



# **CHILD AND FAMILY SERVICES**

## **Final Report Federal Fiscal Years 2020 - 2024**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
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**Child and Family Services Final Report FFYs 2020-2024**  
**Section I: Department of Child Safety Structure, Vision, Mission, and Values**

**TABLE OF CONTENTS**

SECTION I	Department of Child Safety Structure, Vision, Mission, and Values.....	3
SECTION II	Collaboration with Stakeholders.....	7
SECTION III	2020-2024 Goals, Objectives, and Accomplishments.....	28
SECTION IV	Programs and Services to Achieve Safety, Permanency, and Well-Being....	51
SECTION V	Assessment of Outcome Achievement.....	133
SECTION VI	Assessment of System Performance.....	164
SECTION VII	Consultation and Coordination with Tribes.....	212
SECTION VIII	Child Abuse Prevention and Treatment Act State Plan Update.....	222
SECTION IX	Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report.....	228
SECTION X	Statistical and Supporting Information.....	242

# **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, permanency 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 CEO/Executive Deputy Director:

- Field Operations
- Administration
- Statewide Operations
- Executive Consultant to the CEO/Executive Deputy Director
- General Counsel and Legal Services

The programs within each operational section are listed below.

#### Field Operations:

- Five regions providing direct services for children and families
- Office of Child Welfare Investigations
  - Analyst Unit
  - Joint Investigation Liaison

#### Administration:

- Human Resources
- Facilities and Business Support Services
- Procurement and Contracts
- Fidelity and Compliance Services
- Resources and Referral Units
- Finance
  - Budget and Accounting
  - Title IV-E Management
  - Audit Management Services
  - Payment Processing

## Child and Family Services Final Report FFYs 2020-2024

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

- Information Technology
- Guardian
- Comprehensive Health Plan

#### Statewide Operations:

- Office of Communications
- Foster Care and Post Permanency Supports
  - 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
- Prevention
- Statewide Programs
  - Arizona Child Abuse Hotline
  - Placement Administration
  - Learning and Development
  - Team Decision Making
  - Supervision Coaching
- Permanency and Youth Services
- Office of Accountability
  - Safety Analysis Review Team (Systemic Critical Incident Reviews)
  - Ombudsman's Office
  - Practice Improvement
  - Intergovernmental Tribal Affairs
  - Victim Services
- Office of Continuous Improvement

#### Legal Services

- Policy and Rules
- Central Records Coordination
- Statewide parent and relative locate services
- Legislative Services
- Protective Services Review Team
- Consultation and Research:
  - Practice design
  - Program development
  - Data analytics
- Communications:
  - Public Information
  - Correspondence Control

**Child and Family Services Final Report FFYs 2020-2024**

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

***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:

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

Each region provides:

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

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

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.

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

Organizational Core Values:

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

# **Section II**

## **Collaboration with Stakeholders**

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## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

The Department's framework for collaboration with stakeholders during the five-year reporting period has included 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.

Arizona received an overall rating of strength during the Arizona 2023 Child and Family Services Review (CFSR) Round 4 for Item 31: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's 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 DCS Reports and 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. During the reporting period, internal communication to staff has included video messages from the CEO/Executive Deputy 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. During the reporting period, the Department's strategic plans included multi-year large strategic priorities such as the implementation of a new Comprehensive Child Welfare Information System (CCWIS) and the development of an integrated health care plan for children in out-of-home care, as well as shorter term and smaller scale improvement projects to improve the experiences and outcomes for families served. These strategic initiatives are described later in this final report. Stakeholder input was sought out, received, and utilized throughout the process.

#### ***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. During the reporting period, targeted engagement has focused on developing, improving, and refining

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

Guardian, the Department's Comprehensive Child Welfare Information system; reducing racial disparities and disproportionality in the child protection system; service array; and stabilizing the workforce through recruitment and hiring process improvement.

Meaningful collaboration and communication with staff are among the top priorities for the Department. The CEO/Executive Deputy 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 change in leadership during the CFSP period and the CEO/Executive Deputy Director visited 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 CEO/Director values cultivating relationships and partnerships with families, supporting agencies, and the community at large. The CEO/Executive Deputy Director's vision includes sustaining and supporting 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 and Deputy Director of Statewide Operations met 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 viewed as an important aspect to understand the needs and perceptions of staff and to assess success of learning, practice fidelity, and continuous improvement of the staff providing intake, assessment, and permanency services.

The Department has continued to prioritize communication and engagement with community stakeholders and partners. The CEO/Executive Deputy Director held quarterly calls with community non-profit organizations during the CFSP period to share information and provide updates to strategic goals. Quarterly stakeholder newsletters were initiated in SFY 2024 that focused on strategic initiatives and Department progress. These newsletters are posted online to allow stakeholders and community members access to the information. In addition, the Assistant Director of Foster Care and Post Permanency Supports holds every other month calls with key contracted providers to maintain a high level of communication and ensure messaging reaches a broad audience. The Department also holds regular meetings with the Foster Care Consortiums around the state to ensure ongoing collaboration and partnership in strategic activities related to out-of-home caregivers. 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, and the DCS Data Community Workgroup 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

#### *The Implementation of Guardian*

The Department launched its new Comprehensive Child Welfare Information System (CCWIS), Guardian, in February 2021. As with any undertaking of this magnitude, there were many opportunities to consult with and gather input from both internal and external stakeholders. Opportunities for stakeholder input continued as efforts were made to improve the system after its initial implementation. 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, and alerts.

The agency continues to identify areas for improvement within the Guardian system. In 2022, the Department entered a long-term partnership with 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 included service providers, foster parents, and DCS employees and 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 invested in SAFe Agile as the operating model for continued improvement to the system. This approach is a well documented model within the technology industry and includes quarterly planning increments that allow for the Department to remain agile within a fiscal year. The contract contains a maximum quarterly spend and the Department has consistently remained below this maximum spend. The Department remains committed to the continuous quality improvement of functionality, data integrity and reliability, federal reporting, and ease of use. Obtaining user input is integral to these continued improvements.

#### *A Helping Grand*

A Helping Grand 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 were 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.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

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 11,431 families approving over one million dollars in concrete supports.

*The Cultural Brokers Program*

The development of the Cultural Brokers program was a significant targeted opportunity for stakeholder input during the CFSP reporting period. The program will allow the Department to partner with a community-based agency known for their supportive nature of African American and Black families within six Maricopa County zip codes. Community partners will accompany DCS Specialists when responding to reports of abuse and neglect to build relationships, build trust, and provide support to the families during and after the child abuse assessment. Because of this close stakeholder partnerships woven into the program design, substantial collaboration, stakeholder input, and joint planning has occurred. Stakeholder input was also gathered through listening sessions with many community members in the geographic areas where the program will be implemented, and the implementation of the program will occur in partnership with the community served.

For additional information about the Cultural Brokers program, see Section III: Goals, Objectives, and Accomplishments.

