian and its reporting capabilities, and a description of the state's plans for ensuring data quality and data governance. Additionally, DCS Specialists were interviewed to describe their user experience and identify strengths and opportunities for improvement. For example, dashboards, accessibility, and how the information is mapped were all identified as strengths. The ability to provide feedback was also identified. Potential areas of improvement included court reports, service referrals, notifications, alerts, etc.

ACF identified the following:

Strengths

- Continuous Improvement
- Data Governance
- Use of Document Management Templates:
- Consolidation of External Reports:
- Modular Design
- Documentation

Challenges

- Business Rules Management
- Data Quality and Federal Reporting
- Dashboard Configuration and Alerts/Notification
- Security
- Coupling
- Cohesion

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2. Case Review System

Case Review System Description

The Department's policies and procedures require that written case plans which address all federally required elements be developed within 60 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 14 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 requirement to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned Court Appointed Special Advocate (CASA). Case plans are 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.

Permanency hearings are held within 12 months of the child's initial removal from the parent or guardian, within 6 months if the child was younger than age 3 at the time of removal, or within 30 days of the disposition hearing if reunification services were found to be contrary to the child's best interest and not ordered. Subsequent permanency hearings are held at least every 12 months thereafter, if 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 facts supporting the 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. As specified in the Adoption and Safe Families Act (ASFA), 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 ASFA. 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.

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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. Legislation (Ch. 106, §§ 2-4), passed in the 2023 legislative session and signed by the Governor requiring the Department to provide AOC direct, remote access to Guardian in addition to any Department information that is necessary for the performance of the local boards' duties. The legislation will remove the prior requirement for the Department to provide AOC information on behalf of local boards through an automated information exchange. However, several of the issues we have identified will still exist when AOC has direct, remote access to Guardian. The Department continues to meet regularly with FCRB to address issues that arise as the result of the direct remote access and to assure FCRB has accurate contact information to notify all team members of FCRB reviews. HB 2213 allowing Foster Care Review Board direct access to Guardian.

The Administrative Offices of the Court participates in an inbound interface that provides the Department specific court information including filed petition details, docket numbers, scheduled hearing information details, judicial assignment, adjudication details, dependency adjudication details, dependency status updates, delinquency status, and filed motion details, which populate in Guardian.

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 their 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 for the child to whom they are assigned, 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 statute requires the court 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 and youth participation in reviews. The FCRB Program Specialists conduct research to ensure the correct out-of-home caregivers and interested parties are invited to the hearings. Notices are generated in English and Spanish and include an information pamphlet encouraging attendance and explaining participation options. Additionally, FCRB invitations sent to children ages 12 and over include a link to the Youth Over Age 12 Form, which allows youth to submit information to the FCRB via a digital form.

Case Review System Assessment

Systemic Factor Item 20: Written Case Plan

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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.

For a case to be rated as a strength for timely case plan development, all 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
- the case plan was updated when a change in permanency goal was ordered by the court

The 2022 PICRs found all the above criteria were met for 54 of the 134 applicable cases reviewed. Most 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.

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

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, by both court and 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. Report and review hearings, initial permanency hearings, and permanency hearings are held before the court and FCRB hearings are held before a volunteer panel of citizens. 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 provided the following data based on operational reviews completed from April 2022 through March 2023 on a sample

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size of 113 cases. This review found that 99% of the 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.

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 review of 103 case files during the period of April 2022 to March 2023. Arizona courts are required to hold a Permanency Hearing within 6 months of removal if a child is under 3 years of age or within 12 months of removal if a child is 3 or more years of age. Of the Permanency Hearings reviewed during this time period, 99% fell within statutory timelines.
- 91% of the children (67 of the 74 applicable cases) who were under the age of three at the time of the removal had a permanency hearing within six months of removal, and
- 98% of the children (39 of 40 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:

- the Department filed or joined a motion to TPR by the time the child has been in out-of-home care for 15 months,
- a compelling reason exists related to the child being cared for by a relative at the 15/22-month timeframe, or
- 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 the 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 or court minute entry, when applicable.

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The 2022 PICRs results indicate the timely filing of TPR or documentation of a compelling reason was seen in 36 of the 69 applicable cases reviewed. To improve the timely filing of TPR motions and the documentation of compelling reasons, the Department's CCWIS system, Guardian, implemented in February 2021, includes an available compelling reason text box for all case plans. If the child has been in out-of-home care for 15 of the prior 22 months and there is no indication the parental rights have been severed, the computer system requires text in the compelling reason text box prior to saving the case plan.

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 2022, case reviews indicated 67 of the 86 applicable cases were rated strength.

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 and inquiries from parents, family members, foster parents, oversight agencies, 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 the Department for the purpose of releasing information to the public as governed by A.R.S. [§ 8-807.01](#). This involves research to

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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 the Department 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 State Subcommittee Abuse/Neglect CFR Team, 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 case review portion of the Child and Family Services Review and conducts qualitative Practice Improvement Case Reviews (PICRs) of investigation, in-home service and out-of-home cases, and Hotline processes. 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. During the reporting period, Practice Improvement Specialist positions were physically located in four of the Department's five Regions.
- *The Policy Unit:* 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. The Policy Unit 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 Protective Services Review Team (PSRT):* The Protective Services Review Team reviews all findings proposed for substantiation for abuse and/or neglect at the completion of an investigation. The PSRT provides notification to persons who have been alleged to have abused or neglected a child prior to the finding being entered in the Department's Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians and/or those who have care, custody and control of a child who disagree with a proposed substantiated finding (non-dependency findings) of abuse or neglect. The PSRT 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. The PSRT also reviews all proposed substantiated pending dependency adjudication findings where parents and legal guardians are provided notice and due process through the juvenile court process. After a parent's due process is complete in all proposed substantiated findings, the PSRT enters the finding, which will result in the person being placed on the DCS Central Registry. The PSRT unit is also available to Department staff to aid 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 uses experts in Lean practices to install DCS Management System elements. This includes training, mentoring, and coaching to increase proficiency in standard tools to help improve the Department's functioning.
- *DCS Consultation and Research:* The Consultation and Research (C&R) team applies implementation science and the Department's Management System tools and processes to design, implement, evaluate, and innovate programs and services, including internal and contracted programs and services. C&R also provides practice expert case consultation, Supervision Coach Program oversight, data analytics, program and practice evaluation services, and management of

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strategic initiatives, such as the strategic initiative to standardize clinical and administrative supervision in all field operations units.

During the reporting period, the Department continued to integrate the Management System into administrative supervision, which has seven elements that drive improvement and sustainability:

- People Development
- Leader Behaviors and Standard Work
- Culture of Safety
- Visual Performance Management
- Problem Solving
- Standard Work and Visual Process Adherence
- Tiered Connectivity and Accountability

Models and tools include A3 thinking to strategic initiatives and breakthrough projects. The A3 tool captures the purpose, current situation, strategy, milestones, responsibility, and deliverables for the improvement being sought. The tool contains the planning and analysis, an actionable strategy, measured results, and the elements installed to sustain the gains.

The Department sustains improvements using tiered accountability and visual management tools, including data in various formats such as charts, scorecards, huddle boards, A2s (a problem-solving tool that uses A3 thinking for smaller scale problems), and counter-measure sheets. DCS assesses performance through regular reviews of visual management. When an issue or problem arises, it is identified on a counter-measure sheet with an action that includes an assigned owner and target date.

Using standard processes and procedures promotes accountability and continuous improvement. Processes are changed or created and tested by experts in the area of focus including practitioners, with objectives defined by the organization. A standardized process that allows for objective assessments of adherence to the process, with quality assurance or controls embedded, increases consistency of performance and allows evaluation of process effectiveness and outcomes.

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 including:

- *Foundational Administrative Structure:* 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 the Office of Accountability.
- *Quality Data Collection:* Administrative data was previously collected through CHILDS through January 2021 and is now collected through Guardian. Instructions for data entry are included in the Department's Policy and Procedures Manual and Guardian user manuals. 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 Business Intelligence, provides technical assistance to region and Central Office

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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. The Practice Improvement Unit reviews a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region during 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 investigations focuses on the practice of thorough safety assessments and safety planning. Review of in-home and out-of-home cases includes all measures within the CFSR on-site instrument, focuses on Department goals that cannot be measured through the Department's CCWIS 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 throughout the year. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During CY 2022, the Practice Improvement (PI) Unit reviewed 87 investigations, 20 in-home service cases, 114 out-of-home care cases, and 294 Hotline communications, along with other reviews focusing on targeted areas of practice. 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 assigned DCSS, out-of-home caregiver(s), parents involved during the review period, and youth age 14 or older involved in an in-home case, or who is identified as the target child for foster care reviews. 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 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 as necessary. A member of the Practice Improvement management team conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

During SFY 2023, the Practice Improvement Team reinstated feedback meetings with units following their PICR to allow for feedback loops with internal stakeholders related to policy and procedure requirements and the results of the case reviews. The Department leadership team is also provided quarterly and calendar year PICR data results broken out by the five regions, as well as statewide data and this data is reviewed with the leadership team quarterly. During SFY 2023, the Practice Improvement Team began providing the PICR data at the section level, which is a group of field units managed by the same Program Manager, to allow for case review data specific to the areas they supervise. Also, during SFY 2023, the Practice Improvement Team began a process to initiate an email to the Program Manager when certain casework was not demonstrated during the case

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review period to alert the manager of current practice and encourage education, communication, and completion of quality casework. Examples of practice areas that result in a communication email include children who have not been visited by the Department during the most recent two consecutive months, a lack of communication with a required parent for the most recent two consecutive months, and a comprehensive medical or dental examination that has not occurred within twice the required timeframe.

The Department plans to continue to utilize the PICR to complete the state's ongoing QA/CQI process. During SFY 2023, the Department revised the PICR tool to include all questions within the On-site Review Instrument (OSRI) to allow Arizona to continually measure all safety, permanency, and well-being items contained in the OSRI between CFSR rounds. The Department does not plan to utilize the federal OSRI as part of Arizona's ongoing QA/CQI process as the current OSRI does not include several measures DCS views as important to monitor. The Department will participate in a CB-led Round 4 CFSR the week of December 4, 2023, during which the OSRI will be utilized. The OSRI will also be utilized following the on-site review to evaluate the baseline and PIP measurement cases, which may result in the state being approved to conduct a State-led Round 5 CFSR process.

- *Analysis and Dissemination of Quality Data:* The DCS Management System includes analysis and dissemination of data using scorecards, huddle boards, and counter-measure sheets. Data monitored on a regular basis includes field operation data such as the 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. 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.

The DCS Consultation and Research team 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 PICR data is presented and discussed during the quarterly MDT Aggregate Review and Consideration Development meetings, which are attended by Department leads, Region Program Administrators, the Deputy Director of Field Operations, and the Director.

The Reports and Statistics Unit publishes the *Semi-Annual Child Welfare Report* and the *Monthly Operational Outcomes Report*, which 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 DCS Consultation and Research team works with Department leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The DCS Consultation and Research team lead meets monthly with the Department's Director to review child safety and permanency outcome data, program and service fidelity data, and case review results. Department staff ensure timely distribution of data reports to

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DCS leadership. Reports on the Department's business intelligence dashboard were available for review and analysis.

The Region Program Administrators continue to attend the quarterly Systemic Critical Incident Review aggregate data meetings, which allows the leaders to be involved in the conversations and quickly initiate practice changes as they are identified during the critical incident reviews.

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 gathered and analyzed. 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.

Quality Assurance and Continuous Quality Improvement Systems Assessment

Systemic Factor Item 25: Quality Assurance System

The Department 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 Arizona 2015 CFSR Round 3. As described above, the Department's QA and CQI system meets all 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

Initial and ongoing staff training is managed through the Department's Learning and Development (L and D) team, and includes a variety of training venues, such as classroom training, computer-based trainings, hands-on training, and webinars. The Learning and Development Administrator now reports directly to the Department's Assistant Director of Statewide Operations which allows for direct information sharing and coordination between daily field work with the families served and the training which supports this work. In-person training has resumed with no classroom size limits.

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.

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The Department's initial staff training received an overall rating of strength during the Arizona 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.

All new and sometimes rehired Case Aides, Specialists, Hotline Specialists and Program Supervisors are required to complete a Learning Track for their position. Learning Tracks consist of the following elements: Instructor led in person Core Classroom Training

- Quizzes and/or Final Test
- Field Training Activity Guide(s)
- Several Computer Based Trainings

As of April 17, 2023, the following is a training update by position:

Case Aides:

- 121 Case Aides have successfully completed the Case Aide Learning Track

12 Case Aides are in their first 6 weeks of hire and in the allotted timeframe to complete the Case Aide Learning Track

Specialists:

- 688 DCS Specialists and OCWI Investigators have successfully completed the Specialist Trainee Learning Track
- 257 DCS Specialist Trainees and OCWI Investigators are in their first 22 weeks of hire and in the allotted timeframe to complete the Specialist Trainee Learning Track

Hotline Specialists:

- 42 DCS Hotline Specialists have successfully completed the Hotline Specialist Trainee Learning Track
- 7 DCS Hotline Specialist Trainees are in their first 22 weeks of hire and in the allotted timeframe to complete the Hotline Specialist Trainee Learning Track

Program Supervisors:

- 106 Program Supervisors have successfully completed the Supervisor Learning Track
- 14 Program Supervisors are in their first 16 weeks of hire and in the allotted timeframe to complete the Program Supervisor Learning Track

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 regarding the services included in the CFSP.

The Department's ongoing staff training received an overall rating of area needing improvement during the Arizona 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, the Department 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, as well as their completion of the training. Tracorp participants to register for training sessions and allows administrators to generate rosters showing registered individuals and lists of those who completed the various courses.

Individual employees and their direct supervisors have access to training records and can view these records to determine what trainings have been completed in TraCorp. Directions on how to access training records

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are available to both employees and supervisors. Additionally, employees receive autogenerated notifications of courses required based on the expiration of a yearly certificate or a training requirement.

The DCS Advanced Academy (AA) training, (established in 2016) is training that builds on the knowledge and skills obtained in Specialists Core Training for Specialists and OCWI Investigators. As of April 17, 2023, a total of 165 DCS Specialists completed the Advanced Academy training and of those, 31 completed during the SFY 2023.

As of April 17, 2023, 197, Specialists and OCWI Investigators completed the Advanced Joint Investigations training, and of this 197, 14 completed during the SFY 2023.

As of April 17, 2023, a total of 448 DCS Specialists completed the Family Engagement training and of this 448, 196 completed during the SFY 2023.

The Advanced Forensic Interview Training (AFIT) is a four-day (32 hour) experiential course that teaches investigators how to forensically interview both children and adults. It is open to DCS Investigators, Detectives, Designated Forensic Interviewers, Tribal CPS, and Prosecuting Attorneys. Participants are taught the semi-structured cognitive interview technique, a research-informed forensic interview method designed to elicit the most amount of factual information from interviewees and avoid re-traumatization of victims.

The course includes role plays and practicum exercises, with several opportunities for participants to receive assessment and feedback from expert faculty members. Through videos, lecture, large group exercises, and small group exercises, AFIT prepares investigators to interview victims or witnesses of crimes including child physical abuse, child sexual abuse, and sex trafficking. Participant progress is determined by a pre- and post-test, as well as expert faculty assessment of participants through practicum exercises and role plays.

AFIT is funded in part by the Governor's Office of Youth, Faith and Family, Maricopa County Attorney's Office and Department of Child Safety. As of April 17, 2023, 29 DCS specialists attended the training during the 2023 SFY.

As part of the ongoing staff training, Learning and Development develops and facilitates additional trainings as needed. Training includes:

- *DCS Services Array Training*: Multiple service array trainings for both internal DCS employees and the contracted agencies took place this fiscal year. The training plan includes courses for the following services: Arizona Families First, Clinically Supervised Parenting Program, Qualified Residential Treatment Program, Nurturing Parenting Program, Family Connections, and Substance Exposed Newborns Safe Environment. The trainings will continue this upcoming fiscal year and include annual refresher courses.
- *Upcoming, New, and Significantly Revised Training*:
 - *Cultural Humility & Responsiveness Practice and Empathy & Trauma-Informed Practice Training*: As part of the Department's strategic initiative to address racial disparity, discussion occurred last fiscal year to develop a Diversity and Inclusion Training to deliver during this current fiscal year; however, were unable to achieve creation and delivery of this training. Arizona State University is the contracted provider developing the content to train the workforce through two courses specifically addressing racial disparity by December 2023.
 - *Learning Tracks*: training is in development for staff at the Welcome Center, Placement Administration, Comprehensive Health Plan Employees, Licensed Foster

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- Parent/Caregivers, and Group Home providers. Each learning track is being designed specific for each job role.
- *Information Security Awareness and Incident Response training:* two courses are in development focusing on security awareness which all staff will be required to complete annually. The other course will focus on technology systems focused for Information Technology staff.
 - *Instructional Systems Design Certification:* instruction on new and current Learning and Development Instructional Systems provides designers the fundamentals necessary to create formalized Department training courseware.
 - *Unit Consultation Improvement Process:* this training provides an overview of the Department and how unit consultants fit into the organization.
 - *Psychotic Conditions, Medically Complex and Cognitive Delays:* included in the foster parent training section below.
 - *Safety Science Training:* this training was completely revised in June 2022 to clearly define objectives and provide a better understanding of safety science in its entirety.
 - *Arizona Management System:* training is now computer based for all Department employees
 - *Team Decision Making training:* under renovations by Evident Change with the updates to policies and practice. A training for field employees will take place in 2023 as well as a training for TDM Facilitators to learn about the changes. Additionally, training for Specialists Trainees and new TDM Facilitators will be revised to reflect the changes.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan for FFY 2023*.