*The Next Event Study*

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, with a goal of helped to 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 who 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

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 a DCS assessment is needed and when it is not. This information was provided to Mathematica to inform the design of the study. A second round of focus groups was held after the analysis and before the study was published to obtain community members' assistance with interpreting the results.

#### *Team Decision Making*

The Department has spent the last two years working with Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, to review the fidelity to the TDM meeting model and alignment with the SAFE AZ practice model. Between April 2022 and October 2024, community members, parents, and young people with lived TDM experience were invited to work with the Department to provide input and assist with this realignment as part of the TDM Implementation Team.

The TDM Implementation Team began in November 2022 with the goal of transforming the existing TDM Program. The team consisted of various representatives from the Department, parent partners, youth advocates, representatives from Evident Change, and Action for Child Protection. Over the course of the next 18 months, numerous subcommittees, including community partners, focused on various aspects of the transformation including communication and culture of the TMs, SAFE AZ integration, and DCS staff's learning and skill development of the updated model. DCS staff were provided with a training on the updated TDM protocol to be better equipped to serve families and young people with care and compassion. The TDM training group has delivered a total of 71 one-day trainings and has trained 1,394 workforce members on the new TDM protocol. The next phase of training will include outreach to various stakeholders in the community to include the courts, service providers, and other partners who serve families involved with the Department.

#### *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, CFSP, and other improvement efforts.

#### *Youth Empowerment Council*

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

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 holiday gatherings, 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 the past 5 years 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. 564 youth have been trained from October 2022 to June 2024. Each year the Department's YEC selected the Youth Conference activities, workshops, and events which will occur. YEC leaders are event emcees and assist youth during the yearly conference.

#### *The Consultation and Research Project Steering Committee*

The Consultation and Research Project Steering Committee includes the DCS CEO/Executive Deputy Director, Deputy Directors, Program Administrators of Field Operations, Assistant Directors of Foster Care and Post-Permanency Supports, Office of Accountability and Statewide Programs, and other DCS leaders. The committee meets monthly to communicate information about practice related continuous improvement projects, get input or make decisions related to practice design or operationalization, and to prioritize problems for action. This committee has provided input and direction on all practice related projects, including service array redesign, Team Decision Making renovation, Clinical Supervision improvements, and many more.

#### *The Arizona Citizen Review Panels*

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.

As of the end of SFY 2024, the three Arizona Citizen Review Panels were:

- The Community Advisory Committee,
- The Prevention Panel, and
- The Successful Transition to Adulthood (STA) panel.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

*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 significantly decreased during the COVID-19 pandemic. The public can view the meetings online and email comments, which are read into the official minutes of the meeting. The meeting agendas, recordings, and the committee's annual reports are available to the public on the Department's website.

During SFY 2020, the Community Advisory Committee held five meetings. Meeting topics included statewide efforts to implement the Family First Prevention Services Act (FFPSA), shared and co-parenting, the DCS Strategic Plan, legislative updates, the impact of domestic violence on families involved with the child welfare system, and how DCS was responding to the COVID-19 pandemic. The Committee also elected a new chairperson.

During SFY 2021, the Community Advisory Council meetings were held virtually due to COVID-19 restrictions. Meeting topics included continued plans for implementing FFPSA, Evidenced-Based Programs, and updates on Guardian implementation. DCS also provided information on the placement trends of children due to COVID-19 influences and the Committee provided input related to the State Legislative agenda at that time.

During SFY 2022, the Community Advisory Committee held six virtual meetings. Meeting topics included the Department's service array roll-out, vaccines, COVID-19 procedures for children in congregate care, Department staffing shortages, attorneys for juveniles in dependency cases, Grand Canyon University's CityServe program, Citizen Review Panels, barriers for kinship caregivers obtaining foster care licenses, and the Department's efforts to mitigate disparity in the foster care system.

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.

During SFY 2024, the Community Advisory Committee held seven meetings. Meeting topics included providing input on the proposed DCS Strategic Plan, disparity in child welfare, the U.S. Supreme Court's decision on ICWA, the Department's plan to decrease congregate care placements, the creation of subcommittees to explore topics more in-depth, legislative updates, and the Department's Cultural Brokers Program.

*Prevention:* The Prevention CRP was developed in November of 2021 and is currently comprised

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

of ten members, including staff from Prevent Child Abuse Arizona, the Family Involvement Center, Southwest Human Development, Maricopa County Courts, DCS Parent Advisory Collaborative, and Pima 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. 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 approximately once a month through a virtual platform. The panel routinely invites community stakeholders to participate and/or present to the committee. The panel also receives updates from DCS on strategic initiatives that relate to the panel's focus. 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 provided a designated space and time for community members to raise questions and explore the practices and policies in place that impact the lives and well-being of young people in foster care. Since November of 2021 the STA-CRP focused on topics such as practices to provide youth with information about sexual and reproductive health, educating youth about healthy intimate relationships, and policies intended to encourage youth to maintain their cultural identity. The CRP has also had the opportunity to engage with the YEC to identify areas of needs the youth themselves felt needed to be addressed. This CRP will be reconfigured in SFY 2025, and the STA Stakeholder group will continue the work to identify and improve supportive services for older youth outside the CRP role.

See the *Arizona Citizen Review Panel Annual Report* available on the Department's Public Website for additional information. The *STA Citizen Review Panel Report* was received by the Department on June 16, 2024 and the Prevention and the Community Advisory Committee reports were received on June 17, 2024. The Department published the Department's Response to 2023 [Citizen Review Panel Reports on June 30, 2023](#).

#### *The DHS Child Fatality Review Team*

Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by one of the eleven local child fatality teams located throughout Arizona. Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings and makes recommendations regarding the prevention of child deaths. DCS has used this information to inform and develop the DCS fatality prevention plan, focusing on the prevention of unsafe sleep deaths. These recommendations have also been used to educate communities, initiate legislative

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

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. The PAC meets quarterly with Department leadership to receive updates and education on practices and share information. In addition, the PAC meets monthly for a parent workshop to focus on special projects.

Over the last five years, the parent leaders participated in Protective Factors Training of Trainers, Protective Factors Summit, Flourishing Families training, Considering Yourself a Mandated Supporter Training, and the Child Abuse Prevention Conference as presenters and attendees. The PAC has participated in Child Abuse Prevention Month media campaigns to help bring awareness to infant safe sleep. To bring awareness to fatherhood engagement, a PAC member participated in a video with the Department's CEO/Executive Deputy Director to discuss the importance of fathers in the lives of children. This video was shared internally with Department staff. Parent Leaders recreated the DCS Parents' Guide Handbook and updated the language to parent friendly wording and information that they wished they were told during their involvement with the child welfare system. This handbook is now posted on the DCS webpage for parents to review and download. Most recently, three parent leaders participated in a six-month workgroup to transform the DCS Team Decision Making (TDM) Model. The TDM transformation included a refocus on family centered practices and recognizes the trauma that DCS involvement may cause and may provide peer support for some parents during the process. The PAC also receives continuous education such as seminars, conferences and training.

*The DCS Data Community Workgroup*

The DCS Data Workgroup, which includes both internal DCS staff and external stakeholders, meets every other month to share and discuss available data, explore future data needs, and gather input from stakeholders about data measurement and its relationship to improvement projects. During the reporting period the workgroup has focused on the Department's statutorily required monthly, quarterly and semi-annual data reports, as well as data related to Extended Foster Care, run-away and abducted children, education meetings to positively influence education transitions for children, congregate care, and housing for young adults. This workgroup helps to inform stakeholders how the Department's data is collected, defined, and utilized. This helps advocacy organizations speak with greater expertise when utilizing DCS data to inform their mission and advocacy activities.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

*Together for Arizona*

According to the 2023 KidsCount Annie E. Casey Foundation data, Arizona ranks 40th 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 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. 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 was developed based on feedback received from the community. The Toolkit has been created in English, Spanish, Arabic, Farsi, and Swahili. The workgroup has developed a webpage for ordering and provider training on utilizing the Toolkit. To date over 12,000 copies of the Strong Family Toolkit have been distributed throughout Arizona. Below is a breakdown of the types of communities served:

- Hispanic 32.2%
- Immigrant 12.3%
- Refugee 17.8%
- Tribal 20.8%
- African American 16.9%

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. Several community partners and state agencies are hosting the Chatbot on their websites for public use. It is currently limited to food and clothing beta searches. The Chatbot initiative has been reassigned to Valley Leadership for continued improvements and implementation.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

*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 the CFSP period, 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 also 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 into 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 continued 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.

*The DCS Office of Tribal Relations/ITCA/Tribal-Urban Partnership*

The partnership was formed in 2017 when the ICWA Liaison Meetings and Inter-Tribal Council of Arizona meetings were combined with DCS' work with the Capacity Building Center for States and Inter-Tribal Council of Arizona (ITCA). During the five-year reporting period, the partnership typically met on a quarterly basis. Membership includes representatives from DCS, DES, Native Health, and 21 of Arizona's American Indian tribes. Meetings are typically attended by eight to ten tribes. The meetings are informational in nature. Based on a presentation or discussion, a group may be formed to pursue a specific goal or objective. The goal of these meetings is to discuss and encourage best practice case work and review and provide input on improvement projects. The members have most recently reviewed the best practices for engagement and cooperation between stakeholders is one area that is currently being focused on. For complete information on the Department's consultation activities with the state's American Indian Tribes, see *Section VII: Consultation and Coordination with Tribes*.

*The ICWA Committee*

The ICWA Committee 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

has discussed and shared information on topics such as proposed legislation, ICWA training for DCS staff, expert witness testimony, and ICWA Court. The Department has been working with different tribal nations including the Navajo Nation, on ensuring that the correct number of Indian children are represented in DCS data. Another ongoing project the is coordination with the Pima and Maricopa ICWA Courts on establishing best practices for conveying information to all court case participants.

*The Court Improvement Advisory Workgroup*

The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. The Department continues to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored and DCS improvement strategies are discussed. The Advisory Workgroup includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases. During the CFSP period, the Administrative Office of the Courts and the Court Improvement Program worked with the Department to train judges and court personnel on the Safety Guide, a guide for judges on the SAFE model of child safety assessment. Other focus areas of the workgroup during the CFSP include the expansion of the dependency alternative program, continuous improvement of the quality of legal representation for children and parents, and the development of a checklist for youth when they age out of foster care at age 18.

*The Committee on Juvenile Courts*

The Committee on Juvenile Courts (COJC) was established to facilitate communication, continuous improvement, 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.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

During the CFSP period, the committee received and discussed information from the DCS CEO/Executive Deputy Director and discussed adoption and child support orders, title IV-E reimbursement for parent and child representation in dependency cases, Court Improvement Plan and title IV-E funding, FFPSA updates, ICWA preliminary protective hearing language, the DCS service array, parenting time, foster youth identification, client directed attorneys for foster children, DCS Guardian portal disclosure, ARS 8-272, adoption certification issues in kinship placements, court report timing, proposed court rules, and the new statewide juvenile forms for title 8 guardianships.

*The DCS African-American/Black Racial Disparity Committee*

The Racial Disparity Committee was established in 2019 with a goal to eliminate the disproportionality and disparities within the DCS system. In collaboration with the Leadership Team, this committee has assisted with developing a Cultural, Empathy, and Trauma Responsive training for the DCS workforce and participated in policy and practice discussions to identify innovative strategies that will protect and advocate for the best interests of African-American/Black children and families that interact with the DCS system. This committee has provided input and assisted with changes to the Clinical Supervision process and Foster Home Recruitment process to identify potential African American licensed caregivers, and has also helped to develop partnerships with African American community leaders.

*Best for Babies, Safe Babies Court Teams*

The Department collaborates with stakeholders to support very young children involved with the Department through the Best for Babies, Safe Babies Court Teams (SBCT) partnership within most counties across Arizona. 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. For additional information about Best for Babies, see Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being.

*Collaboration with the Juvenile Justice System*

During the reporting period, the Department partnered with the Juvenile Justice administrations on collaborative topics, including the implementation of Qualified Residential Treatment Programs (QRTP). On October 1, 2021, 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 ensured QRTP placements were also available for dually adjudicated youth who would benefit from such placement. Following the implementation of the QRTPs, the workgroup ended and is no longer active.

*The Domestic Violence Intimate Partner Violence (DV/IPV) Practice Change Focus Workgroup*

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

The DV/IPV workgroup was developed to improve the response of the child protection system in Arizona to families experiencing domestic violence or intimate partner violence. The intent of the project is to effect change at multiple levels to include increasing DCS staff's knowledge and skill to support families affected by violence and power and control issues within their relationships, increasing the use of trauma-informed and empowering language in dependency petitions and court reports, and enhancing the service array including increased coordination with providers and making connections to prevention services. The project is a collaboration between DCS and a wide variety of external stakeholders including DV/IPV advocates, the legal community, and service providers. The full scope of the project is still evolving and may include the use of evidence-based and trauma-informed assessment, planning, and intervention practices for intimate partner/domestic violence survivors, perpetrators, and their children. Current work is being done to revise dependency petition allegation language to reduce victim-blaming and re-traumatization. The workgroup began in February 2024 and meets every other week.

*Family Treatment Court*

The Department has continued to partner with the various county juvenile courts with Family Treatment Court programs to support families who required substance use services. Family Treatment Courts are voluntary programs 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. For additional information, see Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being for additional information.

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

During the reporting period, 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 further activity as the goal of the task force was accomplished.