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 regarding foster and adopted children.

The Department's foster and adoptive parent training received an overall rating of strength during the Arizona 2015 CFSR Round 3. The Department continues to ensure foster and childcare 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 through the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by the Department's training staff. The program consists of five 3-hour meetings and twelve online classes over a 4-week training cycle, for a total of fifteen hours of combined in-person and classroom hours and approximately twenty-four hours of online training content. Training topics include: 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 3-hour meetings review the online learning content, introduce new concepts through interactive group activities and provide valuable overarching child welfare systematic overviews and operation

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information. The topics covered 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 Health Plan (CHP), Behavioral Health System, and the Education System. Some of the training is provided through online cluster courses and subsequent in person meetings are held.

Therapeutic Foster Care training and Foster Parent College Train the Trainer are delivered in person to provider agencies. Rural areas requiring this training may become virtual in the future. The Department continues to allow alternative delivery methods on a case-by-case basis as determined by the Training Administrator.

- In August 2021, the Business Administration Training Unit was combined with Learning and Development, the Department's Statewide Training for primarily Department Field Operations and tracking for all DCS employees. This effort will streamline the foster parent training, therapeutic foster parent training, and group home training and make for a more consistent delivery model across caregivers and specialists for consistency in messaging and an overall better understanding of our systems. As part of this restructuring, L and D led the redevelopment of the Therapeutic Foster Training. The curriculum redesign was completed by Learning and Development and an independent contractor, Crestline through a partnership with Therapeutic Foster Trainers who piloted the new training in May and June of 2022. After piloting the new training, the Department made the decision to assume responsibility for delivering Therapeutic Foster Training. Learning and Development will also deliver preservice foster parent training. The Department is in the beginning stages of developing a Learning Track for Foster Parents and Kinship Caregivers for ongoing trainings requirements to maintain licensure. The goal is for the training to reflect the population and the parameters identified on foster parents' licenses. The Department is also evaluating Foster Parent College Training to determine the most applicable modules for Kinship Caregivers who pursue licensure in the hopes of reducing the number of modules for kinship families and shorten their meantime to licensure. Foster Parent College Training is currently provided by contracted agencies. The Department will be assuming the in-person portion of this training in February 2024.

Prospective adoptive parents can participate in the pre-service training program if 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.

The Department updated the online orientation videos. The families now complete the survey and then watch short videos by child actors who guide the viewer through the process to become licensed to foster or certified to adopt. Real foster, adoptive, and kinship caregivers speak about their experiences during the video presentation. A personalized recommendation of three agencies is then provided. Previously, the viewers watched the videos and then completed the survey, which may have created confusion about next steps. The viewers are now connected immediately with resources. This also allows the Department to capture real time data on how many leads a recruitment campaign generates.

The Department's restructuring of the Office of Licensing and Regulation (OLR) to include the Foster and Adoption Recruitment team continues to improve communication and collaboration within the team and with contracted Foster and Adoption Support (FAS) agencies. The Foster Home Licensing (FHL) team leads, and the Foster Recruitment and Retention Specialists jointly conduct site visits with FAS agencies. The FHL team continues to support adoption recruitment events such as the Children's Heart Gallery and

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the Foster and Adoption Recruitment team assists in responding to foster and kinship families' calls to the Warmline. This provides a broader understanding of the outcomes for both teams.

There were six hundred and fifty-one newly licensed foster homes from July 2022 through April 2023. All the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. These new licenses included eleven therapeutic foster homes. For all foster parent applicants, a checklist and quality assurance process are used to confirm the training requirements have been met prior to issuance of a license.

An annual individualized training plan is created with each foster parent to identify needs and in-service training for the 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 nine hundred and fifty-three family foster and therapeutic foster homes from June 2022 through March 2023 which is an increase from the seven hundred and thirteen license renewals for same period in 2022. All foster parents completed, at minimum, the required twelve hours of in-service/ongoing training prior to renewal. 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. From June 2022 through March 2023, 89 therapeutic foster home license renewals were approved. All foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

Experienced therapeutic foster parents will soon participate in three one and a half hour online courses introducing Psychotic Conditions, Medically Complex, and Cognitive Delays. The training is intended for TFC caregivers to be introduced to these conditions to determine if they have an interest in providing therapeutic foster care.

The COVID-19 pandemic significantly affected initial licensing and renewals. The Department experienced a dramatic reduction in the number of families that became licensed during the pandemic. The Department is working to replace the loss of these families by returning to more personalized, in-person events. The Department also utilizes community partners who are resuming in-person events as the foster community is one of the best recruitment strategies available.

Child Welfare Facility Staff Training

Child welfare facilities that provide group and shelter care services are licensed annually by the Department's Office of Licensing and Regulation (OLR). 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 learned the information that was the subject of orientation or training." Additionally, "All staff shall receive initial orientation and training before assignment to solo supervision of children." Licensing agency staff are expected to administrative rules, and the Department's program and applicable administrative policies.

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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
- 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, the provider is made aware and must ensure that all requirements are met and that the files are corrected. At the time of the 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, and Fingerprint Clearance Cards. If training is provided by individuals or companies not employed by DCS, the trainer’s credentials must be reviewed and approved by OLR staff.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan for FFY 2023*.

5. Service Array and Resource Development

Description of the Child and Family Services Continuum

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

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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
- Nurturing Parenting Program
- Family Connections
- 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
- Young adult services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
 - Successful Transition to Adulthood
 - Transitional Housing
- Comprehensive Health Plan for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Supervised Visitation Only
- Transportation
- 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
- administration costs, including planning activities, service coordination, preparation for or follow-up to service delivery, indirect costs associated with procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing

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- case manager duties, including the development of case plans, counseling services, assessments/evaluations of family circumstances, case management and referral to service providers
- planning services, including service coordination, preparation for or follow-up with service delivery (e.g., recording progress notes)

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 2022, the State of Arizona did not expend any title IV-B, subpart 1 federal money for foster care maintenance, adoption assistance, or childcare, therefore, no funds were used as part of the title IV-B, subpart 1 state match for FY 2005.

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 including Family Connections and the Nurturing Parenting Program
- respite care for pre-adoptive placements
- recruitment of and home studies for adoptive families
- planning services, including service coordination, preparation for or follow-up with service delivery (e.g., recording progress notes)

During FY 2022, the State of Arizona expended \$6,083,630 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 of Child Safety used title IV-B, subpart 2 FFY 2022 kinship navigator funds to expand the kinship stipend program to all eligible unlicensed kinship foster caregivers to provide a safe and healthy placement setting for one or more under age 18 kin unable to safely reside in their parent's home. The monthly stipend assists in providing the kinship caregiver with financial assistance needed for supporting the placement.

The Department also used kinship navigator funds to employ Kinship Specialists to support kinship families as soon as they are identified as a caregiver for a child. This program assists kinship caregivers in learning about, finding, and using programs and services to meet the needs of the kin foster children in their care. Kinship Specialists contact kinship caregivers within 72 hours of being assigned. After the initial visit, the Kinship Specialists also follow-up with kinship caregivers at the 30, 50, and 80-day mark. These follow-up visits help prevent disruption of the placement and ensure kinship families are aware of and have access to necessary services. The Kinship Specialists also encourage the kinship foster caregivers to become licensed as foster parents by explaining the benefits of having both a DCS Specialist and a contracted Licensing Specialist.

The Department submitted the application for FFY 2023 Title IV-B Funding enhance the Kinship Navigator program in April 2023. The Department believes kinship care is the preferred placement for children in out-of-home care. The Department is committed to further reducing congregate care by increasing the utilization of kinship placements and improve supports required to stabilize living arrangement; and to assist families in navigating the child welfare system while caring for children placed in their homes.

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The Department will utilize the [Arizona Kinship Support Services](#) (AKSS), rated as a supported practice designed to provide support to caregivers. A contract will be awarded in the future to deliver this program.

The kinship navigation goal will be to preserve placements, eliminate hurdles and achieve permanency while facilitating partnerships between the family, the Department and the service provider community. This partnership enables the kinship caregivers to learn, find and use programs and services that meet their needs and the needs of the child.

The contractor will be required to promote permanency and placement stability by collaborating with community organizations, faith-based organizations, health care entities, education system, courts, legal community, congregate care contractors, American Indian Tribes, foster care alumni, current foster and adoptive parents and other contractors to form Collaborative Community Partnership Teams (CCPTs).

The support to the kinship caregivers will occur from the time of referral through permanency or referral closure, regardless of the path of the caregiver (unlicensed, licensed, adoptive). The Department employs Kinship Support Specialist who provide support to kinship caregivers. Kinship Support Liaisons connect families to resources. The Resource Coordination Team identifies caregivers and provides outreach and support. Additionally, community presentations provide education and understanding of the kinship experience.

The Department's contract for kinship navigation includes a requirement to have the ability to serve non-English speaking families by being able to communicate in the preferred language of the guardian, parent and/or child(ren). Additionally, the contractor will be required to ensure cross-cultural communication support with the involvement of culturally competent staff in all levels of service delivery occurs.

Please see Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report for information about the use of the Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

The Department has used, and will continue to use, FFPSA Transition Grant funding to support activities directly associated with the implementation of the Family First Prevention Services Act. This includes, but is not limited to, training the internal staff and provider community; development, expansion and coordination of programmatic services; continuation of coordinating efforts in promoting the safety, permanence, and well-being of children in foster care or with adoptive families. To continue implementation of Part I – Prevention Activities under title IV-E, the Department has invested in programmatic support in preparation for FFPSA. Specifically, to section 50711, the Department invested outcome assessment tools, data collection, and reporting for the evidence-based Nurturing Parenting Program and Family Connections. Families who will be served through the Nurturing Parenting Program will have a behavioral change goal related to one of the NPP parenting constructs (appropriate expectations, empathy, non-violent discipline, appropriate family roles, child's power and independence), at least one child residing in the home or a parent in the home who has parenting with a child, and at least one parent who is physically and cognitively able and available to participate in NPP.

To support implementation of Part IV – Ensuring the Necessity of Placement That is Not a Foster Family Home, the Department has partnered with the group home community to support additional capacity for significant trauma beds and capacity building for Qualified Residential Treatment Programs (QRTP). Pursuant to federal law, the Department implemented QRTP on October 1, 2021, to support placement for minors who, for various reasons, are not able to maintain residence in a family setting. This trauma-informed group care setting focuses on addressing the behavioral health needs of a youth that prevents them from residing in a family like setting. A child will not be moved from a QRTP until the child completes the

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program or the CFT determines a change in the level of care is needed. A discharge plan must be implemented with the DCS Specialist, QRTP Provider, CFT, the child's family, and Mercy Care. The FFPA Transition Grant funds are not being used for projects, services, or activities that were authorized under the Department's title IV-E waiver. Arizona's Title IV-E waiver ended on September 30, 2019. Activities provided under the waiver have transitioned to the Title IV-E plan.

The Department plans to use the funds to further implement the Family First Prevention Services Act. The Department will also fund child welfare and administrative activities that were previously conducted as part of the title IV-E child welfare demonstration project. The Department has invested in the Family Connection Program. The Family Connections Program is a trauma-informed and empowering service, provided to families in the context of their own communities and cultures. Family Connections provides change-focused interventions to achieve core outcomes of improved social support, family functioning, family resources, child well-being, parenting attitudes and behaviors, and management of parenting stress. For additional information on the Family Connections Program, see Section VII: Progress Implementing the Goals, Objectives, and Interventions. The Department intends to use Funding Certainty Grant funds to increase and recruit kinship caregivers to become licensed foster parents, with the goal of reducing the need for group home placements for children in out-of-home care and increase the capacity for children to be placed in a family-like setting

The Department has used the Supplemental PSSF funds to support program development, such as training and manuals for the Nurturing Parenting Program. The funding will also be used to support portions of the service delivery to families through the Nurturing Parenting Program.

Arizona did not receive or utilize any Disaster Relief funding.

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 continues to work 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.
- State legislation was enacted during the 2019 legislative session that facilitated the integration of behavioral health services for children in out-of-home care under the Department's Comprehensive Health Plan during SFY 2021. This integration facilitates 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:

- DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa and Pima counties.
- AFF staff are housed at the Casa Grande and Apache Junction offices.
- Behavioral health providers are co-located in the Welcome Centers.
- Assistant Attorney General staff are co-located in the Flagstaff, Prescott, and Kingman offices.
- Arizona State University Master of Social Work (MSW) program child welfare training units are housed in field DCS offices in Pima and Maricopa Counties, and a Northern Arizona University

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Bachelor of Social Work (BSW) and Master of Social Work (MSW) child welfare training unit is housed in a field office in Flagstaff.

- Several DCS units in Coconino, Gila, and Yavapai counties are co-located at the Multi-Service Center to allow for greater collaboration on cases when the Department and the Department of Economic Security (DES) are 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 Department 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. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency. The program promotes child safety and provides 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 the Department through work with a dedicated unit of DCS specialists. Having a dedicated, specialized DCS unit promotes positive outcomes for the families that FDC serves, and efficient use of valuable resources. The reunification rate for children with a parent who participated in FDC during 2022 was 84% (100% for parents who graduated; 91% for parents who voluntarily discharged; 52% for parents who were involuntary discharged).
- The Department partners 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 conduct safety assessments, as necessary, and improve communication and information sharing between medical staff and the Department.
- Representatives of the FosterEd program are co-located in Department offices within Pima and Maricopa Counties and the Prescott Office.

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 Arizona Round 3 2015 Child and Family Services Review because at that time, there were gaps in accessibility of some services and waitlists for others. Since that time, the Department has improved service availability statewide and continues to work with providers to address the waitlists through tracking capacity reports, in-sourcing visitation services, and adding counties to existing contracts. The Department utilizes a statewide service approval matrix to standardize the service referral and authorization process and address service referral issues, including waitlists. The approval matrix and authorization process has helped to monitor and increase the proper use of contracted services for families. Additionally, the Department continues to offer providers a financial incentive for offering more capacity.

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Agencies providing family support services are located throughout the state in every county to better serve all populations including underserved populations. Specialty curriculums with NPP have helped to better train providers in supporting underserved populations, such as fathers, LGBTQIA+, people using substances, African Americans, and American Indians.

From July 2022 to March 2023 the average length of time a referral has remained on the wait list for urban referrals is 26 days and for rural referrals is 23 days. This data is known to have some data quality issues since the implementation of the Guardian in February 2021. Efforts will continue to ensure accurate data is available.

The Department has implemented several methods to monitor and eliminate the waitlist for services, including:

- The Department launched the Supervised Visitation Only (SVO) Burn Down initiative to assist with reducing the waitlist for supervised visitation by increasing the number of provider openings in Maricopa and Pima Counties. The SVO Burn Down initiative provides financial incentives to increase capacity and accept more referrals. Lasting through the end of the current contract term, or until the SVO wait list is eliminated, the Department will issue a payment to providers who accept a bulk referral assignment of twenty-five referrals. Providers must already be meeting or exceeding their contracted capacity as well as work and complete all assigned SVO referrals. The Fidelity and Compliance Unit will be monitoring bulk assignments and conducting case reviews during the site visit process.
- Department staff continue to review referrals on the waitlist to determine if services were still needed and identify the most appropriate level of service. This minimizes the waitlist as services were no longer needed are eliminated. Department field staff are provided education about the service to ensure service referrals are necessary.
- A weekly waitlist report is distributed to providers to determine service needs and potentially reducing the waitlist. The Department holds internal waitlist calls twice monthly to review provider openings, recruitment and hiring status, and discuss ways to serve additional families by minimizing service delivery issues. In addition, the Department facilitates quarterly provider meetings quarterly.
- The Department continues to have direct contact with contracted providers. Through this process, Arizona Families F.I.R.S.T. was able to expand availability and has not since had a waitlist in the urban areas. Capacity increased through existing contracted by adding awarded counties to their contracts.
- The Department requests a list of openings weekly from all providers, and when a waitlist exists, additional availability during the week will be requested to ensure all possible openings are assigned.
- An internal visitation aide program provides services to families waiting the longest for supervised visitation only (SVO) services. This was initially piloted in Pima and Maricopa East regions and continues in these regions as those regions have the highest number of families who waiting the longest for visitation services. As of April 2022, the Department is providing visitation services to 50 families. In SFY 2022, 845 families participated in 2,945 visits. This has a significant impact on the waitlist and provides families with visitation services.
- The Department's Contracts Team closely monitors contracted capacity through active referral data from Guardian working with provider agencies who are not meeting their capacity.