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

FAS meetings are held to gather input and provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Participants have included the DCS CEO, Chief Operations Office, Assistant Directors of Foster Care and Post Permanency Supports, Assistant Director of Support Services, the 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. Among those deliverables is the recruitment of foster and adoptive families therefore meeting agendas have included discussion about orientation videos, website improvements, recruitment campaigns, barriers, and agency needs for recruiting

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

and retaining caregivers. Other meeting topics have included family support plans, responses to caregiver surveys, caregiver needs, foster home investigations, transportation barriers for children, preserving sibling connections, and ways to preserve connections between children and parents such as shared parenting. The January 2023 meeting included a collaboration with congregate care providers to strategize partnership opportunities to transition children from group homes to foster homes. Feedback on the quarterly meetings from the attending agencies has been positive.

Members of the Capacity Building Center for States consulted with DCS about provider meetings and shared methods to improve delivery of information and collaboration with the agencies. The Center was instrumental in creating agendas which encouraged participation as well as the creation of a new quarterly site visit model as a means of active contract management and support to contracted providers. With the Center's assistance, monthly calls held during the COVID-19 pandemic with FAS providers evolved to monthly virtual support groups between DCS' foster home licensing team and the FAS agencies addressing licensing concerns and improving application submissions for licensure or renewal.

The DCS Foster Recruitment and Retention Specialists attend the FAS meetings to hear the needs and concerns of the provider agencies and provide support. This open line of communication has led to the launch of monthly workgroups targeting specific issues such as improving Family Support Plans, addressing licensing concerns and investigations, and converting recruitment campaign leads to licenses. In addition, the DCS recruitment team continues to partner with agencies related to community and foster events to bring awareness to the needs of the foster care system, as well as create cobranded recruitment tools with the assistance of the Department's contracted marketing agency.

A new FAS contract was solicited in 2023 and that new contract launched in March 2024. Monthly workgroups are underway focusing more intensely on recruitment efforts not just to increase the foster home population in Arizona but to better address the need for homes for siblings, for older children, and for the foster home population to better match the racial diversity of children in care.

#### *Kinship Support Services (KSS) Monthly Provider Meetings*

KSS Monthly Provider Meetings began in early 2024, after the new contract providers were selected in February 2024. Meeting members include KSS Providers, the DCS Assistant Director of Foster Care Supports and Post Permanency Supports, the Office of Licensing and Regulation (OLR) staff, Kinship Support Specialists, members from the DCS Service Referral Team, Payment Processing Unit staff, Learning and Development, and DCS CHP. Collectively the group has worked to clarify the contract scope of work, eliminate hurdles for kinship placements, identify supports, remove barriers for licensure, and collaborate to make kinship placements successful. Topics of the monthly meetings have included applying for TANF, kinship pre-service training, caregiver invoicing, the kinship waiver process, post permanency supports, and supports available from the DCS CHP Resource Coordination team. The goals of KSS meetings include further increasing the number of children in kinship homes, improving the supports to stabilize kinship living arrangements, and assisting families in navigating the child welfare system while caring for children placed in their homes.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

*Congregate Care Quarterly Provider Meetings and Monthly Workgroup*

The Department held meetings with Congregate Care Providers during the CFSP period to gather input and disseminate relevant information and updates to contracted providers related to the Department's strategic plan, new rulemaking, licensing regulations, policy updates, contractual issues, and training opportunities. Participants from the Department included the CEO, Assistant Director of Foster Care and Post Permanency Supports, Assistant Director of Support Services, the Office of Licensing and Regulation (OLR), and team members from Placement Administration, Permanency and Youth Services, and DCS CHP. The Youth Empowerment Council, comprised of young adults who are experiencing foster care, has also attended Congregate Care Provider meetings to share the Council's goals and mission and influence how youth experience congregate care. Other groups contributing to the provider meetings have included Court Orientation for Dependent Youth (CODY), Phoenix Police Department's Missing Persons Unit, Extended Foster Care Success Coaching Initiative, and DCS CHP Pharmacy Services.

The Capacity Building Center for States provided the Department technical assistance in creating agendas which encouraged participation and feedback from provider meetings as well as the development of a framework for quarterly monitoring visits of group home facilities. Feedback collected from participant surveys influenced the featured topics for future meetings. Due to congregate care providers indicating a need to collaborate to better support placements, OLR facilitated virtual monthly workgroup sessions to address questions, challenges, and needs identified by the congregate care providers. OLR, Contracts, DCS CHP, Placement Administration, and Permanency and Youth Services actively contributed and participated in the workgroup meetings to collaborate, identify solutions, and support congregate care providers.

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

The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring foster and adoptive parents. The DCS Recruitment and Retention Specialists attend the meetings to facilitate communication between the Department and the agencies, discuss the agencies' needs and concerns, and obtain feedback on Department efforts and improvement strategies. During the COVID-19 pandemic, the meetings were held virtually which allowed additional members of the Department to begin attending the meetings as well, including the Assistant Director of Foster Care, the Foster and Adoption Supports Manager, and multiple Office of Licensing and Regulation staff. These additional DCS leaders continue to attend meetings, which have returned to a blend of in-person and virtual, as their schedules permit. After a hiatus during the COVID-19 pandemic, Northern KIDS relaunched in February 2023 and held their first meeting in many years. KIDS, FACT, and Northern KIDS meetings occur monthly.

During the meetings, the contractual relationship and practice related to recruitment of foster families, nurturing leads, and support is discussed in order to drive potential practice change and collaboration. For example, this open line of communication has allowed for enhanced discussions

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

about the impact of the Every Student Succeeds Act on recruitment efforts and an opportunity to identify families who could benefit from assistance in navigating services.

*Collaboration with University Partners*

The Department collaborates with university partners on numerous improvement projects. The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. ASU partnered with DCS to develop the curriculum for Guardian trainings in 2019 and 2020, in SFY 2022 there was a partnership to conduct the National Youth in Transition Database (NYTD) surveys, a scholarship program called Bridging Success + which provides year-round support and housing for youth in the Extended Foster Care Program, and in SFY 2023 to support the DCS Leadership Summit. The Department began partnering with ASU during SFY 2024 to monitor and evaluate the recently implemented Extended Foster Care Success Coaching program. In 2023 and into 2024 ASU partnered with DCS to develop the curriculum for an 8-part learning track training on Trauma, Empathy, and Your Role in Culturally Grounded Practice. ASU also hired professional trainers to deliver the in-person courses to all DCS employees.

During the CFSP period, the Department also partnered with Grand Canyon University to provide full scholarships (tuition, fees, and year-round room and board) for qualified foster children and 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 Advisory Board*

This community-based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives. During the reporting period, the board was instrumental in providing legislative advocacy and support of the recent program expansion.

*FosterEd Arizona*

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. Education Liaisons provide three tiers of support, intensive, responsive, and universal, to address the needs of students with more complex needs; support child welfare staff and caregivers in navigating issues such as special education services, school placement, and school discipline;

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

and general collaboration with state level partners to improve education outcomes for children and youth experiencing foster care.

FosterEd staff participate in community collaboratives to gather and share information and participate as co-presenters for information sessions/workshops to DCS Specialists and other child welfare staff and community partners. 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.

#### *The Behavioral Health Planning Council*

Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group advises the State in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council has approximately 20 members, including parents of children who have a severe emotional disturbance, seriously mentally ill consumers, and representatives from the Department of Education, Department of Corrections, DCS, and tribes. Its mission is to serve as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed. The council monitors, reviews, and evaluates the allocation and adequacy of mental health services in Arizona and participates in improving services within the State.

#### *The Interagency Leadership Team (IALT)*

The Interagency Leadership Team is a consortium of agencies statewide who work with families through home visitation programs. The IALT works to strengthen the home visiting system in Arizona and promotes collaboration and sharing of resources and best practices. DCS, Department of Health Services (DHS), and First Things First share a common vision to prevent child abuse and neglect in Arizona. This partnership has worked effectively toward ensuring that families of vulnerable children in Arizona have options when it comes to getting needed information and resources to support their children's safety and learning.

During much of the CFSP period, the IALT has focused on staff retention, as many providers were still recovering from staffing issues that began shortly after the COVID-19 pandemic started. IALT devoted its time to identifying home visiting provider capacity to ensure that families did not lose home visiting services due to lack of staff. Staff turnover created several barriers; however, with providers working together, no families lost the benefits of home or nurse visiting. Data showed that half of the families currently enrolled in services did not leave the program when their home visitor worker left the provider agency. The availability and utilization of this data allowed the IALT to plan for the next fiscal year and concentrate on higher risk groups and communities such as single and young mothers and other communities not currently being served by home visiting programs.

Each year DCS continues its collaboration with Arizona Department of Health Services, First Things First and Prevent Child Abuse Arizona to host the Home Visitor Supervisor Institute. The Institute has been attended each year by approximately 90-100 supervisors who participate in workshops that focus on psychological safety and Dare to Lead.

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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section II: Collaboration with Stakeholders**

The Department has engaged in a continuous improvement cycle with community partners to successfully implement the goals and strategies of Arizona's FFY 2020-2024 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, as described above. 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.

Staff from the Department's Communication Department, Permanency and Youth Services Unit, and Office of prevention staff continued to support the Citizen Review Panels, stakeholder engagement committees, the Youth Empowerment Council, and the Parent Advisory Collaborative by:

- planning, supporting, and attending stakeholder committee meetings.
- at the request of the committee, scheduling presenters, preparing meeting materials, and ensuring meetings are posted in accordance with public meeting law, if applicable.
- ensuring committees have a clearly identified charge and assist with execution.
- identifying focus areas or topics on which the Department desires feedback.
- ensuring there is no unintentional redundancy among the different stakeholder committees.
- determining whether intra-committee collaboration is necessary and facilitating collaboration
- researching training and educational opportunities that may be attended by committee members to enhance the members' ability to serve on the council or committee.
- offering meaningful insight to the Department and the child welfare community.
- actively recruiting members on an as-needed basis and engaging 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 also 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 during the CFSP period. The Department remains focused on priorities, goals, and strategies in continuous engagement to more align with emerging and existing needs. Robust

**Child and Family Services Final Report FFYs 2020-2024**  
**Section II: Collaboration with Stakeholders**

communication and shared experiences have created opportunities for assessment, re-alignment, and improvement of engagement and outcomes through meaningful discussion and concentrated focus.

In October 2023, Arizona began its fourth Child and Family Services Review (CFSR) cycle by submitting the Arizona Statewide Assessment. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. Various stakeholders were consulted and provided input into the CFSR process, which overlaps to a great extent with the CFSP process. Arizona's Round 4 CFSR Final Report was published by the Children's Bureau in April 2024. The Department reviewed the Final Report and began consulting with child welfare system partners related to the specific findings to develop a Program Improvement Plan (PIP), which will be submitted in July 2024.

Additional collaboration opportunities Arizona has taken in the implementation of the 2020-2024 CFSP strategies and key activities are 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 child welfare advocacy and improvement agencies were included in many improvement activities during the CFSP period.

# **Section III**

## **2020 - 2024 Goals, Objectives, and Accomplishments**

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**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

***Five Year Strategic Vision***

The Department’s vision is that children thrive in family environments free from abuse and neglect. The Department’s mission is to successfully partner with families, caregivers, and the community to strengthen families, ensure safety, and achieve permanency for all of Arizona’s children through prevention, services, and support.

These improvements were guided by the Department’s strategic vision of a child welfare system that achieves its vision and mission through the following service delivery system components:

- Sufficient capacity to manage workload volume
- A management system that supports fiscal responsibility and standardizes planning, reporting, and accountability
- Partnerships with parents, young people, tribes, judicial and legal partners, prevention partners, behavioral health and treatment service providers, faith-based and community organizations, other child and family service programs, and Department staff for the development and implementation of effective programs and services
- An array of accessible and individualized prevention, intervention, treatment, family support, and family reunification services that are delivered timely and with fidelity to program design
- An out-of-home placement array, placement selection procedures, and caregiver supports that enable children to live with kin or other family-like settings, and include therapeutic settings for children with special physical or behavioral health needs
- Clinical case management practices and an array of accessible and individualized services that achieve successful transition to adulthood for children who are served in out-of-home care at age fourteen or older
- Clinical case management practices and an array of accessible and individualized pre- and post-permanency supports to achieve adoption or guardianship when reunification is not safe and in the child’s best interest
- Integrated medical and behavioral health services that achieve child well-being and support stability in children’s living arrangements
- Clinical practice standards for objective decision-making, including child safety assessment and family engagement that are consistently applied with proficiency
- Field operations supervisors and managers with demonstrated proficiency in safety assessment, clinical case management, a coaching mindset, creating a culture of safety and a learning environment, clinical supervision, and administrative supervision (using the DCS Management System)
- A learning and development program that provides the knowledge and skills to practice with proficiency and promotes learning throughout an employee’s career
- A modern information technology (IT) infrastructure that supports case management, fiscal responsibility, and data analytics
- A culture of safety that seeks to learn rather than blame, encourages problem identification and resolution, and supports workforce resilience

The Department of Child Safety’s strategic goals and objectives from fiscal years 2020 through 2024 are described in the Arizona Department of Child Safety Strategic Plans, the 2020-2024 Child and Family Services Plan, and the Annual Progress and Services Reports. The Department’s strategic plans can be viewed at: <https://dcs.az.gov/news/strategic-plan>.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

***FFY 2020-2024 CFSP and State Fiscal Year 2020 Goals and Objectives***

In June 2020, the Department submitted the following Department of Child Safety 2020-2024 Child and Family Services Plan and SFY goals and objectives.