Providers in rural areas continue to have difficulty hiring and retaining qualified staff. To improve accessibility, the Department:

- continues pursuing emergency procurements to award additional service providers in areas where more capacity is needed.

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- continues to provide information on the service array to the field staff who make referrals
- provides contractors demographic information on families served, to ensure staffing based on family needs, age of children affecting service delivery days/times, and other factors.
- continues utilizing Service Coordinators to communicate with providers during Active Contract Management meetings and site visits where problem-solving can occur.
- contracted with Public Consulting Group to conduct a rate study to justify a legislative budget request for additional funding to support FC, NPP, and SVO. Provider agencies have been vocal about hiring barriers and high operational costs that often lead to a decreased capacity to serve families.

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 Consultation and Research and Fidelity and Compliance Services (FCS) Units 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 in increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department continues to utilize an Active Contract Management process focusing on key success metrics, and closely aligning 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. Semi-annual meetings are held with each contract's service providers to review fidelity and outcome data and identify actions to improve the accessibility and benefit of services to families. The FCS Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide quality improvement. FCS also supports the provider community through technical assistance activities and by implementing processes to address performance issues.

The Office of Consultation and Research 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 help support and monitor provider performance. Provider meetings 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 continues to improve relationships with providers, reduce the number of vendor performance issues, and improve service quality.

The Department's Family Connections and SENSE programs allow more children to remain safely with their parents. The Department's safety assessment and safety management model provides 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.

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.

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The Department's individualization of services was rated an area needing improvement during the Arizona 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 the Department 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 on how to access interpreter services for individuals with limited English proficiency. All Department 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 Department engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

The Department's framework for collaboration with stakeholders includes 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. This framework also allows for stakeholder input, including families, youth, tribes, and courts, into the assessment of performance, updates to the plan for improvement, and updates on progress made to improvement outcomes.

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 Department'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. The Department has continued to work closely with federal programs that serve the same families as the Department. The federal programs the Department coordinates with include the Department of Health, the Department of Education, Woman, Infants, and Children (WIC); Medicaid, related to the

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integration of behavioral health system under CHP; 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 Guardian, the 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 childcare 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.

During the reporting period, all foster parent applicants completed at least the minimum hours of pre-service training and the required criminal background checks were completed before the license was issued.

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. Marketing campaigns target these populations through visual imagery and specific language that identifies the ethnic and racial diversity needs of the children in care.

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

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the Department 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. The Department also completes an Adult Protective Services check, an Arizona child welfare check, and a sex offender registry check for everyone 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.

In November 2022, the Department and the Department of Public Safety (DPS) transitioned to a new partnership with Fieldprint for fingerprinting services. This partnership has been beneficial as Fieldprint

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has more statewide sites than the prior vendor. Fieldprint offers a convenient and expedient method for fingerprinting by which unlicensed caregivers, prospective unlicensed caregivers, Department staff, and others may secure fingerprint clearance cards. Applicants can select a location where the fingerprint process occurs. This system then transmits the fingerprints directly to the law enforcement agencies for a criminal history search. This online process eliminates the need for a paper application. Applicants with no record should receive a physical card in three to five business days.

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 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 Department offices while awaiting an out-of-home living arrangement. The Department previously 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.

The Department does not develop case plans for foster and adoptive placements, unless children in their legal custody (biological, adoptive, guardianship) become involved with the Department due to a concern of abuse or neglect.

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.

There were 651 newly licensed foster homes from July 2022 through April 2023. The Department had a total of 2,627 licensed homes as of April 30, 2023, with 5,770 bed spaces in these homes which is a significant decrease from the 2,885 licensed homes with 6,496 bed spaces last year (source: Quick Connect, April 25, 2023). The Department continues to focus on customer service and partnership with caregivers to address identified issues that may have contributed to license closure.

Many of the foster home closures that occurred during the reporting period were due to finalization of an adoption or guardianship. In September 2022, 37% (40 of the 107 licenses) closed due to adoption or guardianship of the child by the foster parent which remained consistent with last year’s reported data. Department staff conduct outreach to all foster parents who indicate a reason of dissatisfaction on their license closure paperwork and reach out to previously licensed foster families after they have closed their license due to an adoption to inquire about their interest in becoming relicensed.

The following chart provides information related to the approximate race and Hispanic ethnicity of existing foster homes, as well as children in out-of-home care age birth through 17.

	African American	American Indian	Asian or Pacific Islander	Caucasian	Hispanic	Unknown or other
AZ Foster Homes	13.3%	1%	1.8%	58.4%	23.3%	2.2%

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AZ Children in OOH Care (birth to 17)¹	17.4%	9.6%	1.2%	31.8%	34.2%	5.8%
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Sources: [Semi Annual Child Welfare Report March 2023](#) and OLR Active License Report April 2023.

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 2020 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 2019)

June 2021 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 2020).

June 2022 Data: As of March 31, 2022, 80% 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 2022).

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 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, sibling groups and children who have complex medical needs, and the efforts to recruit homes that match the race and ethnicity of children in out-of-home care continued. In FFY 2023, the Department revamped the internet landing pages for the recruitment campaigns that takes the prospective foster caregiver through a guided process to assess their understanding of foster care, the needs of youth in care, and the goals of caregivers. The revised landing pages facilitate a quicker connection for a prospective foster parent to a licensing agency. The Department reorganized the series of orientation videos and questionnaire so data on the prospective lead is captured early and not lost as webpage is navigated. The Department and agencies can track leads from the information shared in the questionnaire. The questionnaire matches leads to an agency which aligns with their preferences and/or belief system. A Foster Recruitment and Retention Specialist follows up with each agency about the leads they received from the website and campaign to learn about the quality of the lead and effectiveness of the campaign.

The Department continues its long history of active and diligent recruitment, including general, child specific, and targeted recruitment, and collaboration with community and faith-based organizations. The Department continued to conduct foster home placement needs analyses during the reporting period. These analyses continued to indicate the most significant need was for teens, sibling groups, and children who have complex medical needs.

Other areas of progress and accomplishments to implement *Arizona’s Foster and Adoptive Parent Diligent Recruitment Plan* during the reporting period are described below.

¹ Out-of-Home care race data is provided from the most recent timeframe the Department believes is accurate. The Department is taking several actions to improve the accuracy and completeness of the demographic data

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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.

- Kinship providers, licensed foster parents, community resource providers, and others continue to have the option to call the toll-free DCS Warm Line, which is staffed by three members of the Department, two of whom are bilingual, and can answer or research inquiries. The Warm Line typically receives around sixty calls per week on topics such as Guardian portal technical assistance, payment/invoices, and interest in foster care. This is a significant decrease from one hundred and twenty-five noted in the last reporting period. Calls are typically returned in one business day fluctuating based on call volume.
- The Department's Recruitment and Retention team includes two Foster Recruitment and Retention Specialists focused on more consistent and supportive collaboration with agencies. The Specialists have continued to complete outreach with agencies and families. The Specialists attend AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Northern KIDS (formerly FAN) consortium meetings, as well as Arizona Association for Foster and Adoptive Parents (AZAFAP) to communicate with the agencies and caregivers directly about both the Department and agencies' updates and needs. The Specialists use these meetings as opportunities to address concerns and to ensure the agencies, caregivers, and community partners have their needs and the needs of the licensed families heard. One Specialist focuses their attention on Active Contract Management (ACM) and relationship building directly with the agencies, while the other Specialist provides direct support to caregivers and Department front line staff.
- The KIDS Consortium, Northern KIDS, 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 Foster Recruitment and Retention Specialists, as well as the Department's Director and Assistant Director of Foster Care and Post Permanency Supports and the OLR Program Administrator and Foster Supports Manager attend monthly KIDS meetings, and the Foster Recruitment and Retention Specialists attend the monthly FACT meetings. During these meetings, the Department provides updates on current and upcoming recruitment and retention plans and strategies. Additionally, the Department utilizes social media to share flyers created by KIDS and FACT on virtual and in person information sessions and events. Northern KIDS will resume in person monthly meetings in June 2023. The OLR Program Administrator and the Assistant Director of Foster Care and Post Permanency Supports along with the Foster Recruitment and Retention Specialists will attend. Many of the KIDS, Northern KIDS, and FACT agencies also attend a monthly virtual workgroup led by the Department's Foster Supports Manager. The workgroup's goals include decreasing incoming licensing issues/ concerns on licensed foster home and requests for additional information/incomplete applications for licensure and increasing the partnership and communication between agencies and the Department.
- The Department also has partnered with the Family Focused Treatment Association (FFTA) and continues providing a High Needs Foster Care (HNFC) rate and contracting solution to support children with higher needs who do not meet medical necessity. The expectation is that more children can be served in a family setting that has a higher skill set to meet the needs of the children resulting in less children being placed in congregate care settings. The Department engages monthly with the therapeutic foster care community and Mercy Care/CHP to recruit new licensing agencies and expand the community of providers to better support the demand for therapeutic caregivers. The collaboration developed a schedule of orientation sessions for prospective HNFC families, a unique landing page on the Department's website for prospective leads and business card recruitment materials that direct people to the [HNFC landing page](#). new monthly meeting schedule has been developed with new leadership from FFTA to ensure robust

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participation. Discussions have begun to plan an appreciation event for current foster parents which will highlight with the hope that some foster parents would consider a license amendment to serve children with higher therapeutic needs. The Department has invited the contracted marketing firm to begin attending the HNFC monthly meetings to develop a recruitment strategy for HFNC and to assist with event planning.

- To assist with reunification efforts, the Department continues to utilize the Shared Parenting journal during this reporting period. This journal is shared between the caregivers and the biological parents, to provide a safe opportunity to communicate and build their relationship for the betterment of the child(ren) in care. The journal contains descriptions about the child's routines and preferences, information on the different stakeholders (the Department, court personnel, behavioral health teams, etc.), and coloring pages for the child(ren). If the families are uncomfortable physically meeting and sharing the journal, it can be exchanged through the assigned DCS Specialist. The Department believes the journal will build a positive relationship between the caregivers and parents which supports reunification, which will continue past reunification and decrease reentry of the children into the foster care system.

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.

- During this reporting period, the Department updated the landing page for foster care and adoption inquires on the website to optimize lead flow. The survey which inquirers were prompted to complete after watching the orientation videos is now completed prior to watching the videos. Leads are asked sooner to complete the survey which matches them to the top three FAS agencies that meet their needs, including location and specifics such as LGBTQIA+ friendly, faith-based, Spanish speaking, etc. This update sends an email to the agencies with contact information immediately and allows the lead to connect with an agency sooner to initiate the licensure process. Additionally, all other agencies' information is available for the inquirer to view. This change occurred based on findings from the Department's SFY 2022 evaluation about the inquirers' interactions with the website and where in the process the leads became stuck or frustrated. Based on these findings, the Department was able to make subtle design shifts to improve the user's experience and ideally nurture the leads by connecting them with an agency sooner.

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.

- The Department's spring 2023 campaign, *More Than* focuses recruitment efforts on homes for older youth. The messaging emphasizes older youth being more than their case file, more than a number, more than a statistic, more than a stereotype, more than what people think, more than a kid in the system and more than thought possible. Campaign media features current and former foster youth and young adults speaking about their experience in care and what having a foster home would mean or would have meant to them.
- The Family Support Plan assesses and supports the strengths and needs of out-of-home caregivers and provides insight into the motivations for families who become licensed. A Foster Recruitment and Retention Specialist reviews Family Support Plans each quarter to ensure compliance and fidelity and identify areas for additional training and education. During this reporting period, the Family Support Plan was revised by the Department and members of KIDS and FACT, as the information was repetitive from the home studies completed by each family in the licensure process. The new Family Support Plan was condensed and will be updated and expanded when a new foster child enters or exits the home. Different family household members will be asked to complete portions of the plan to provide their experiences, set future goals, and identify supports

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and resources so the family will continue to foster and/or expand their placement capacity and preferences.

- The Department continues to create recruitment campaigns utilizing children in care and real foster and adoptive families and not actors. This imagery shows an accurate representation of the makeup of the communities in Arizona. Videos featuring foster caregivers discussing reunification and youths speaking about their experiences in foster care will be used to recruit families who support reunification and spread awareness of the foster care system.
- The OLR Foster Supports Manager attends a weekly ICWA Recruitment meeting hosted by the Department ICWA Liaison with members of the Navajo Nation. The Department created a specific advertisement targeted at increasing leads of inquirers who self-identify as American Indian. Additionally, a specific landing page was created to track these inquirers. Since May 2022, the campaign has generated sixty-two leads from prospective families interested in fostering Native American children.
- The Department continues to hold Children's Heart Gallery photoshoot events utilizing volunteers, who may be prospective adoptive parents, to accompany the children during a day of pampering for participating children. Children were able to get a haircut, select a new outfit, enjoy breakfast and lunch, and have photos taken by a professional photographer. In addition to prospective adoptive parents volunteering at the events, the Child Specific Recruiters also attend.

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.

- The Department continues to utilize special foster care rates such as DDD, parenting teen, and high needs foster care (HNFC), to promote placement stability for children in family-like settings. These children may have otherwise been in congregate care settings or the foster care providers may not have been able to continue to provide care due to the higher level of identified needs. An improvement in placement stabilization has occurred in the last year. Placement disruptions increased from SFY 2020 to SFY 2021. Conversely, disruptions decreased from one hundred and twenty-seven to one hundred and six from SFY 2021 to SFY 2022.
- The AZ Families Thrive conference resumed in September 2022. Training sessions included ICWA compliance and use of the Guardian Provider Portal which were requested by caregivers. In addition to the Thrive conference, the Department partnered with the KIDS Consortium and facilitated a training at their March 2023 Spring Training Blitz for foster and adoptive parents. To support and increase the number of children being cared for in a family setting, the Department continued incentive-based payments to FAS providers which began May 1, 2022. These incentives assist the effort to increase community foster families as well as support the transition of children from congregate care to family foster homes. These incentives will remain in place through the remainder of the current FAS contract. The two new payments include an initial placement incentive payment of \$1,250 when any newly licensed family receives their first placement and a second incentive payment of \$1,000 when a child transitions from a congregate care home into a licensed family setting and remains in the same family home for a period of ninety days.
- The Department continued to send satisfaction surveys to currently licensed families and closure surveys to families who closed their licenses. The surveys are typically sent twice a year. One of the main focuses for this reporting period has been reviewing the closure reason reported by the caregiver compared to the closure reason reported by the licensing agency. The Department hopes to identify detailed closure reasons, to provide a better experience to currently licensed and not yet licensed families. During quarterly provider meetings with all the contracted licensing agencies, the Department shares the information collected in the surveys, most recently in April 2023.

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- The Department continues retention efforts, including personalized appreciation certificates, mailed to families who have been licensed for one year, five years, ten years, and 15 years. Additionally, the Department provides discount codes to businesses in the monthly Arizona Families Thrive newsletter as well as resources and free products for kinship, foster, and adoptive parents.
- Through collaboration with current FAS partners and the caregiver community, the Department spent the year gathering information to ensure supports are in place for caregivers for children in their homes. The Department obtained feedback from current kinship and licensed caregivers about their definitions of customer service and what supports are needed from their perspective to ensure their success and created two new scopes of work. The Department bifurcated the FAS contract to specifically support and license kinship caregivers and another contract to focus agencies' efforts on recruiting, licensing, and supporting community foster and adoptive families. The FAS contract will continue as a community only contract and a new Kinship Support Services (KSS) contract will focus on overcoming barriers to licensure for kinship caregivers and expedite licensure for kinship families choosing to become licensed. Kinship navigation and support services will be an integral part of the KSS scope of work. The Department plans to solicit bids for the new contracts in the summer of 2023 with a projected implementation in early 2024. These contracts included provisions for the agencies to provide more support to both kinship and foster families. Caregiver supports will be a significant theme of the new contract, by increasing access to these supports via the contracted licensing agencies, as well as a streamlined path for kinship caregivers to become licensed.