**Goal 1: Improve timeliness to permanency**

**Objective 1.1. Standardize the referral and delivery of in-home case management**

1.1.1 Refine the transfer process from investigations to in-home

1.1.2 Standardize the process for in-home case management and service provision

that includes structured criteria for determining when a case should open, and

includes a process to fully engage a family in the development of their services plan

**Objective 1.2: Implement a clinical case management practice model**

1.2.1 Implement redesigned strength-based supervision processes and forms

1.2.2 Design, train, and coach to high quality contacts with parents and case plan

staffings

**Objective 1.3: Increase successful transition to adulthood of all children 14+ while in foster care**

1.3.1 Increase engagement with youth 14 and older in youth centered case planning that includes, transition planning, emphasizing the importance of supportive adults and permanency

1.3.2 Enhance TDM process and staff training to better support youth’s preparation for adulthood planning

**Objective 1.4: Improve the timeliness and appropriateness of permanency goals**

1.4.1 Implement permanency planning consultations at seven months in care

1.4.2 Inform stakeholders about services available to youth who exit care before age 18

1.4.3 Inform stakeholders about guardianship as a permanency goal

1.4.4 Provide contracted support to families pursuing guardianship

***Objective Metrics and Targets:***

<b>Metric</b>	<b>Five Year Target</b>	<b>CFSP End Data*</b>
Of all children who entered care in a 12 month period, the percentage that achieved permanency within 12 months of entering care (Source: Monthly Metrics report; June 2017 through July 2018 baseline: 42%, includes children in care for eight days or less)	44%	SFY 2023 35%**
Of all children in care on the first day of a 12 month period who had been in care continuously between 12 and 23 months, the percentage that achieved permanency within 12 months of the first day (Source: Context Statistics and Outcome Data Report June 5, 2019; June 1, 2017 baseline: 61.2%)	63.2%	SFY 2023 54.2%
Of all children in care on the first day of a 12 month period who had been in care continuously for 24 months or more, the percentage that achieved permanency within 12 months of the first day (Source:	49.1%	SFY 2023 43.9%

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

Context Statistics and Outcome Data Report June 5, 2019; June 1, 2017 baseline: 47.1%)		
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\*Source: Monthly Operational Outcomes Report, April 2024

\*\*Includes all exits and children in care less than 8 days

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

**Objective 2.1: Improve supports to kinship families**

2.1.1 Develop a process and infrastructure to provide kinship providers with improved understanding, training, supports, and connectivity to services

**Objective 2.2: Improve the system-wide placement array for children in foster care (traditional, medical, DDD, behavioral health, and detention)**

2.2.1 Define standard work and screening tools to identify the appropriate living arrangement for children

2.2.2 Create a measurement system for accurate real-time data on out-of-home care bed supply and demand

2.2.3 Implement improved processes to increase availability, and manage the daily supply and demand of all types of out-of-home placement

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>	<b>CFSP End Data*</b>
Decrease the number of placement moves per 1,000 care days (Source: Context Statistics and Outcome Data Report. SFY 2019 baseline: 3.1)	2.9	SFY 2023 6.6
Increase the percentage of care days spent in a family setting (Source: Context Statistics and Outcome Data Report. SFY 2019 baseline: 81.8%)	83.8%	SFY 2023 79.4%

\*Source: Monthly Operational Outcomes Report, April 2024

**Goal 3: Improve employee retention through improved Supervision**

**Objective 3.1: Design and Implement the Supervision Coach program**

3.1.1 Select and train Supervision Coaches

3.1.2 Implement standard work for observation and coaching of the Supervision Coaches

**Objective 3.2: Define and implement training “Day 1 as a new Supervisor”**

3.2.1 Implement a knowledge evaluation on the safety assessment model for DCS Program Supervisors

3.2.2 Implement a hiring selection process and interview guide for new DCS Program Supervisors

3.2.3 Implement a standardized onboarding and on-the-job training experience for new field supervisors

**Objective 3.3: Implement infrastructure, tiered accountability, and standardization for proactive strength-based supervision**

3.3.1 Design and implement a standardized protocol, sustained through tiered accountability, which provides a structure for continued development of DCS leaders

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

targeting various stages of supervision, from aspiring leaders to experienced leaders

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>	<b>CFSP End Data</b>
Reduce agency employee turnover (Specialist Only) (Source: Monthly Agency Attrition Report, CY2018 baseline: 31%)	28%	42% *
Sustain or reduce Supervisor turnover (Source: Monthly Agency Attrition Report, CY2018 baseline: 12%)	12%	12% *
Percentage of leaders receiving coaching on a monthly basis	100%	April 2024 93% **
Increase proficiency score of Supervision Coaches	3	3.4***

\*Source: Annualize Turnover Report, January 2019 – April 2024

\*\*Source: Supervision Coach Program Data, May 2024

\*\*\*Score for Supervision Coaches in their role for 4 years or more

Goal 4: Develop and implement the agency IT infrastructure

Objective 4.1: Implement Guardian

4.1.1 Develop a child-centered, user friendly technology solution that provides quality data and improved processes to support all DCS work for the safety of Arizona’s children

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>	<b>CFSP End Data</b>
Complete 100% of IT implementation plan	100%	100%

Goal 5: Implement an integrated health plan

Objective 5.1: Develop and implement organization and processes that support quantifying and measuring delivery of EPSDT referral services

5.1.1 Define tracking mechanisms and a measurement system to capture EPSDT referrals

5.1.2 Define and implement EPSDT Coordinator positions responsible for outreach to physicians to ensure EPSDT referral services are identified and delivered per the child’s EPSDT plan

Objective 5.2: Finalize and launch a Request for Proposals for BH-ASO model integration

5.2.1 Release an RFI to inform the RFP

5.2.2 Acquire a private sector vendor to provide a robust statewide physical and behavioral health network tailored to the unique needs of foster children

*Objective Metrics and Targets:*

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

<b>Metric</b>	<b>Five Year Target</b>	<b>CFSP End Data</b>
Percent of identified EPSDT referral services delivered (Source: EPSDT Specialty Referral Tracking huddle board, January-June 2019 baseline: 69%)	80%	66.3%*
Percent of identified EPSDT referral services delivered on time (within 60 days) (Source: EPSDT Specialty Referral Tracking huddle board, January-June 2019 baseline: 70%)	75%	72.0%*
Complete 100% of Administrative Services Organization (ASO) model integration	100%	100%

\*Source: EPSDT Specialty Referrals Performance Improvement Project, January-March 2021. Due to the change in the health plan on April 1, 2021, more recent administrative data is not available at this time. CY 2023 PICR case review data indicates 72% of cases were rated strength for timely provision of EPSDT exams for children in out-of-home care and health assessments for children involved in in-home cases.

***State Fiscal Year 2021 Goals and Objectives***

During SFY 2021, the Department continued to focus on efforts to increase family-like settings for foster children, strengthening the DCS supervision workforce, develop an integrated health care plan for children in foster care, and implement a statewide CCWIS.

The Department’s SFY 2021 goals and objectives included the following:

Goal 1: All decisions are data informed, timely, mission-focused, built for sustainability and consider system implications

- 1.1 Implement standardized clinical supervision in remaining ongoing case management units
- 1.2 Implement standardized administrative supervision and performance management in remaining ongoing case management units
- 1.3 Refine standard work, process adherence resources, and performance management processes (including mobile and telecommuting work force)

Goal 2: DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values

- 2.1 Develop and implement an aligned leadership and management culture that embodies and promotes our shared values, a learning and coaching mindset, and behavioral integrity

Goal 3: Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support

- 3.2 Implement enhancements to the direct services array (supports FFPSA)
- 3.2 Increase awareness of cross-agency process and develop efficient, operational partnerships with child-welfare system partners to improve service delivery that promotes child safety, strengthens families and promotes child well-being (ADE, DHS, AG’s, DES, QFCO, Courts and others)
- 3.3 Implement an integrated behavioral and physical health system within DCS

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

Goal 4: Every child is paired with a caregiver who receives necessary supports, and is able to meet the child’s needs and support the child’s permanency goal

- 4.1 Increase the skills and array of caregivers, including the development of QRTPs
- 4.2 Refine and implement caregiver training to improve support of children and youth with higher needs
- 4.3 Redefine the support infrastructure for foster families to improve the recruitment experience and match the level of support between caregivers and the needs of children in their care
- 4.4 Finalize and implement a child to out-of-home caregiver matching process

Goal 5: DCS data is complete, accurate, protected, governed, and used to inform decisions

- 5.1 Launch Guardian and update related business processes

***State Fiscal Year 2022 Goals and Objectives***

During SFY 2022, the Department focused on strengthening communication and engagement across the state in an effort to identify areas where the Department and its partners can collectively move toward improved child safety, permanency, and well-being outcomes.

Goal 1: All decisions are data informed, timely, mission-focused, built for sustainability, and considerate of system implications

- 1.1 Implement standardized clinical supervision in remaining ongoing case management units
- 1.2 Implement standardized administrative supervision, process flow, transfer processes, proves adherence, and performance management in remaining ongoing case management units
- 1.3 Refine standard work, process adherence resources, and performance management processes (including mobile and telecommuting work force)

Goal 2: DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values

- 2.1 Develop and implement an aligned leadership and management culture that embodies and promotes our shared values, a learning and coaching mindset, and behavioral integrity
- 2.2 Increase and improve communication to develop relationships and trust between DCS and the community, and to develop skill in recognizing and discussing bias during clinical supervision

Goal 3: Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support

- 3.1 Implement enhancements to the direct services array (supports FFPSA)
- 3.2 Increase awareness of cross-agency process and develop efficient, operational partnerships with child-welfare system partners to improve service delivery that promotes child safety, strengthens families and promotes child well-being (ADE, DHS, AG’s, DES, QFCO, Courts, and others)
- 3.3 Stabilize and enhance an integrated behavioral and physical health system within DCS

Goal 4: Every child is paired with a caregiver who receives necessary supports, and is able to meet the child’s needs and support the child’s permanency goal

- 4.1 Increase the skills and array of caregivers, including the development of QRTPs
- 4.2 Refine and implement caregiver training to improve support of children and youth with

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

higher needs

4.3 Redefine the support infrastructure for foster families to improve the recruitment experience and match the level of support between caregivers and the needs of children in their care

4.4 Finalize and implement a child to out-of-home caregiver matching process

4.5 Settlement Compliance: Develop and implement a standardized review of required actions

4.6 Engage plaintiffs' counsel in ad hoc subject matter conferences and semi-annual review conferences

4.7 Identify, review, and provide deliverable documents to plaintiffs' counsel as described

4.8 Determine and request verification of compliance as actions are completed

Goal 5: DCS data is complete, accurate, protected, governed, and used to inform decisions

5.1 Launch Guardian and update related business processes

5.2 Implement continuous improvement for business processes through release and deployment

5.3 Stabilize IT infrastructure and processes through continuous improvement initiatives

***State Fiscal Year 2023 Goals and Objectives***

During SFY 2023, the Department continued to strive to be a national leader for child safety through an effective organization based on best practices and continuous improvement, which included an emphasis on communication and engagement with internal and external stakeholders.

Goal 1: Develop a DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values. Exiting the pandemic and on the heels of the great resignation, the needs of the workforce have evolved. Building from the monetary support provided, the Department will continue to improve retention by offering appropriate work force flexibilities including updating the telework policy to allow staff, including field facing positions in the Department, the ability to telework. In SFY 2023, the Department plans to refine the management systems for a hybrid (virtual/in-person) work environment and develop and implement career development pathways for field facing and non-field facing positions.

1.1 Refine and implement a continuous and quality improvement process for identification, exploration, development and implementation of practice models

1.2 Refinement of management systems in a hybrid (virtual/in-person) work environment

1.3 Develop and implement career development pathways for field facing and non-field facing positions

1.4 Development and deployment of cultural humility and empathy training

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. Following implementation of a new service array, delivery systems have been impacted by staffing and resource availability. Efforts include problem-solving long-term resource solutions, maximizing Families First Prevention Services Act resources and improving the operational connectivity from the appropriate referral of a family in need to the service delivery system who can fulfill that need. Services impacted include those designed to improve parental protective capacities, protective factors, and support young adults in voluntary extended foster care.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

- 2.1 Complete, submit and gain approval on the FFPSA prevention plan and associated cost allocation plan
- 2.2 Develop and implement an operational plan to balance supply and demand within the service array
- 2.3 Implement expansion of Healthy Families
- 2.4 Implement increase Independent Living Stipend

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. Following implementation of the Qualified Residential Treatment Programs, efforts resume on placing children who require out-of-home care in a family environment. These efforts are supported by an increase of financial resources and supports for kinship families furthering the ability to maintain children's family connections in their home community. Maximizing children with kinship family reduces demands on the limited number of community foster and adoptive families serving the system and who also require increased support.

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

***State Fiscal Year 2024 Goals and Objectives***

During SFY 2024, the Department's focus continued to include efforts to strengthen the support of out-of-home caregivers, increase the safe use of kinship caregivers for children in out-of-home case, and support a culture of safety for Department staff.

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

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

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

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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

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.

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

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

- 4.1 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
- 4.2 Establish outreach and engagement with rural communities and providers
- 4.3 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.
- 4.4 Continue to support and integrate the work and recommendations of the DCS Black/African American Disparity committee

Goal 5: DCS supports prevention by partnering with communities to create family-strengthening resources

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

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

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

***Key Activities and Accomplishments during the CFSP Period to Implement the Strategic Vision***

**An array of accessible and individualized prevention, family support, and family reunification services that are delivered timely and with fidelity to program design**

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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

goals for the service design are to decrease recurrence of maltreatment and repeat reports, decrease the number of children entering out-of-home care, decrease racial disparity in foster care, and 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.

The 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+ 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.