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

- The Department employs six Kinship Liaisons who are housed in Maricopa and Pima Counties. The Kinship Liaisons meet with kinship caregivers upon placement of the children, and work to connect families to resources such as clothes, safety items for the children, and bedroom items including cribs and mattresses. The liaisons also connect families with community support groups. The liaisons explain the Department, legal, and behavioral health systems, and make efforts to stabilize living arrangements to avoid placement changes.
- In September 2021 the Department was awarded a grant of \$331,000 to purchase tangible items to assist kinship caregivers with licensing requirements such as pool fences, as well as purchasing car seats, diapers/wipes, grocery/gas gift cards, and more to help care for their kinship placements.
- The Department has received event tickets provided by various community partners. Priority is given to kinship caregivers, with additional tickets being made available to licensed foster caregiver and adoptive homes.
- The Department has continued efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. Through licensure, kinship caregivers can receive a monthly foster care payment to help offset the expenses of providing out-of-home care for one or more of their kin. Licensed kinship caregivers also receive the ongoing support of a contracted Licensing Specialist who visits the home at least quarterly and arranges supports such as respite and mentors.
- During the 2022 legislative session, the kinship stipend amount increased from \$75.00 to \$300.00 per child/youth per month. When kinship caregivers become licensed, the State receives federal match dollars that can be passed on to families, thereby doubling the monthly stipend to \$600 per child. The Department is identifying kinship licensure barriers and creating plans to address those barriers.
- The Department has been working with a consultant, A Second Chance Inc., to improve process and decrease the length of time kinship caregivers become licensed, with a goal of obtaining

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licensure in 60 days. Passed during the last legislative session, the Department can waive the fingerprint clearance card requirement for kin to become licensed. The Department is also working to expand the criteria for which kinship caregivers can receive waivers for licensure.

- The Foster and Adoption Recruitment team continues managing the Fostering Sustainable Connections (FSC) program. FSC focuses on building connections between children and family/kin. Though this does not necessarily result in placement with the family/kin who are located, the primary goal is to provide the child with a link to their culture and community. This program has resulted in family/kin requesting to become caregivers for the children or locating additional individuals who can serve as caregivers. The Foster and Adoption Recruitment Team works with the Placement Team to identify children and youth who are ready to exit congregate care settings to family like settings and offering the service to them.

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

- The Department's Foster and Adoption Recruitment team continues to meet with the contracted Child Specific Recruitment (CSR) agencies and the Match Meeting Specialists on a quarterly basis to discuss successes and barriers and offer mitigation strategies during the reporting period. Through these meetings, an improved line of communication has been established, leading to better outcomes for children monitored by these teams. The three Adoptions Recruitment Specialists are assigned as a liaison for each contracted CSR agency, which further improves the connection between the Department and the agencies. Each agency has the option to staff cases with their assigned liaison and the Recruitment Manager. These meetings have provided additional creative recruitment methods for the agencies to attempt. During these quarterly meetings data related to the number of adoptions and placements that have occurred is shared as well as training affecting adoption such as ICPC, Adoption Subsidy, and the CSR contracts.
- The Children's Heart Gallery includes a website, mobile display, and other recruitment strategies that feature children in Arizona's foster care system who are awaiting a permanent adoptive home. Children who are to be added to the gallery attend a photoshoot event along with photographers, hairstylists, and others, who support the children by providing makeovers and professional photos to be displayed through the gallery. The Department understands that families and individuals who are certified to adopt have varying preferences, including the child's age and gender. Active efforts are made to specifically invite families who are on the Adoption Registry to be guides to children at the gallery events that meet their desired preferences. By attending a Children's Heart Gallery photoshoot, families and individuals are given an opportunity to get to know a wide variety of children, and perhaps expand their preferences. This allows volunteers and children to meet in a lower stress setting with the hopes that a connection can be made or that the volunteers know of someone else who may be interested in adopting the child. The Department offers certified families and individuals who volunteer at a Children's Heart Gallery photo shoot two hours of training credit to be applied to the hours required for license renewal. Please also see information related to the Children's Heart Gallery under recruitment plan objective 1.3.

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

- The Department continues to contract with three agencies to conduct Child Specific Recruitment (CSR) services. CSR contracts were redeveloped with a goal of utilizing new practices to locate family or kin placements for children in care. In addition, a Phoenix contractor is the recipient of a Wendy's Wonderful Kids Recruiter grant from the Dave Thomas Foundation for Adoption. The grant is used to fund recruiters at the community agency and allows for smaller caseloads. Wendy's

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Wonderful Kids uses a child-focus evidence-based recruitment model proven to be three times more effective at achieving permanency for children who have been in foster care the longest. Since July 2022, twenty-two adoptions were finalized.

- The Department has continued to focus specifically on recruitment of homes for children who are age ten and over, have a permanency goal of adoption, and are currently living in congregate care. Actions include:
 - examining barriers to placement, such as therapeutic recommendations related to the timing of placement in a family-like setting, and the creation of plans with the child's team to mitigate these barriers
 - improving communication with field staff about services available to locate family and kin placements for children, such as person locate searches
 - the creation of a system within the Department to improve work with families who inquire about becoming licensed or certified
 - the use of a visual management tool called a Kanban from the Arizona Management System to document barriers to placement in a family-like setting, which is expected to show trends related to barriers for placement. Problem solving efforts are used to mitigate the barriers and place the child in a family-like setting. This process was briefly put on hold during the transition to the new Guardian system. It is expected to be utilized again in the upcoming reporting period

The Department is currently working with the Family Focused Treatment Association (FFTA), a group of agency representatives working on behalf of therapeutic licensed foster homes, such as the KIDS consortium. This collaboration includes representatives from the Department and behavioral health agencies to update policies, advise on recruitment strategies and better support youth who qualify for therapeutic care.

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

- The Department continues to work 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. Arizona continues to partner with many faith-based and community organizations across the state to support children in out-of-home care and their foster care providers. The Community Liaison and Volunteer Program Manager works to create and highlight partnerships with the community. The Department frequently posts on various forms of social media to give appreciation to the community partners and volunteers who give their time, efforts, tangible items, and financial support to create positive outcomes for children in care. The Department will continue to work with these community providers to ensure that children in care have access to a variety of groups that can support their interests and help them grow during their foster care experience. These partnerships will also benefit foster families, kinship caregivers, and biological families in meeting their goals and assisting them in meeting the needs of the children in their care.
- The Director hosted calls with several community partners and stakeholders. Monthly virtual meetings which began during the COVID-19 pandemic, have been reduced to quarterly. These calls allow the Department to provide updates on strategic plans and initiatives and discuss any needs identified by community partners and stakeholders. Representatives from various teams within the Department, such as the Communications, Permanency Youth Services, Foster and Adoption Recruitment, and others may be in attendance.

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

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- Arizona received 799 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2022, 162 less than the 961 requests in FFY 2021. In FFY 2022, Arizona made 1,062 requests to other states for home studies, which is 180 less than the 1,242 requests in FFY 2021. During the reporting period, the Department utilized the National Electronic Interstate Compact Enterprise (NEICE) 2.0 system for ICPC data tracking. Arizona ICPC completed 694 of the home studies within the 60-day timeframe or provided preliminary reports. Referral processing has been significantly improved with most processed within seven days of receipt due to DocuSign integration. During this same time period, the Department sent 1,062 ICPC home study requests to other states using the NEICE system, and 935 were completed within the 60-day timeframe or AZ ICPC was provided preliminary reports.
- The Department continues to utilize AdoptUSKids.org to connect children with prospective adoptive parents cross-jurisdictionally. Photos taken at the Children’s Heart Gallery photoshoots are available for the agencies to use when adding a child to AdoptUSKids.org. All inquiries on children featured on the website are responded to by Department staff. The Department, including the Foster and Adoption Recruitment team, Match Meeting Specialists, as well as recruiters from all three contracted CSR agencies, participated in a training provided by AdoptUSKids for the use of 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 OLR Foster Supports Manager began working with AdoptUSKids to improve narrative writing skills among the Foster and Adoption Recruitment Team, Match Meeting Specialists, and CSR staff. Two trainings were completed on this topic, one in April 2022 for Supervisors and Managers, and one in May 2022 for direct care staff. Narratives and profiles for the children on both the Children’s Heart Gallery and AdoptUSKids have improved since the trainings.
- Adoption Promotion funds continue to be used to facilitate visitations prior to placement, specifically outside of Arizona. From June 2022 through March 2023, approximately 19 Adoption Promotion Fund requests were granted, including funds for flights to and from Arizona, vehicle rental, and gas/mileage reimbursements. For additional information, see the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan* for FFY 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 36: cross-jurisdictional resources due to the state’s SACWIS system, CHILDS, not being able to provide data related to the number of children who were free for adoption. The Department addressed this data issue through the development of the CCWIS system, Guardian. New methods to collect the data have been built into Guardian, including an indicator on the person record for “legally free,” an indicator on the adoption details screen related to if the child’s current placement is an identified adoptive home or not, and an indicator on the case plan related to if the child is in an adoptive placement.

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The Department continues to work diligently to provide safe, permanent homes for abused and neglected children. The Department implemented various components of the Family First Prevention Services Act (FFPSA) in October 2021. This act allows the Department to focus on the placement of children in family-like settings described in this section.

Section VI

Update to the Continuous Improvement Plan

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Update to the Strategic Improvement Goals, Objectives, and Interventions

The Arizona Department of Child Safety is committed to achieving safety, permanency, and well-being for Arizona’s children and families. Driven by this commitment, the Department also strives to be a national leader for child safety through an efficient and effective organization based on best practices and continuous improvement. This journey cannot be accomplished alone. Identification of areas where the Department and its partners can collectively improve child safety, permanency, and well-being outcomes by strengthening communication and engagement statewide remains a critical key focus priority.

The Department’s SFY 2024 Strategic Plan, updated in June 2023, includes six five-year strategies (objectives) and related interventions.

1. DCS provides support to strengthen all types of families in the child’s network and community.

Objectives:

- Promote caregiver experience of being supported and equipped to care for children
- Expand the caregiver array to meet the individual and diverse needs of children in care
- Improve fidelity and quality of family-serving practice models and programs

Annual initiatives:

- Solicit new Foster and Adoptive Supports scope of work
- Refinement of management systems in a hybrid (virtual/in-person) work environment
- Develop and implement career development pathways for field facing and non-field facing positions
- Development and deployment of cultural humility and empathy training

Objective Metrics:

- Increase the percentage of kinship caregivers who become licensed
- Increase the percentage of children in care who live with kin
- Increase the number of community foster care homes
- Reduce the percentage of children in care who live in congregate care to less than 10%
- Increase parent satisfaction with DCS referred services
- Reduce service waitlists
- Increase the rate of children exiting care to reunification

2. DCS culture is characterized by compassion, empathy, collaborative problem-solving, inclusion transparency, responsiveness, and engagement.

Objectives:

- Develop skills and processes that improve communication, responsiveness, and collaborative problem-solving within DCS and with external partners

Annual initiatives

- Deepen the integration of safety science throughout DCS operations
- Provide Culturally Grounded Practice and Empathy Training for all DCS staff
- Provide trauma and resiliency training to staff and caregivers
- Implement methods to protect the physical safety and emotional well-being of DCS employees
- Develop an Engagement Practice Profile with core elements and operational definitions of behaviors that demonstrate the DCS culture when interacting with families
- Implement technology to enable internal communication and feedback loops between all levels and functions

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Objective Metrics

- Safety Culture survey results
- Reduce Ombudsman complaints
- Increase average response time for public records requests
- Annual partner satisfaction survey results

3. 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.

Objectives:

- Strengthen and expand learning and mentoring opportunities for DCS employees
- Expand internal opportunities for career development and professional advancement

Annual initiatives:

- Implement the increased kinship stipend
- Develop and implement structured kinship support model including support of expedient licensing process
- Refine and implement Community Foster Care recruitment and support contract
- Refine and implement placement administration operational processes that enhance caregiver supports including initial placement and transition planning

Objective Metrics

- Reduce DCS employee turnover
- Decrease employee separations
- Increase average length of employment with DCS
- Increase employee engagement survey scores

4. DCS culture, practices, and services are anchored in a vision of Diversity, equity, inclusion and accessibility.

Objectives:

- Create a Diversity, Equity, Inclusion and Accessibility (DEIA) Program in accordance with the Governor's Executive plan
- Improve relationships to increase collaborative decision-making with communities that are disproportionately involved with DCS

Annual initiatives:

- Establish an office of DEIA that will provide continuous learning regarding DEIA in the organizational culture, practices, and services to clients and the public, ensuring all are anchored in the DCS DEIA vision
- Establish outreach and engagement with rural communities and providers
- Develop authentic, collaborative partnerships with people who have lived experience with DCS and impacted communities to inform better prevention programs, service delivery, and family experiences.
- Continue to support and integrate the work and recommendations of the DCS Black/African American Disparity committee

Objective Metrics:

- Reduce racial disparity in rate of child entry into care
- Reduce racial disparity in calls to the DCS Hotline

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- Safety Culture survey results related to diversity and inclusion
5. DCS supports prevention by partnering with communities to create family-strengthening resources
- Objectives:
- Expand and strengthen access to community resources that meet families' needs without DCS involvement
 - Improve prevention services to maintain children safely at home and support reunification for families with DCS involvement

Annual initiatives:

- Expand the Office of Prevention to increase community outreach and engagement and implement the FFPSA Prevention Plan
- Collaborate with prevention partners to strengthen the Family Resource Center Network
- Implement mandated reporter reforms
- Expand family support services in South Tucson and other communities with high rates of child entry into care

Objective Metrics:

- Reduce the rate of calls to the DCS Hotline per 1,000 children in Arizona
- Reduce the rate of child entry into care
- Reduce the rate of repeated DCS reports within 12 months

6. DCS uses data for and technology for transparency, accessibility, and problem-solving in a values-driven culture

Objectives:

- Increase data and software use within the DCS value driven culture for accessibility, transparency, and collaboration
- Upskill people within DCS business functions to create and use technology to add measurable value

Annual initiatives:

- Define organizational structures, policies, and procedures for use of products and data
- Define and implement supports to build capacity of internal employees to create new technology solutions
- Design and implement a modern cloud data platform and governance tools
- Define governance framework for use of data

Objective Metrics:

- Increase the number of reports disaggregated by race and ethnicity
- Implement a support network for employees to increase their technology skills
- Deploy a modern cloud data platform
- Reduce the number of paper forms required by policy and procedure

Additional Continuous Practice and Program Improvement Activities

In addition to these three strategic initiatives, the Department is collaborating with families, community, and system partners in continuous improvement activities to refine existing practice models and processes to support federal priorities, improve systemic factor performance, and achieve positive outcomes for children and families. These activities have been described in other sections of this report and have relevant

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measures built into agency scorecards and monthly program reports that are routinely reviewed in Department Business Reviews.

- Team Decision Making (TDM) fidelity: The Department is working with Evident Change ([Home | Evident Change](#)) and Action for Child Protection ([Action For Child Protection | Making Quality Child Welfare Possible \(action4cp.org\)](#)) to assess and update TDM program delivery, improve application of the SAFE AZ safety practice model within TDM meetings, and establish TDM meetings as a consistently meaningful method to collaborate with families and community to achieve child safety in the least intrusively. The implementation team has revised TDM policy and procedures and begun identifying observable behaviors and skills that define a collaborative approach with families.
- Clinical Supervision innovation: Three years ago, the Department implemented a new Clinical Supervision process to facilitate application of the SAFE AZ model and family engagement practices throughout each family's involvement with the Department. The Department evaluated how Clinical Supervision is occurring through direct observation and staff surveys and based on these results is revising the Supervision Discussion Guides and policy on frequency of case discussions. Training on the revised process will occur in SFY 2024.
- SAFE AZ practice: In 2016, the Department began renovation of the safety practice model (SAFE AZ). Support of this core practice model is a perpetual endeavor. In SFY 2024 the Department is focusing on safety management during parenting time planning, integration of SAFE AZ into TDM meetings, and application of the practice model in complex cases.
- Parenting Time planning: The Department gathered information from parenting time supervision providers, legal and judicial partners, and behavioral health providers to understand their needs and perspectives related to parenting time planning, managing safety during parenting time in the least intrusive way, and reducing wait times for supervision when it is necessary. Five Department offices are testing a process for parenting time planning conducted by specially trained DCS Case Aides. This process includes new observation and planning procedures and forms, new encouraging and family-friendly information on parenting time for parents, and specialized staff to communicate with all parties and partner with the family to develop an individualized parenting time plan that is most natural and sufficient to manage dangers.
- Permanency planning staffing: The Department has developed a process to staff cases for permanency planning for each child in care for ten months with a permanency goal of reunification, to determine how Conditions for Return can be met or identify next steps toward permanency if reunification is not likely to occur. The goal is to increase the likelihood of child reunification within twelve months of entry into out-of-home care. This process is an innovation within the Clinical Supervision process and a partnership with the Department's legal representation.

Child and Family Services Review Program Improvement Plan (PIP)

As of May 2019, the Department met all required data improvement goals related to the Arizona Round 3 CFSR PIP. The Children's Bureau confirmed all required data targets and key activities of the PIP were completed and has released the Department 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.

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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. The next Title IV-E review for the Department is expected to begin in FFY 2026.

NYTD Improvement Requirements

The Department continues to make efforts in meeting the NYTD PIP activities. In January 2023, the Department participated in a meeting the Children's Bureau for technical assistance regarding NYTD sampling procedures. The Children's Bureau is in the process of transferring Arizona's current NYTD PIP to the correct PIP format which will be provided to the Department. The Department continues to refine NYDT services data.

ASU continues working diligently to complete the Cohort 5 Baseline surveys. As of May 31, 2023, 259 surveys had been collected. Efforts to increase participation included social media outreach, a scholarship for current and former youth in care, a podcast led by former youth in care, and a celebratory post for one of the young adults who won a drawing for confirming their contact information.

AFCARS Improvement Requirements

AFCARS development was completed, and the submission occurred on May 16, 2023. The Department will utilize the next 6 months post submission to optimize code to processes faster and will complete test submissions to validate the improvements function before the next required submission.

Section VII

Progress Implementing the Goals, Objectives, and Interventions

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

As of May 2019, the Department 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 the Department 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 2023 Strategic Plan Progress

The Arizona SFY 2023 Strategic Plan included performance measures and objectives to guide and measure improvement related to five goals. The Department's The goals, objectives, and progress made are as follows.

Goal 1: DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values

Objectives

1. Refine and implement a continuous quality improvement process for identification, exploration, development and implementation of practice models
2. Refinement of management systems in a hybrid (virtual/in-person) work environment
3. Develop and implement career development pathways for field facing and non-field facing positions
4. Development and deployment of cultural humility and empathy training

Objective 1 Metrics:

- Reduce agency employee turnover
- Reduce Specialist and Supervisor turnover
- Increase proficiency in recognizing and managing bias during engagements

Progress Made

Like most of child welfare agencies across the country, the Department experienced an increase in employee turnover during the most recent few years. Department-wide employee April 2023 annualized turnover was observed to be 33.67%. Program Supervisor April 2023 annualized turnover was observed to be 11.54%. This is a significant decrease from the Department-wide employee May 2022 annualized turnover of 41.22% and the Program Supervisor May 2022 annualized turnover of 18.10%.

Of the sixty leaders expected to receive coaching during May 2023, 97% received coaching (source: Supervision Coach Program Data Report, June 2023). The coaching skills and process proficiency scores for the sixteen Supervision Coaches continuously employed in the position from June 2022 to June 2023 increased from 3.4 to 3.5 on a zero to four scale (source: Supervision Coach Program Proficiency Matrix, June 2023). The supervision coaches increased from nine positions to sixteen positions.

Supervision coaches engage in clinical and administrative gemba walks. Supervision coaches observe Department field leaders (program supervisors or program managers) conducting clinical and administrative supervision and provide feedback to the leader. Of the two hundred and forty-nine leaders expected to complete a Clinical Gemba Walk with a Supervision Coach during May 2023, 87% occurred. (source: Supervision Coach Program Data Report, June 2023). Of the 260 leaders expected to complete

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an Administrative Gemba Walk with a Supervision Coach during May 2023, 85% occurred. (source: Supervision Coach Program Data Report, June 2023).

The DCS Management System Computer Based Training course was made available to all staff in November 2022. This training is designed to provide Department of Child Safety employees with the knowledge and skills necessary to adhere to the policies, procedures and best practices of the DCS Management System. Current staff are required to complete the training by June 30, 2023. The training is required to be completed by all Department employees within the first year of employment. All field specialists shall complete the training after the initial twenty-two-week training and before the first year of employment.

The internal Racial Disparity committee continues to work with the Department to define and refine strategic initiatives that will lead to system improvements that specifically address over-representation of African American children involved with the child protection system. During SFY 2023, the committee initiated and assisted with projects, including changing language around culture, updating the clinical supervision document to include tradition and religion to promote supportive and inclusive language when discussing a family's culture and beliefs, compiling a list of resources specific to African Americans in zip codes where Department intervention and removals are increased, assisting with African American foster care recruitment and assisting with the cultural responsive training for Department staff.

The Department participates in Thriving Families, Safer Children to specifically address the disparities faced by African Americans in the child protection system and other health and human service systems by engaging those with lived expertise in the design of strategies to prevent entry into out-of-home care, as well as help connect child protection involved families to supports to promote reunification. The Department been participating in TFSC since early 2021. The goal of the TFSC initiative in Arizona is to specifically address the disparities faced by African Americans in the child protection system and other health and human service systems by engaging those with lived expertise in the design of strategies to prevent entry into out-of-home care, as well as help connect child protection involved families to supports to promote reunification. The leadership team of TFSC Arizona includes Prevent Child Abuse Arizona's Executive Director, the Department's Director, leaders of organizations serving the African American community, leaders of advocacy organizations, and individuals with lived experience of the child protection system. A meeting was conducted April 18, 2023, and the group will begin gathering community input for the implementation of the Department's Cultural Brokers program.

The Department's African American Racial Disparity in Foster Care Committee assisted in the development of Cultural Humility training to be implemented Department wide with current and new staff. Arizona State University is contracted to develop cultural humility and empathy training curriculum with an expected launch in September 2023.

The Department is developing policy outlining the Department's continuous improvement and practice quality improvement processes.

During SFY 2022, the Department continued the DCS Specialist new employee recruitment process by utilizing social media campaigns. The Department also increased its use of online ads, university career pages/job boards, social media platforms, community job boards (Work for Warriors, AZ Job Connections, Arizona @Work, PATCH, Claz.org), and created contacts with Chambers of Commences throughout the state. For example, the Department is utilizing Facebook to join groups throughout the state of Arizona where classified ads can be placed. These groups include Prescott Valley Jobs, Tucson Job Opportunities, Payson Job Openings, and Phoenix AZ Jobs. The Department increased its marketing efforts by engaging with a marketing firm to launch recruiting campaigns that included the use of billboards, targeted social media ads, the use of billboards, and the increased use of radio/media ads. Additionally, the Department

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subscribed to Indeed to better target our ideal candidates. The Department continued to utilize an upgraded version of its talent acquisition system called PageUp. PageUp provides an automated recruiting and onboarding platform, allowing for better candidate relationship management and applicant sourcing capabilities.

In addition, the Department increased in use of the Indeed recruitment system by increasing the tools available the system. Indeed is the source from which more than 50% of all applications have been received. The Indeed system allows recruiters to search for viable candidates by specific qualifications and make contact to discuss job opportunities available. Additionally, the system notified recruiters of those who have reviewed our job announcements and allows recruiter to proactively contact them.

Additionally, the Department continues to provide career growth opportunities for Specialists and Supervisors, most recently expanding the Supervision Coach and TDM programs statewide

Goal 2: Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support

Objectives

- Complete, submit and gain approval on the FFPSA prevention plan and associated cost allocation plan
- Implement expansion of Healthy Families
- Implement increase Independent Living Stipend

Objective 2 Metrics:

- Provider service waitlist (reduce)
- Families First Prevention Services Act financial recovery
- Number of families participating in and positively served by Healthy Families

Progress Made

During SFY 2021, the Department redesigned its contracted direct-service programs, including its family preservation, family reunification, and substance use disorder assessment and treatment programs. In February 2021, contracts were awarded for the updated Arizona Families F.I.R.S.T. program. Enhancements include expanded services for youth, emphasis on treating the family versus the individual, a requirement to use the ASAM standardized assessment, greater use of peer Recovery Coaches, and inclusion of medication-assisted treatment (MAT). In May 2021, the Department awarded contracts for the Family Connections Program and Nurturing Parenting Program. In July 2021, the new parent skill-building programs replaced the Department's Building Resilient Families, In-Home moderate and intensive services, and Family Reunification services. The Family Connections Program is trauma-informed, integrates family engagement strategies to improve service participation, and provides change-focused interventions toward the following core outcomes: social support, family functioning, family resources, parenting attitudes, managing parenting stress, and child well-being. The Nurturing Parenting Program is a curriculum-based parent skill building program that provides coaching toward the following parenting constructs: age-appropriate expectations, empathy, non-violent discipline, family roles, child power, and healthy independence. The Department's SENSE program was updated beginning in July 2021 with enhancements to the registered nurse assessment component and Family Connections to replace the former in-home contract service for SENSE referrals. These programs will be delivered with consistency across providers to ensure that all families are getting the best opportunity to be protective, healthy, and strong. The Department believes these programs will decrease repeated hotline reports, decrease the number of children entering out-of-home care, decrease racial disparity in foster care, and increase the percentage of children

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who leave foster care by reunifying with a parent. The Department will continue to assess progress of these programs.

The Department submitted a draft FFPSA prevention plan in June 2023, to include methods for federal draw down for evidence-based home visiting programs for families with infants and toddlers. The Department is addressing comments to achieve approval.

Beginning July 1, 2022, HFAz received an additional ten-million-dollar funding increase to build infrastructure to expand the HFAz program. It is anticipated this funding will increase the number of families served by approximately 1,100 and expand the service area in FY 2023. During FY 2023, the Department will educate communities with high removal rates and intervention on home visiting programs and provide referrals to HFAz. The program expansion allows the Department to engage underserved populations with higher risk of Department involvement.

Effective July 1, 2022, the Extended Foster Care subsidy amount increased from \$715 to \$1200 per month.

For additional information see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

Goal 3: 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

Objectives

- Implement the increased kinship stipend
- Develop and implement structured kinship support model including support of expedient licensing process
- Refine and implement Community Foster Care recruitment and support contract
- Refine and implement placement administration operational processes that enhance caregiver supports including initial placement and transition planning

Objective 3 Metrics:

- Percent of children residing with Kin Family
- Percent of children residing with Community Foster Care
- Less than 10% of children residing in congregate care setting

Progress Made

In May 2023, 79% of children age birth to 17 in out-of-home care were placed in a family-like setting compared to 78% during May 2022 (Source: [Monthly Operational Outcomes Report, May 2023](#)). The Department anticipates this will improve as placement information is updated in Guardian.

During the 2022 legislative session, the kinship stipend amount increased from \$75.00 to \$300.00 per child/youth per month. When kinship caregivers become licensed, the State receives federal match dollars that can be passed on to families, thereby doubling the monthly stipend to \$600 per child. The Department is identifying kinship licensure barriers and creating plans to address those barriers. The kinship stipend was expanded to include all unlicensed kin caregivers caring for children in the Department's custody, without consideration for the caregiver's income

In the beginning of 2022, the Department partnered with Casey Family Programs and A Second Chance Incorporated (ASCI) on a model to improve Kinship Supports and Licensing Practices. The first step in this process was to complete a comprehensive review of current practices by reviewing policies and procedures as it relates to kinship supports, licensing, and use as a caregiver option. The Department conducted several

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focus groups with key Department and community stakeholders to evaluate current practices and to determine the next steps towards improvements. The results of the focus groups helped influence the direction of the Department's kinship supports and a new Kinship Support Services (KSS) contract scheduled for solicitation in the summer of 2023. The contract's scope of work will focus efforts on overcoming barriers to licensure for kinship caregivers and expedite licensure for kinship families choosing to become licensed. Kinship navigation and support services will be an integral part of the KSS scope of work. Through their lived experience supporting and licensing kinship caregivers, ASCI has helped the Department create a "Gold Standard" process and timeline for licensing kinship caregivers in 60 days from the time of placement. ASCI and the Department have strategized on eliminating kinship barriers and due diligent efforts needed from the Department and contracted providers to help kinship families achieve the goal of licensure in 60 days.

The Department continues to collaborate with FAS providers on the recruitment of families and assisting the families through the licensure process by ensuring successful conversion of leads. To improve this process, the Department launched a redesign of the Foster and Adoption landing page and new orientation that streamlines and connects families to the contracted agencies more quickly. In addition, the new website connects families to agencies that are consistent with the family's preferences and values. The Department is focusing efforts on nurturing the leads that come in through the recruitment campaigns with multiple follow-up touchpoints to continue ongoing connectivity and engagement to support families who are interested in pursuing licensure.

The Department piloted a placement administration operational process to enhance caregiver supports including initial placement and transition planning. The Placement Service Request process for children was piloted with over 10 regional field offices and the Placement Administration. This revised process will allow the Placement Administration to match a child with the out-of-home caregiver that can best meet the child's needs. The process was standardized statewide in February 2023. December 2022, the Department implemented a new placement procedure to ensure that when placement moves occur the transition is thoughtful, prepared and minimizes any additional trauma the child may experience.

In addition to enhancing caregiver supports, the Department has implemented new structure on decision making for kinship placements which began statewide. In March of 2023 after being piloted in multiple field sections. This structure helps to define kinship caregivers, and significant relationships with the goal of keeping children with their family.

In addition, The Department has been working on the development of the two new scopes of work that separates community foster care and kinship into two contracts. This new structure will allow for increased supports based on caregivers needs to ensure their success so that they can best serve children in their family homes.

The Department has developed a kinship support structure with A Second Chance, Incorporated. Kinship caregivers have unique needs and require resources to ensure placements are successful and disruptions are minimized. The Department will be contracting with agencies to provide support and community resources to kinship caregivers while the child is placed in their care. It is hoped the additional support will enable caregivers to succeed and provide stable, loving care for children placed in their home. The Department intends to solicit for the services in June 2023 with implementation in 2024. The agencies will also work to support the caregivers through permanency.

Simultaneously, the Department is also soliciting a new foster and adoption supports contract to support community providers (family foster home) placements for children in out-of-home care. The goal of the contract is to provide resources and recruit more foster families to reduce the number of children in congregate care.

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For additional information see *and Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being.*

Staff Training, Technical Assistance, and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2023* for information on training to support the goals and objectives in the CFSP.

The twenty-five agencies that were awarded Family Connections (FC) and Nurturing Parenting Program (NPP) contracts have been providing services since July 2021. One agency discontinued services in September of 2022, leaving a total of 24 agencies. Throughout this reporting year, these agencies have received ongoing training and technical assistance from the Fidelity and Compliance Services (FCS) team as well as Action for Child Protection and Jennifer Moss, a national NPP trainer. The services provided are community-based and have a focus on building community connections. FC focuses on meeting the family's emergency and concrete needs by helping them identify community resources and supports. FCS has facilitated a workgroup to focus on this area of the program and help providers understand the goal of family self-sufficiency. Technical assistance workgroups will be ongoing and focus on areas of improvement, identified through site visits in which case reviews are completed. FCS is also working towards building a community of practice for these providers to build relationships and share knowledge/resources. The community of practice was built into existing provider meetings and started in July 2022. Due to staffing limitations the Community of Practice will be transferred over to Action for Child Protection who will continue this supportive work for agencies.

An additional fidelity review was completed in April 2023 for FC. FCS will incorporate this feedback into future technical assistance activities with the providers. The Department has worked with Action for Child Protection in identifying provider agencies who will take over the training. Action for Child Protection has shadowed and trained the trainers who will lead FC training as Action phases out. FCS has also collaborated with Action to begin taking over ongoing technical assistance work. Additionally, DCS has solicited a training contract that was awarded in April 2023. This training contract will improve training capacity and provide sustainability for the department without long term dependence on national trainers and program developers.

FCS resumed holding SENSE Statewide Collaborator meetings in May 2022 to provide an opportunity for SENSE providers to exchange ideas and discuss potential program improvements. The frequency of future meetings is still being determined. The SENSE Nurse Consultant holds monthly nurse calls to support the community of SENSE nurses. During these calls, resources and information is shared. SENSE trends and data are used to identify helpful topics for future calls. The Nurse Consultant also travels statewide to shadow the nurses and provide more detailed feedback on practice.

Throughout the COVID-19 pandemic, the Department has offered guidelines on how to safely work with families. Exceptions to in-person services were made for some families to utilize virtual services when health concerns were present. The flexibility of virtual services has helped to increase capacity in many programs and across providers. The Department has continued to hold bi-weekly calls with the provider community and discuss challenges or concerns. As FCS is increasing interactions with the providers, the bi-weekly calls will be phased out. The Department continues to have a close connection with the Arizona Council of Human Service Providers. Through this collaborative relationship, the Department can work with the larger provider community in identifying challenges across programs, finding solutions, and provide Department updates. The council has also supported the development and research for new programs and contracts.

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The Department received continued support from the Children's Bureau to interpret federal law and policy during FFY 2023.

In FFY 2023, The Capacity Building Center for States worked with the Foster Care and Post Permanency Supports team and the Office of Licensing and Regulation (OLR) to build and enhance partnerships and communication between the Department and licensing agencies to improve quality of services and develop a process to increase accountability and ensure quality congregate care placements. The capacity building plan identified the Department's areas of need, the Center's role in addressing the identified needs, the desired outcomes, and the action steps to take to get to the desired outcomes.

The Department sought to better partner with the twenty-seven licensing agencies across the state to meet the needs of both children and parents. Currently case management occurring for children is siloed from the support for foster families. Communication and practice should be collaborative and coordinated and quality services should support foster families. The Department would benefit from further understanding services being provided and what services would be more culturally responsive.

The Department has disproportionate representation of Native American and African American children in care. Foster care recruitment recently began targeting potential homes to meet the needs of Native American children, but continued efforts should occur to ensure culturally appropriate foster care services are provided.

The Department has eighty-eight contracted congregate throughout Arizona. Congregate care providers need to improve their ability to seek and utilize home-like settings such as therapeutic foster homes as an alternative to congregate care. Congregate care facilities should develop an assessment process to ensure appropriate foster home placements are identified within 30 days as family and home-like settings are the Department's preference. The percentage of children placed in congregate care increased since the COVID-19 pandemic. There is also a need for improved communication between congregate care agencies and foster care agencies to find homes and improve placement matching.

The Department's goals include:

- improving timely permanency and placement stability for children in care by specifically improving culturally responsive collaborative service provision to both foster families and children in care.
- ensuring culturally responsive services for children and foster families are in place and coordinated between the Department and licensure agency providers.
- reducing congregate care placements for children in care, and when children are placed in congregate care, the duration of their time in that setting will be reduced overall.
- accountability for contracted provider agencies to ensuring contracted provider agencies are placing children in family-care settings or stepped down from congregate care to family-care settings in a timely manner.
- engaging congregate care and foster care agencies to provide more options and improved communication about the specific needs of children in care.

The Center team provided coaching to Department staff to develop a communication process and a coordinated service delivery approach between the Department and their contracted providers. The Center assisted the Department to create processes defining how providers and the Department work collaboratively to build culturally responsive coordinated practices. The Center assisted the Department to create documented fidelity and communication processes for managing contracted agencies. Those processes included site visits with contracted providers, monthly work groups, and quarterly provider meetings.

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Section VIII

Consultation and Coordination with Tribes

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Coordination and Collaboration with Tribes

Department staff worked closely with Arizona's 22 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 Department continued to meet quarterly with the tribal nations of Arizona in cooperation with the Inter-Tribal Council of Arizona (ITCA). The Inter-Tribal Council of Arizona is a non-profit organization that represents 21 of the 22 Arizona tribes, excluding the Navajo Nation. The Navajo Nation has an IGA with the Department that stipulates the Department quarterly meetings with the tribe shall occur. 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. Due to on-going health concerns, the meetings are currently being held virtually.

In addition to the official quarterly tribal consultation meetings, the Department meets monthly 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 Department also meets regularly with the three Urban Indian Programs (Native Americans for Community Action (NACA), Native Health, and Tucson Indian Center) to discuss ongoing service and resource development and improve culturally centered rehabilitative services in the domicile community.

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

The Department's Intergovernmental Tribal Liaison conducts yearly site visits to all 22 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between the Department 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 2023, the DCS Intergovernmental Tribal Liaison met with all 22 tribes in Arizona in person or virtually. Generally, tribal attendees included Tribal Social Services Directors, Social Workers/Case Managers, Tribal Attorneys, and ICWA Coordinators. During these meetings the Tribal Liaison shared general Department updates and available training. This information continues to include training for the tribal community on various topics including the Successful Transition to Adulthood program, the Safe Sleep initiative and other services and collaborative opportunities through the Office of Prevention. The Tribal Liaison also reviewed the Department's ICWA policies and procedures. Additionally, opportunities were provided for tribal representatives to discuss any case specific issues or service concerns requiring assistance.

Although in-person contact did not occur with all the tribes, regular contact was maintained through a variety of means, including email and phone calls. The meetings generally included the Directors of Social Services and/or the ICWA tribal contacts. The Intergovernmental Tribal Liaison maintains an open line of communication and meets regularly with the tribes to address concerns, resolve issues and provide updates or trainings.

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During the reporting period, the Department has continued to make significant improvements in its collaboration with 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 Intergovernmental Tribal Liaison meets weekly with counterparts in other state agencies to share information and discuss areas of mutual interest. Additionally, the Intergovernmental Tribal Liaison meets bi-monthly with the Governor’s Office of Tribal Relations to report on the activities of the Department in relation to the tribes and Indian families we serve.

The Department continues to have an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that the Department will meet quarterly with the Navajo Nation to discuss items of mutual interest. This quarterly contact continued to consistently occur during the reporting period. The most recent Memorandum of Understanding (MOU) was signed by the Navajo Nation and the Department in October 2019. The Department also signed an MOU with the Pascua Yaqui Tribe August 23, 2022. The Department maintains quarterly contact with the Pascua Yaqui Tribe to discuss items of mutual interest. The Department is currently working with the Hopi, Quechan, Salt River Pima - Maricopa Indian Community, and White Mountain Nations to establish MOUs, with an anticipated completion date of December 2023.

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 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.

Additional tribal collaboration activities that occurred during the reporting period include the following.

In April 2023 the Department attended the Administration for Children and Families Children’s Bureau Tribal Child Welfare Regional Convening hosted by the Salt River Pima-Maricopa Indian Community. The Department introduced The Department’s new Tribal Liaison and Assistant Director were introduced to the Indian Communities in attendance to begin engagement with the tribes. The Department’s primary role in the meeting was to listen to the challenges and successes of the tribes to better inform the Department’s engagement strategies. Tribal concerns and needs were identified which assists the Department in identifying effective strategies for individualized, focused collaboration in FFY 2024 for greatest benefits to the tribes. The Department’s new Tribal Liaison is committed to reigniting and nurturing Tribal engagement and collaboration. Initial collaboration and introduction is focused on understanding the unique needs of each tribe and understanding and evolving the Department’s effectiveness in tribal collaboration and relationship building to meet the needs of tribal families and communities.

Since assuming the position, the Department’s Tribal Liaison coordinated a meeting with Salt River Pima-Maricopa Indian Community in May 2023 to reconnect with the Tribal Director, Assistant Director and the Department’s ICWA staff to discuss new communication strategies and how the Department can support new services being implemented by the Tribe. As a result of this meeting, discussion will be occurring about integrating a standard referral process in the MOU.

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In May 2023, the Tribal Liaison met with Fort Mohave’s Acting Director and two Tribal ICWA Managers to discuss case specific issues and provide technical assistance. The Department identified potential services and providers available to parents and families, to assist with meeting their identified needs.

The Department plans to meet with Pasqua Yaqui at the end of June 2023 to recommit to the MOU. This meeting will include leadership from the Department, including the Director, Assistant Director, General Counsel and Tribal Liaison as well as leadership from Pasqua Yaqui.

The Tribal Liaison will be meeting with the Hopi and Havasupai Tribes and the Navajo Nations in June 2023. The Tribal Liaison has contacted several other tribes and is looking forward to meeting with all the tribes during the coming year.

Additionally, the Department has engaged in the quarterly Pima County & Bernalillo County ICWA Court Connection meetings to discuss service coordination through the ICWA court and to increase tribal engagement between the courts and Tribes. The meeting also serves as an opportunity for the Department to discuss processes and identify potential improvements.

The Department will email a copy of the FFY 2024 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 Department’s 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 on a monthly basis. Reconciling the data from both agencies allows both systems to increase ICWA compliance and the ICWA element of “identification.”

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.

Identification

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.

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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. During CY 2022, 81 of the 113 applicable cases reviewed contained documented sufficient inquiry.

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 includes 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 Bureau of Indian Affairs (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 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 Bureau of Indian Affairs (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. Timely notification was provided to the tribe in three of the four applicable cases reviewed during CY 2022.

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

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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 Department's 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 Department 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. Regarding 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 made cultural awareness training available to licensing agencies and foster parents that serve as caregivers to Indian children. The training addressed several areas of Indian culture that provide non-Indian families with a better understanding of American Indian culture and how important traditional are to an Indian child's identity. The training helped caregivers understand their role in fostering Indian children and encouraged collaboration between caregivers and the child's tribe.

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 related to placement of the child in accordance with ICWA placement preferences. Data from CY 2022 indicates seven of the nine 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.

As of March 31, 2023, 52.1% of all American Indian children in out-of-home care were placed with a relative foster family or on a trial home visit with a parent compared to 48.2% as of May 27, 2022. This percentage is higher than the prior five years, which hovered around 44% (source: Monthly Operational and Outcome Report Out-of-Home Demographics Master Data, Power BI).

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 DCS Specialists 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 childcare. 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

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- Native Health
- Native Connections
- Native Americans for Community Action (Flagstaff)
- Tucson Indian Center
- Indian Health Services
- 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. Policy further indicates, “Active efforts to reunify an Indian child with 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 or removal, consistent with the 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 as well as the family, when appropriate, if the optimum services do not exist or are not available.
- providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County and one dedicated ICWA unit in Pima County that provide case management to ICWA families exclusively, ensuring ICWA compliance by focusing on providing support and services to ICWA families. Also, the Department continues to have five Regional Tribal Liaisons, one for the five regions of the state, to provide further assistance to the field staff in those areas. 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, the Department is responsible for the assessment and service provision. If the child is taken into the custody of the Department, or a dependency petition is filed, the Department provides

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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, the Department continues to provide these services. Department staff coordinate with tribal social services to investigate allegations of abuse and neglect for those children domiciled on tribal lands.

The Department 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 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

Arizona tribes continue to work with local contracted Chafee Successful Transition to Adulthood (STA) providers to access foster care and Chafee services for eligible American Indian youth. Chafee STA providers 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 of the State and subsequently transfer jurisdiction to the tribe. The Department 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. To improve collaboration and support for youth 14 and older in state and tribal foster care, the Children's Bureau facilitated a conversation between the Department and several tribal representatives on April 12, 2022. The Department presented Chafee information including the new Successful Transition to Adulthood. With support from the Children's Bureau, the Department's Tribal Liaison will continue to provide information and support to tribes across Arizona. The Department shared the tribal outreach plans for both STA service providers with the Children's Bureau and those tribes in attendance.

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

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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 Department policy changes or Arizona law changes required by these updates.

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
- implement an integrated health plan

The Department has made no significant changes to the state's previously approved CAPTA 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 2023, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- training for Specialists in the techniques of investigative interviewing and positive persuasion on the child abuse injury reconstruction (Reid training)
- skill training for Supervision Coaches on the case consultation process to support the Department's safety model
- child abuse and neglect examinations
- dedicated Human Resources employee salaries to improve recruitment efforts of Specialists, and
- Policy Specialist salaries whose focus has been the development, implementation, and oversight of updated Department child safety assessment policies and procedures to improve investigations of reports of abuse and neglect.

The Arizona Department of Child Safety currently and will continue to use CAPTA funding in a manner that aligns with and supports various programmatic areas enumerated in section 106(a) of CAPTA. With regards to section 106(a)(2)(B)(ii), the Department supports the activities listed within the law using a combination of funding including title IV-E Foster Care Administration, Social Services Block Grant, and State funds. The Department has not used CAPTA funding to improve legal representation and preparation.

The Department plans to use the supplemental CAPTA State Grant funding received through the American Rescue Plan to develop A Helping Grand Project. The Office of Prevention utilized the lived experience from the Parent Advisory Collaborative to determine the greater need of the community. From the survey and discussions, the Department determined that the best use of these funds would be to support the community through Concrete Resources. This project is a community-based prevention program at the neighborhood level being developed in collaboration with a family resource center. The services will be provided through community family resources centers via a contracted agency. The primary prevention goal of the program is to keep the families from becoming involved with the Department. The proposed project will aid low-income families who have struggled during the COVID-19 pandemic due to job loss, lack of resources, social isolation, and illness. Concrete resources are needed to help families meet the needs of their children by obtaining stable employment, childcare, and housing, and supporting emotional well-being. The Department will collaborate with a non-profit agency to provide resources to parents with children that have never been involved with child welfare. The families can receive financial assistance for trade or job certification, sick childcare, mental health services for parents or children of the uninsured or underinsured, and dental care for children of the uninsured or underinsured. In addition to receiving financial support, the families should also be involved in at least one wrap-around service for mental health,

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parent support, peer parent mentoring, family self-sufficiency services/employment programs or parent education through a community agency before or at the time of the service referral submission. The Department has encountered barriers and delays in implementing this program due to the Office of Prevention staffing issues. At this time, the Department is finalizing documents and anticipates publishing the request for proposal in September 2022 in order to identify a vendor to provide these services.

State's Continued Efforts to Support and Address the Needs of Infants Born and 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. During 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](#).

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 (SAMHSA), and the Department continues to receive funding for the State Opioid Response (SOR). Specifically, this year's funding will support initiatives that:

- 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
- 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 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 (ACE), 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. The Department was awarded a grant through the SOR funding, and the funds were used during SFY 2022 for the Healthy Families Arizona Program, SENSE nurse visits, and the SENSE nurse consultant position.

CHP, 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.

The Office of Prevention staff also participate in the Safe, Healthy Infants and Families (SHIFT) formerly the 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

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substance exposed newborns and their families. For more information, please see *Section II: Collaboration with Stakeholder Continuous Engagement Initiatives and Feedback Loops*.

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

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

- The Department shall investigate all reports alleging that a newborn has been prenatally exposed to alcohol or a controlled legal or illegal substance.
- The Department 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.
- The Department 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.

Departmental 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.

Departmental 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
- childcare
- 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).

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The DCS Specialist shall 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 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 2022 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.

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Section X

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

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Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood

The Department 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 of the 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 specialized unit within the Department 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 as including 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 are available through the Department's program of continued foster care and through the Transitional Independent Living Program (TILP) of aftercare services. 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 Services (PYS) Unit provides oversight of the programs and agencies that provide Chafee services and supports. The PYS Unit includes a Manager, a Permanency and Youth Services Supervisor/Statewide Independent Living Coordinator, two Permanency and Youth Services Coordinators, eight Youth Advocate Specialists, a Statewide Education Coordinator, three Statewide Education Specialists, an Administrative Assistant, an Extended Foster Care Review Supervisor, and five Extended Foster Care Quality Reviewers. The PYS unit works closely with Department field leadership to ensure that Chafee services and supports are provided to young people ages 14 and older. The PYS Unit will continue to provide technical assistance regarding all services related to the Chafee program.

The Department's Young Adult Program continues to operate as outlined in the FFY 2023 APSR. Youth, ages fourteen and older who reside in out-of-home care and live in Arizona, receive supports and services that complement their successful transition to adulthood. The title IV-E Extended Foster Care Program also continues to operate successfully, with 1,305 youth participating during CY 2022 which was an increase from the 1,242 youth participating during CY 2021.

Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act (formerly Planned and Actual use of Additional Chafee/ETV Funding)

The Department was successful in distributing the entire Division X award from receipt of grant funding through September 30, 2022. The Department provided direct funding to eligible youth and expanded the Department's Youth Advocate program. The Youth Advocate program has four additional Youth Advocates for a total of eight. The program has become a valuable resource within the Department and is financially sustainable through state funding. Division X funding also afforded the opportunity to gain a contracted driver's education program which allows youth and young adults in foster care to obtain driver's licenses and the opportunity to pursue additional driving experience should they have limited access to driving. The Driver's Education program is now a sustainable program imbedded in the Department's Young Adult Program, through other state and federal funding.

The Division X funding provided a large amount of funding to support youth and young adult during the Pandemic. Almost seventy percent or \$6.7 million dollars from Division X funding went directly to young

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adults. The Department's community partner (Arizona Friends of Foster Care Foundation AFFCF) issued 7,318 funding awards to 2,703 individual youth. Eligible youth in and formerly in foster care ages fourteen to twenty-one received up to \$2000 directly or applied to their expenses. The money was used to assist with education, employment, medical expenses, family support, housing, transportation, and more. The Department identified the direct funding to be reasonably equally distributed with 38% of the direct funding to Employment/Education (non-ETV eligible funding)/Technology; 32% to housing, which included medical needs and family support; and 30% for transportation needs. All funding was specific to the youth's needs. Some youth were not directly funded for transportation needs and utilized the contracted driving program and received up to \$2,000 in additional supports. The Department and its community partner monitored this closely capping transportation assistance at \$4,000 total funding for each individual youth. In addition to the direct funding to youth, additional costs associated with the use of the Division X funding included marketing efforts, re-entry and continued support to extended foster care eligible youth.

Challenges the Department encountered were mostly due to the limited time to thoughtfully plan for the use of the funding and implement the supportive programming. In addition to the Youth Advocates and Driver's Education programs, the Department had planned to expand an asset matching and savings program, as well as create programming to support more family connections for youth in group home care through normalcy activities. The Department was unable to develop these programs as had hoped due to the limited timeframe. However, the Department expended the full funding to further assist young people through the Department's community partner AFFCF.

The Department utilized the supplemental Division X ETV funding to the fullest prior to FFY 2022. The Department was able to partner with the ETV contractor, Foster Care to Success, to develop an economic needs assessment. Youth were able to access a portal and identify their needs. The needs assessment supported young people to identify if they were in an educational program, had intended to enroll but were unable due to COVID, would like to re-enroll but could not do so due to not meeting Satisfactory Academic Progress (SAP) or owed an outstanding balance to the school due to COVID. The youth identified if they would like to enroll in school but needed help or advice, and lastly if they were not able to return to school at the time, but still had a financial need as a result of COVID.

The Department expended the full CAA ETV award prior. Finalized totals included 649 CAA ETV awards issued through the Foster Care to Success ETV provider. This included 389 Economic Needs Assessment requests and 260 fall 2021 semester payments. The total non-duplicated awards were 492 totaling the full \$1,540,836.00 supplemental ETV award.

Youth and Young Adult Input

The Department continues to support youth and young adult input through the DCS Youth Empowerment Council (YEC). YEC includes youth ages 14-23 who experienced foster care in Arizona. The Youth Empowerment Council had twelve organized events during calendar year 2022-2023. The youth members requested an increase in activity-based meetings to build a sense of community with their peers. The idea of activity-based meetings was supported by the Department, as the youth and the YEC adult allies, worked together to ensure these activities occurred.

From a system level the Youth Empowerment Council identified service gaps for youth obtaining their driving licenses. Programming through the Division X CAA funding had already begun to empower young people to gain driver's licenses, however, as a result of the YEC the Department agreed to provide driver education courses through certified driving programs. One agency in Maricopa County, Stop and Go Driving began serving youth in August 2022. As of May 2023, thirty-nine youth successfully obtained their license as a result of the program, with eighty-three actively enrolled in the process.

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YEC also identified a need to increase the monthly subsidy amount for young people in Extended Foster Care, participating in the subsidy program. This effort was championed by a community-based lobbying agency who could sponsor the legislative bill. In July 2022, Arizona's Legislature increased the subsidy amount to \$1,200 per month, from the previous \$715. The YEC suggested additional components to include in the Department's Extended Foster Care case management system. This feedback, along with community stakeholder feedback was used to evaluate how the Department can improve the quality of case management for young adults in Extended Foster Care.

The YEC President and Vice President presented at the Department's Quarterly Congregate Care Provider Meeting. The presentation included important topics like Youth Rights, education, normalcy, and more. The YEC has had opportunities throughout the year to provide advisement and understanding on group home rules, high level supportive caregivers, and support necessary for young people to successfully transition to adulthood.

YEC also identified young people in care need to have more supportive financial literacy conversations. With the increase in the monthly subsidy the YEC, identified that despite the additional financial resources, youth continue having trouble. As a result, the Youth Advocate Specialists created a curriculum, utilizing the *Keys to Your Financial Future* framework. The Youth Advocates and PYS staff have trained one hundred and seventy youth since October 2022, both virtually and in person. After implementation, young people with busy schedules requested a self-paced, online version, and PYS team identified an online Banzai format.

In June 2022, the YEC provided advice to the Department's marketing company about the foster parent recruitment campaign for teenagers. The campaign, "More Than" works to identify foster families for older youth. The touching campaign identifies, "Foster Teens are more than a kid in the system; more than their case file, more than a statistic, more than they ever thought possible, when they have the love and guidance of a caring adult." Youth, young adults from YEC and Youth Advocates were able to participate in the campaign through a photoshoot. The campaign was released in April 2023 and is now active with billboards and messages. The YEC and Youth Advocates were excited to see themselves on billboards, and appreciated the opportunity to give back, and be part of a successful campaign to recruit foster parents for older youth.

The YEC have also been instrumental in community and city programming. In August of 2022 the YEC was heard from the Heritage Academy, a public charter school who has partnered with the East Valley Institute of Technology (EVIT) to create a high school opportunity for youth who are interested in obtaining their high school diploma, and a vocational certificate or degree. For youth eighteen and older there will be a housing component, should this meet the youth's needs. The YEC was able to provide advice stressing the importance of youth's educational stability, as many had reported moving from school to school during their foster care experience. The Heritage Academy appreciated the youth's feedback and is working to implement this in program development.

Youth Advocates and YEC members attended the National Daniel Memorial Conference in Orlando, Florida in August of 2022. Department staff along with eight youth and young adults attended the conference, learning about programs and best practices for youth in foster care across nationally. This provided an opportunity to experience a national conference, build leadership skills, and meet advocates with lived experience from across the country.

The YEC also participated in a national event with the Selfless Love campaign, a national movement advocating for current and former foster youth by ensuring policy changes and practice improvement

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include the voice of foster youth as the main focal point. The YEC promoted this effort on its social media and a blog, *"I HAD HELP FINDING MY VOICE, OTHERS DESERVE THE SAME OPPORTUNITY"*. This was an impactful message which was given a national platform, showcasing one of the YEC members.

In July of 2022, sixty-seven youth participate in the Annual Arizona Youth Conference. The Youth Empowerment Council identified and selected the workshops that were conducted. A stakeholder group that included community partners assisted with the conference planning. As a result of the youth feedback from an activity, a new grievance process was developed and implemented for the Department's group home providers.

Arizona State University (ASU) continues to administer the NYTD surveys in Arizona. As part of the survey process, youth are asked if there are any areas of follow up or information needed. With permission of the young person, this information is shared with the Department, and a Youth Advocate Specialist provides individualized assistance to the youth. Requests vary from information about Extended Foster Care, to educational supports, and more.

The Department's Office of Procurement utilizes youth surveys to gather information about the Successful Transition to Adulthood (STA) service. STA solicits feedback from youth about service delivery through the utilization of the Department's satisfaction survey. Surveys are provided to the young person by a variety of methods including email, text message, QR Code, and web-based link. Surveys are completed individually or with assistance of the navigator if requested. The results of the surveys are reviewed during Department site visits with STA providers and the data is used to help enhance and improve service delivery to young people.

In addition to the required surveys, Intermountain Centers for Human Development (ICHD) a STA provider has an active Youth Council consisting of youth receiving services and supports from the organization. This Youth Council meets at least monthly. The Youth Council provides recommendations on the following:

- Services being offered
- Areas that can be improved related to current services/supports
- Supports interview panels for young adult positions
- Supports/plans young adult events

Services Provided Since the Submission of the 2023 APSR

The Successful Transition (STA) to Adulthood Program marked one year of service delivery in February 2023. As of April 2023, the STA program has served seven hundred and thirty current foster youth between the ages of 14-20 and one hundred and forty-one former foster youth. STA services are the largest provider of Chafee supported services. The STA service aligns with the Department's vision by supporting youth in strengthening their social connections and increasing protective factors, to succeed outside the foster care system.

The STA Program deliberately mirrors the key components outlined in the Chafee Program. Key components of this program include lowering the age from sixteen to fourteen to meet the 2018 Chafee changes. The service includes support for young people to find permanency and reconnect with family and non-familial relationships through supportive interventions including the 3-5-7 model and the Family Finding Model. Additionally, support to ensure young people have educational plans for both secondary and post-secondary goals, including career exploration and planning are provided. STA Navigators are assisting young people by ensuring they are satisfied with their living arrangement and the caregiver is

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involved in each aspect of service delivery and able to support youth in long-term implementation of learned concepts.

STA navigators provide significant services to young people with mental health or wellness needs by exploring their identified goals related to initial and ongoing assessment results. STA Navigators assist young people with scheduling intake appointments, and ensured they have skills needed to maintain appointments as well as provide transportation, if needed. Young people with a Serious Mental Illness (SMI) have unique needs, which require specializing the service delivery to meet those needs. Often young people's mental health needs are not met due to not being aware of their mental health diagnosis, incomplete diagnostic evaluations, not being enrolled with a provider, not being engaged in SMI services, being unsure of or not enrolled in health insurance coverage, not having accommodations in place for success in an educational or employment setting or needing SMI housing. Ensuring the young person is familiar with their SMI diagnosis, benefits, SMI provider options, and ongoing services is a priority area for the STA program.

During FFY 2021 and 2022 the Department identified the need for an additional housing service to be created for youth and young adults in the Extended Foster Care Program. The Department responded to this increasing demand for affordable housing in Arizona by creating a Transitional Housing Service for current and former foster youth. The Scope of Work was created with feedback from the YEC and the Department's Youth Advocate Specialists. The Transitional Housing Program began on December 1, 2022, and has six providers across the state. The program consists of three phases that support young people in their level of readiness to live on their own.

Phase One is a fully supportive housing option. Youth are provided with room and board, and living in a less than 24/7 supervised setting, which could be shared housing, individual apartments, or host homes. Phase One provides youth the ability to live independently but have supportive services and planning provided. Additionally, youth receive an allowance triple the amount of what they received in their under 18 foster care setting. Phase Two offers the same supportive housing options and types, however youth are now responsible for supplementing the cost of the living arrangement. Their allowance doubles to ensure youth have sufficient funding to pay some of the housing costs and provide for their own food. Phase Two offers young people to experience paying rent and purchasing their own food, but have a safety net to support them, should they mis-manage their allowance and income. Phase Three is a housing navigational service. It may complement young people in EFC who are receiving direct funding through the subsidy program in locating housing, or support Phase Two for young adults ready to get into their independent housing, or close to aging out and needing FUP or FYI housing vouchers. Phase Three offers not only assistance in locating housing young adults can maintain after they leave foster care, but three additional months of supportive service to ensure the young adult is well equipped to live in the selected environment.

In FY 2023, the Department expanded the Youth Advocate Specialists Program in the PYS Unit. As of April 2023, there are eight Youth Advocate Specialists (YAS) serving young people across the state. The YAS's have varying levels of lived experience in the foster care system and engage with youth ages 14 and older in a variety of areas, including transition planning, family planning, educational planning, relationship management, peer support, conflict resolution, and more. As of April 2023, the YAS Program has connected with over 800 youth since August 2022.

NYTD and the State's Quality Assurance System

The Department continues to make efforts to meet the NYTD PIP activities. In January 2023, the Department received technical assistance from the Children's Bureau for NYTD sampling procedures. The Department is refining NYDT services data. Arizona State University (ASU) continues to facilitate all

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NYTD survey requirements. ASU met the 80% threshold for sample youth in foster care, in AFCARS reporting period 2022B, but unfortunately, continued to struggle with successfully reaching 19-year-olds who were no longer in care. ASU made 1,866 outreach attempts to the 144 young people designated as “no” for foster care status between October 1, 2021, and January 1, 2023, and is still unable to meet the required threshold.

DCS creates awareness about NYTD data by ASU completing a NYTD survey infographic for each NYTD year displayed on the [UNYTD AZ](#) website, as well as social media platforms. ASU partners with the Department’s Youth Empowerment Council Instagram account to share information about NYTD and connect youth to resources. As the Department refines the Guardian Platform, The Department plans to create new NYTD services data training with contracted agencies who are delivering NYTD services, as well as with internal DCS Specialists. NYTD data is shared at Youth Empowerment Council meetings throughout the year and when the Department is developing contracts and programming.

Involvement of the Public and Private Sectors

The Department continues to work closely with community partners from both the public and private sectors to assist young people in developing the skills they need to be successful outside the foster care system. The PYS Unit facilitates stakeholder meetings, in which over 150 members of the community are invited to participate. The meetings allow the Department to provide updates on the implementation of the Chafee program and allows community partners an opportunity to share information about their resources and program updates.

The Department is also taking an innovative approach in the development of a multi-year strategic plan targeting the specific and unique needs of young people experiencing foster care or who have experienced foster care. A stakeholder engagement group, which includes youth, the public and private sector at the macro level has been included in this strategic plan to assist the Department in identifying missing and needed services to ensure high quality service delivery and supports are provided to older youth. The group has already identified needs and supports to improve the IV-E Extended Foster Care program and have been influential in the creation of additional young adult living arrangements.

The Department is actively involved in partnerships with the occupational therapy (OT) community through Northern Arizona University’s occupational therapy program. In 2022 and 2023, the Department connected occupational therapy students with Department caregivers to build life skills in young adults transitioning from foster care through OT interventions provided in congregate care settings. One project will support the development of a validated tool to assess a young adult’s readiness to live outside of the foster care system. A second project will support the development of an OT based curriculum to provide life skills support to youth experiencing foster care. This OT based curriculum is intended to be a Medicaid funded service.

The Department partners with various service providers to enhance culturally responsive service delivery for youth. The Department utilizes a non-profit, Three Precious Miracles, which supports connection to Native American heritage through beading. Three Precious Miracles attended the 2022 Youth Conference, the 2023 Young Parent University, and workshops with Department staff. Young people and staff both respond favorably to participating in this cultural experience. The Department has increased collaboration with Lifeology, a non-profit committed to serving youth through culturally relevant service interventions. Lifeology provides expertise in serving people of color and has supported an innovative support system of using behavioral health technicians to provide Medicaid funded support services in the congregate care setting. Lifeology utilizes behavioral health technicians and supporting services to provide support to youth

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in congregate care settings to avoid or address crises encountered. This partnership has led to increased advocacy for youth in normalcy, culturally appropriate activities, and more.

The Department is fortunate to have additional non-profits agencies, including Opportunity, Community and Justice for Kids (OCJ), Arizona Helping Hands, and Arizona Friends of Foster Children Foundation (AFFCF) who continue to support a variety of youth specific needs, including funding school events, move-in packages, mentoring, and more.

The Department and STA providers attend monthly Youth Transition Coalition meetings, which include individuals from both private and public sectors from across the state. Representatives include AFFCF, OCJ Kids, Foster Arizona, Sonoran University Centers for Excellence in Developmental Disabilities through the University of Arizona (UCEDD), Maricopa County Courts, youth attorneys, Children's Action Alliance, Arizona's Children Association, and more. Ongoing coordination and collaboration occur with Workforce Innovation and Opportunity Act (WIOA) funded programs through Arizona @ Work, Vocational Rehabilitation and Pre-Employment Transition Services (Pre-ETS). Coordination takes place at a minimum on a quarterly basis.

Partnerships across the state who support the educational needs of older youth experiencing and formerly experiencing care include Nina Mason Pulliam Scholarship, Grad Solutions, Foster Care to Success ETV Program, Bridging Success at Maricopa Community Colleges, Bridging Success ASU, and FosterEd. Workforce Innovation and Opportunity Act, provided by community programming, Arizona Center for Youth Resources (ACYR), Arizona @ Work Maricopa County Youth Services, and Keys to Success are partnerships supporting employment engagement and support. Community housing partners include Homebase Youth Services, Foster 360, Arise Housing, Adonai Transitional Housing, Dream Center of Arizona, United Methodist Outreach Ministries (UMOM), Thrive AZ, Arise Housing, YMCA Program and Arms of Love Supportive Housing Program. The Department partners with community programs including Maricopa County Health Department, Arizona Family Health Partnership, Thrive AZ, Arizona Friends of Foster Children Foundation, Arizona Complete Health to provide multiple supports and services.

Intermountain STA provides school-based counseling services and supports in four school districts across Southern Arizona. The Intermountain clinical staff in the more than eighty schools are familiar with the services available to youth and young adults that are or have been in foster care. Intermountain has provided professional development opportunities to partner school districts on providing services and supports to youth who are or were in care.

Coordination with Other Federal and State Programs for Youth

During SFY 2023, the PYS unit continued strengthening relationships with other youth serving organizations in Arizona. The Independent Living (IL) Coordinator continued efforts to collaborate with partners serving youth with disabilities.

The PYS Unit continues to coordinate with other federal and state programs for youth through participation in monthly meetings with the Arizona Community of Practice on Transition (AZCoPT), which includes members from the Arizona Department of Education, the Arizona Rehabilitation Services Administration, and other providers/agencies who support transition age youth in the school setting and in the disability sector. The AZCoPT explores how school-to-work programs, WIOA, Vocational Rehabilitation, and others are working in the school setting to support transition age youth to obtain their high school diploma and enter the workforce.

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The Department 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 the Department. This communication ensures the agencies coordinate needs and services for the young people at ADJC. This also aids in better collaboration and case planning with the youth's ADJC team, including probation officers and transition specialists. AzCA collaborated with the Department and ADJC to enroll incarcerated foster youth into AzCA's programming before discharge from an ADJC facility. AzCA and the Department encourage engagement between the youth and TILP providers before youth discharge from a facility to ensure a smooth transition of services. Monthly collaborative meetings between the Department, AzCA, and ADJC team members include individual youth and case staffings, transition planning for youth exiting the Adobe detention facility, as well as updates on youth needs or concerns. This ensures every dually involved youth currently at Adobe receives appropriate transition planning for their exit to the community, when appropriate. These collaborative meetings also ensure problems are dealt with in a timely manner and that open-ended issues can be worked through as a team. The PYS team has direct communication on a weekly basis with many of the transition specialists at ADJC to address individual youth, DCS Specialist, or probation issues as they come up.

State's Efforts to Support and Facilitate the Coordination of FYI Vouchers

The Office of Prevention manages the Department's participation in the Foster Youth to Independence (FYI) and Family Unification Program (FUP) Voucher Programs. Between July 2022 and April 2023, the FYI Program successfully leased up fourteen young people and thirty-four vouchers have been issued throughout the four participating housing authorities of Glendale, Scottsdale, Mohave County, and Flagstaff. Between July 2022 and April 2023, ten youth FUP vouchers have been issued and two youth have been successfully leased up. FUP continues to have an extensive waitlist.

STA provider, Arizona's Children Association (AzCA) was able to connect young people with FYI vouchers in Mohave, Coconino, Pima, and Maricopa Counties. AzCA built connections with the dedicated Housing Navigators to assist young people with securing vouchers and leases for their housing needs. STANavigators were able to offer additional resources, bridge the gap with property management, and assist young people with required documents. Some of the barriers encountered when utilizing FYI vouchers include housing options that accept the voucher, housing availability, and amount of FYI vouchers available in various cities.

Barriers to using the FYI Voucher include the Arizona Housing Authorities struggle with supporting young adults in the "lease up" process, as demonstrated by lease up percentages in the 20-30% range across the state. Arizona received coaching from Miami Dade County in April 2023 on their process and how they obtained a 100% lease up rate. Arizona's plans to explore coordination opportunities between the Department, Continuum's of Care, and the PHA's in the next year. In addition, the Department is leveraging the Transitional Housing Coordinators to support youth in gaining housing through the FYI and FUP voucher.

For more information on FYI vouchers, see Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being.

ETVs Awarded

Arizona's ETV program operated similarly during 2022 as it did in 2021. The Department continues to contract with the ETV Program Foster Care to Success (FC2S). FC2S has three Student Advisors who work directly with young people to support their educational goals. FC2S directly provides young people their

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ETV awards. As of March 1, 2021, Arizona accepted the Federal option under the Family First Prevention Services Act to serve young adults up to the age of 26, if the youth is making satisfactory progress toward completing his or her course of study or training and has not participated in the program for a total of more than five years. As of May 2023, the Department has contracted with Foster Success. FC2S will continue to fund students for the summer school session, and Foster Success will begin accepting new applications for ETV services for fall enrollment effective May 1, 2023.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2021-2022 School Year* (July 1, 2021 to June 30, 2022)	470	160
2022-2023 School Year* (July 1, 2022 to June 30, 2023)	358	124

*This information was provided as of April 25, 2023, and in some cases may be an estimated number since the APSR is due on June 30, the last day of the school year

Chafee Training

As outlined in the 2020-2024 CFSP, the Department has continued to utilize the Center for Study of Social Policy's two-day Youth Thrive™ training to ensure DCS Specialists and community partners receive information about optimal approaches for serving transition age youth experiencing foster care. The Center for Study of Social Policy's Youth Thrive™ framework incorporates the key aspects of Positive Youth Development, including knowledge of adolescent development, social connections, cognitive and social emotional competencies, concrete supports in times of need, and youth resiliency. The Department has trained over six hundred staff and community partners since 2019. The Department continues to provide a computer-based training (CBT) for new Specialists and any other Department staff who are interested in learning about supports for youth ages 14 and older. The CBT includes information on Chafee, NYTD, ETV, protective and promotive factors, adolescent brain development, trauma informed care, case planning for older youth, natural supports, and transitional support services.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

The Statewide Independent Living Coordinator provides communication on Chafee/ETV services to each tribe in Arizona. During the past year, the Children's Bureau facilitated conversations between the Department and Arizona Tribes, including the use of Chafee services. Collaborative meetings were conducted in April 2022, October 2022, and March 2023. As a result, a new STA Tribal specific referral was developed, in consultation with the Arizona Intertribal Council.

The Department's STA providers provided an overview of STA services available for young people who have experienced foster care for the Gila River, and Navajo communities and the Urban Indian Coalition of Arizona (UICAZ).

The STA providers participate in the Quarterly Tribal Liaison and the monthly UICAZ meetings on a regular basis. STA coordinates with the Department's Tribal Liaison to ensure Tribal community resources are available to young people and quality services are provided to Native American young people experiencing foster care. STA has participated in the quarterly Inter Tribal Council meeting to provide Tribal members information about services to young people who are in Tribal foster care or who have experienced Tribal foster care. Additionally, written materials are disseminated to the Phoenix Indian

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Hospital, Phoenix Indian Center, Native American Connections, Urban Indian Coalition, Native Americans for Community Action, and Tribal Social Services throughout the state of Arizona. The STA provider involvement with the UICAZ has resulted in the sharing of additional resources and community engagement opportunities with tribal youth enrolled in STA services. Below is a summary of activities which occurred with the Department's Tribal partners:

- attended monthly Urban Indian Coalition Meetings to increase knowledge and awareness of STA services for Tribal young people and their supportive connections.
 - Dates of attendance: January 25, April 26, May 24, June 28, July 26, September 27, and November 15 of 2022.
- attended the Intertribal Council meetings to increase the knowledge and awareness of STA services for Tribal young people and their supportive connections.
 - Dates of attendance: February 24, June 23, December 15, of 2022 and March 30, 2023.
- developed outreach materials in collaboration to provide information about STA services for caregivers and/or supports. The STA flyer was shared at the UICAZ meeting on 4.26.2022 and distributed to members in attendance.
- completed presentations to Gila River on March 9 March 16 and September 13, 2022, and the Navajo Nation April 28, 2022.

AzCA STA program is planning future Tribal Empowerment Groups to connect Native American young people to peers that either share Tribal membership or would like to connect with other young people from other Tribal communities. November is recognized as Native American Heritage Month to celebrate rich and diverse cultures, traditions and histories and to acknowledge the important contributions of Native Americans. STA Providers will explore opportunities to provide Native American young people to celebrate and learn about their diverse cultures and will empower young people to identify activities they feel are important to their cultural background. Some current staff identified activities include exploring personal identification through jewelry, how young people wear their hair, and traditional dress; a Tribal document workshop; demonstrating how to apply for and coordinate culturally appropriate services; cooking demonstrations of traditional foods; and exploring skills learned from their identified Tribal cultural event, and how this skill is important to their identity.

The Arizona Young Adult Program continues to offer the Chafee funded services and after-care contract through the STA providers as well as ETV services, to youth who are in tribal foster care. The Department's contracted STA providers, Arizona Children's Association and Intermountain Centers for Human Development, are required to conduct outreach to inform tribes of the services available. The Salt River Pima-Maricopa Indian Community and Pascua Yaqui tribe operate Chafee programs for youth in their tribal foster care systems. In addition, Pascua Yaqui operates an ETV Program for eligible youth. The Navajo Nation is identified as having a title IV-E Extended Foster Care Program, and youth ages 16 and older are eligible for Arizona's Chafee contracted life skills and after-care program, TILP.

The Department's contracted Chafee providers, Arizona Children's Association and Intermountain Centers for Human Development provide outreach and services to all current and former foster youth in the state including Indian children. The providers ensure information and services are provided to Indian children on the same basis as other children as described above. The Department's Tribal Liaison also assists each tribe with any programmatic concerns and provides information on services. The tribal representatives are given the opportunity to receive Chafee services training as requested. This ensures that tribal representatives are aware of and are able to access those services for Indian children.

Services to Support LGBTQIA+ Youth

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The Department is committed to ensuring youth who identify as LGBTQI+ have the supports and services they need to support their well-being. The Department's LGBTQI+ policy has increased education and understanding for caregivers and employees. Youth are supported in living arrangements that understand and recognize their internal sense of self as male, female, no gender or another gender, non-binary, or gender fluid, regardless of anatomy.

The Youth Empowerment Council selected a Pride workshop for the 2022 Youth Conference and AzCA STA facilitated an interactive LGBTQIA+ workshop which included group activities & discussion time to assist young people when encountering various scenarios in the workplace, school and community. Youth discussed challenging scenarios and input was solicited from peers and/or supports to assist with the "platinum rule" (Treat others as they would like to be treated). Youth were provided an opportunity to share words of inspiration and support on a hand painted display to be shared at future events.

The Department's STA providers, Intermountain Centers for Human Development (ICHHD) and Arizona's Children Association (AZCA) also completed various activities to support youth who identify as LGBTQI+. Young people who identify as LGBTQIA+ are supported with use of their identified pronouns and name in delivery of services and written documentation. STA staff assist young people in finding resources and support groups within their local LGBTQIA+ community if this is an identified goal.

STA staff support LGBTQIA+ young people in all areas of service delivery. STA staff have assisted young people in obtaining legal name changes, securing vital documents which reflect their name change and securing necessary medical and hormone replacement therapies. STA offers an annual LGBTQIA+ celebration in June every year to celebrate Pride Month. The event allows young people in attendance to receive education, support and resources from community presenters and planned activities that focus on LGBTQIA+ pride and provides young people an opportunity to engage in peer support.

Intermountain STA provides a weekly group for participants who identify as LGBTQI+ to receive community resources and support. In August of 2022 Intermountain contracted with the University of Arizona's Southwest Institute for Research on Women (SIROW) program to provide 2 days of training on service provision and the promotion of equity for the LGBTQ+ community.

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 Department uses a full spectrum of staff recruitment activities, including job fairs, establishing relationships with educational institutions offering social work and related degree programs, posting employment opportunities on Arizona's employment [website](#), and utilizing social media recruitment campaigns.

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. Information on candidates who qualify and successfully answer the pre-screen questions is forwarded to a hiring authority for review. The hiring authority may schedule an interview with qualified candidates and candidates are asked to complete the State's application process. Upon successful completion of the interview, candidates who are recommended for hire undergo a background check, which includes a Central Registry check, obtaining a Level 1 Fingerprint Clearance Card, a Department of Motor Vehicle verification, public court record review and employment/reference and education verification. Candidates must successfully pass all the background requirements before an official offer of employment is extended.

The Department has implemented practices for equal distribution of cases to help manage workloads instead of establishing a maximum number of cases. The Department does not believe a caseload standard is effective for managing workloads as there are a fixed number of appropriated caseworker positions, therefore, the number of cases per caseworker cannot be limited. Instead, the Department utilizes an equalization process in lieu of a caseload maximum as emerging research suggests there are additional and more influential factors that impact workload beyond the number of cases. The equalization process is monitored through ongoing management reviews using specific performance metrics. Equalization occurs through decisions to move cases from one unit or section to another or move caseworker positions to where the demand is highest.

Education, Qualifications, and Training of Personnel

DCS Specialist Trainee: Master's or Bachelor's degree from an accredited college or university or four (4) or more 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 eighteen (18) months of combined DCS Specialist Trainee/DCS Specialist experience in an Investigations unit or zero (0) to eighteen (18) months of combined DCS Specialist Trainee/DCS Specialist experience as an OCWI Investigator

DCS Program Specialist: Master's or Bachelor's degree from an accredited college or university or three (3) years of combined DCS Specialist Trainee/DCS Specialist experience or three (3) years of combined DCS Specialist Trainee/OCWI Investigator experience

DCS Program Supervisor: Master's or Bachelor's degree from an accredited college or university and one (1) year as a DCS Program Specialist, or four (4) years as a DCS Specialist or OCWI Investigator, or three

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(3) years of DCS Specialist or OCWI Investigator experience and one (1) year of professional supervisory experience.

DCS Program Supervisor Coach: Master’s or Bachelor's degree from an accredited college or university and two (2) years as a DCS Program Supervisor

DCS Program Manager: Master’s or Bachelor’s degree from an accredited college or university and three (3) years as a DCS Program Supervisor, or one (1) year as a DCS Program Supervisor Coach and/or one (1) year of OCWI Investigations Manager experience

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 June 1, 2022.

Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	48	29	77	7%
Master’s - other	134	39	173	15%
BSW	88	14	102	9%
Bachelor’s - other	642	120	762	68%
Associate/Other	8	1	9	1%

(source: March 2023 Human Resources Survey)

Demographic Information of Personnel

The following tables provide the race/ethnicity, gender, age, and tenure of DCS Specialists and Supervisors who were employed on April 1, 2023 (source: HRIS maintained by the Arizona Department of Administration).

Ethnicity	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	4	27	1	32
Asian	11	31	6	48
Pacific Islander	0	8	0	8
African American	71	114	22	207
Hispanic	94	315	59	468
Caucasian	120	410	118	648
Two or more	22	42	4	68
Unspecified	2	27	20	49
TOTAL	324	974	230	1,528

Gender	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	254	763	188	1,205
Male	70	211	42	323
TOTAL	324	974	230	1,528

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Age	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	141	346	21	508
30-39 yrs.	81	256	93	430
40-49 yrs.	53	183	61	297
50-59 yrs.	37	140	40	217
≥60 yrs.	12	49	15	76
TOTAL	324	974	230	1,528

Tenure	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	324	752	170	1,246
5-10 yrs.	0	198	51	249
11-20 yrs.	0	22	9	31
21-30 yrs.	0	2	0	2
>30 yrs.	0	0	0	0
TOTAL	324	974	230	1,528

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 2022, two 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 from the Department’s FFY 2022 AFCARS data, who were age eight or older at the time of their most recent exit from out-of-home care and had a removal end reason of “transfer to another agency”. A review of case narrative information identified the agency the child transferred to. Both children were in the care and custody of the Department for at least one day during FFY 2022 before transferring to the sole custody of the juvenile justice or correctional agency.

Efforts to Track and Prevent Child Maltreatment Deaths

The Department, in conjunction with the Statewide Fatality Prevention Committee, developed the Department’s plan to prevent child maltreatment deaths during SFY 2019. The Department and the Committee continued efforts to implement this plan during SFY 2023 by providing safe sleep education to the community, teen parents, and families involved with the Department. Through community outreach and collaboration with refugee leaders, the International Rescue Committee and Rice AZ have begun safe sleep educational workshops during cultural orientation classes. In SFY 2023, the Office of Prevention are conducting Safe Sleep educational trainings in group homes that serve expectant and parenting teens. The Department will plan and host another Young Parent University in March 2024 for teen parents within the child welfare system and from the community. Lack of housing can also be a high-risk factor related to child maltreatment deaths and stress therefore Fostering Youth to Independence vouchers are still available for youth that are exiting care and at risk of homelessness as well as the ability to utilize CBCAP grant funds to young parents exiting foster care that need financial support to be successful in securing their first home.

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The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with a substantiated finding of child death that was entered into Guardian 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 Department's Child Abuse Hotline report occurred in FFY 2020, but the substantiated finding was not entered until FFY 2021, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2021, rather than 2020.

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in Guardian. 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 Committees review 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 the Department. Through this process, the Department receives information on all child deaths that may have been caused by a parent, guardian, custodian, or other adult member of the household believed to be due to abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committees are substantially higher than the number reported to NCANDS because the Child Fatality Review Committees include fatalities where maltreatment was believed by the team to have contributed to the child's death and 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, 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 ensures 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 any child who entered out-of-home care during FFY 2023 and was identified in Guardian as having been previously adopted. This review identified no children who entered out-of-home care and were the subject of an inter-country adoption.

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Monthly Caseworker Visit Data

The FFY 2023 monthly caseworker visit data will be reported to the Children’s Bureau by December 15, 2023, as indicated by the February 09, 2023, Program Instruction. The caseworker visit data previously submitted for FFY 2017 through FFY 2020 indicated the Department 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. The caseworker visit data submitted for FFY 2022 indicated the Department met the goal of 50% of the total number of visits occurring in the child’s residence but did not meet the goal of 95% of children seen on a monthly basis by caseworkers. During FFY 2022, 86% of children were seen on a monthly basis by caseworkers and 68% of the total number of visits occurred 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 and efforts the Department is making to meet the goal.

State Contact for the FFY 2023 APSR

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Section XII

Updates to Targeted Plans within the 2020 – 2024 CFSP

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Foster and Adoptive Parent Diligent Recruitment Plan:

Changes are reported in the separate document entitled Arizona Foster and Adoptive Parent Diligent Recruitment Plan included with the submission of this FFY 2024 APSR.

Health Care Oversight and Coordination Plan:

Changes are reported in the separate document entitled Arizona Health Care Oversight and Coordination Plan FFY 2023 included with the submission of this FFY 2024 APSR.

Disaster Plan:

There were no disasters during SFY 2023 requiring the use of the Arizona Disaster Plan. The Arizona Disaster Plan was not utilized during SFY 2023 for the COVID-19 pandemic. The Department remains committed to ensure equitable outcomes for all which is imbedded in the Fiscal Year 2024 Strategic Plan. The Department will update its disaster recovery plan this year to include a strategy to respond to addresses disparities for marginalized groups, including people of diverse racial and ethnic backgrounds during a disaster event. The Department will consider the following strategies:

- Continue to ensure overrepresented populations have access to community resources
- Research the impact various racial and ethnic groups might be affected by proposed actions or decisions
- Include equity staff in the development of the disaster response structure
- Incorporate culturally specific services and responsive providers offering post disaster services
- Ensure information is available in languages for those with limited English Proficiency
- Engage with community leaders to assess equity concerns

Training Plan:

Changes are reported in the separate document entitled Arizona Staff and Provider Training Plan FFY 2023 included with the submission of this FFY 2023 APSR.