The Department and provider agencies partnered during SFY 2024 to successfully reduce the waitlists for FC and NPP, in addition to supervised visits only (SVO) contracted services. The procedure related to when a family should be referred for FC level 2 (home visits twice per week) versus level 1 (home visits once per week) was updated to allow more families to qualify for level 1, resulting in more families being able to receive the service. This change is not anticipated to negatively influence the families receiving the services as the evidence related to the effectiveness of the program was based on a frequency of one time per week. The reduction in the frequency of

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

weekly contact has allowed providers to start working with more families who would previously be waiting for the services.

For FC, NPP, and SVO services, the Department instituted a referral closure procedure that set out standards of when a referral can close due to lack of family participation and provided a process for the decision to be elevated if the caseworker and supervisor were not agreeing to close the referral even if the standards were met. The DCS Referral Unit also began to make contact with the caseworker to determine if the service was still needed prior to assigning the family to a provider. This has resulted in many referrals to be closed even prior to a provider being assigned as the referral was no longer needed, which allowed other more recent referrals to be assigned.

For FC and NPP, the Department set new caseload standards that would allow providers to not count a certain number of inactive cases in their caseloads, which allowed them to start working with additional families. Referrals for SVO were reviewed by the local Program Administrators to ensure the family situations were appropriate for the service referral.

**An out-of-home placement array and placement selection procedures that support children to live with kin or other family-like settings**

During the CFSP reporting period, a new Foster and Adoption Supports (FAS) contract was solicited in 2023 and that new contract launched in March 2024. In an effort to support the new contract providers, the FAS Quarterly Statewide Services Meetings continued to be held. In addition, the Department implemented monthly recruitment workshops with FAS providers in order to coordinate the providers' recruitment strategies with the Department's recruitment campaigns and current needs for out-of-home caregivers. The Capacity Building Center for States consulted with DCS about provider meetings and shared methods to improve delivery of information and collaboration with the agencies. These meetings serve as the foundation for active contract management and performance deliverables are reviewed to ensure the providers are achieving identified goals.

During the CFSP reporting period, the Department also launched a new Kinship Support Services (KSS) contract. The goal of the KSS contract is to further increase the number of foster children in kinship homes, improve the supports to stabilize kinship living arrangements, and assist families in navigating the child welfare system while caring for children placed in their homes, and have more kinship caregivers become licensed. The purpose of this service is to support kinship caregivers from the time the kinship resource is identified through reunification, adoption, or guardianship. In addition, kinship caregivers are offered an expeditious path to foster care licensure, should they decide to become licensed. The Department specifically awarded the contracts to provider agencies with prior experience serving kinship caregivers. The majority of the KSS providers also have experience as FAS providers. To support the new contract goals and contracted providers, KSS Monthly Provider Meetings were initiated in February 2024.

The Department continued efforts to reduce the use of congregate care during the reporting period. The number of children in a group home reduced slightly from 1,548 on December 31, 2020 to 1,444 on December 31, 2023 (source: Semi Annual Child Welfare Report March 2021 and 2024). The Department continues to utilize a centralized placement and selection procedure for the use of

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

group homes and licensed foster homes. If a kinship caregiver is not identified after reasonable efforts by the DCS Specialist, the DCS Specialist submits a request to the centralized placement unit, which identifies a caregiver for the child. Group home placements require management approval and are to be selected only when there are no other options for the child, or the group home is necessary to meet the child's needs.

The DCS Tucson Welcome Center continues to be open and available for children in the southern portion of the state and the Phoenix Welcome Center for children requiring a temporary setting in that portion of the state. During the reporting period, the Phoenix Welcome Center moved to a new location that more fully provides for the children's needs. The Welcome Centers are fully equipped facilities where children can stay while waiting for a relative home, foster home, or group home placement. The Welcome Centers allow sibling groups to remain together, avoiding separation into short-term arrangements with foster parents or in group homes.

During the CFSP report period, the foster care rate for reimbursement of relative and kinship out-of-home caregivers increased from \$75 per month per child to \$9.86 per day per child, plus a daily clothing and personal allowance for each child. This reimbursement is provided to all relative and kinship caregivers, without the need for an application or consideration of the caregiver's income.

**Integrated behavioral health services that achieve child well-being and support stability in children's living arrangements**

During the CFSP period, the Department successfully implemented a fully integrated medical and behavioral health services plan that supports all health care services for children in out-of-home care. This is the first of its kind within a United States state child welfare agency. The statewide contract with the contracted AHCCCS Managed Care Organization was effective April 1, 2021. This approach provides a continuum that encompasses the oversight of services, identification of needed services, and the delivery of those needed services for the children in foster care. For additional information, see the FFY 2025-2029 Arizona Health Care Oversight and Coordination Plan.

**Increased field operations supervisors and managers' proficiency in safety assessments, clinical case management, having a coaching mindset, creating a culture of safety, the learning environment, and the DCS management system**

During the CFSP period, the Department supported Program Managers and Program Supervisors in both clinical supervision and the management system through the Supervision Coach Program. Areas of practice addressed through the Supervision Coach Program include safety assessment, clinical case management, clinical supervision, management system, coaching in child welfare, and creating a culture of safety and learning. All participants in the Supervision Coach Program receive monthly 1:1 coaching sessions and monthly observation and feedback to support their ongoing professional development. The Supervision Coach Program was launched in 2019 with 16 Coach positions. Since that time, the number of Coach positions has been expanded to 19 in order to bring the ratio of Coaches to Leaders to 1:14, resulting in the Coaches having a greater positive impact. Positions for a Program Manager and two Supervisors were created and filled to bring cohesive leadership to the program. The training program for the Supervision Coaches has

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

been very successful. There is recognition within the Department of the skill level of the Supervision Coaches, resulting in 46% of hired Coaches promoting into other leadership positions within the Department. Supervision Coaches have been recognized for their practice knowledge and are frequently asked to assist on major projects within the Department related to improving quality of clinical supervision and other practice areas focused on improving the outcomes for children and families. Supervision Coaches are assessed monthly on their understanding, application, and ability to positively impact another person's knowledge and practice of the 38 identified areas addressed through the program. Coaches are scaled on a 4-point scale with a 4 indicating there is accurate understanding and application and a consistent positive impact in coaching others with fidelity. The assessment process starts following completion of training. There are currently 13 coaches who have been out of training status for at least a year. Coaches out of training for 4 years or more average a 3.4 score, coaches out of training for 2-3 years average a 3.0 score, while coaches out of training for a year average a 2.5 score.

The Coach Program strives to bridge the gap between classroom training and practice. Initiatives such as the Clinical Supervision Process have been more successful because Supervision Coaches have provided on-the-job coaching and mentoring, allowing for increased learning of new practices and improved application of skills learned in classroom training. Observation and feedback provided on a monthly basis have been instrumental to this process. Observations completed as part of the Supervision Coach hiring process have shown that the expertise of Supervisors has notably increased over the last five years, demonstrating increased skill in applying the Department's child safety assessment policy and procedure.

Anecdotal evidence suggests the Supervision Coach program is having a positive impact on moving the Department towards a more robust learning culture. This has been observed through an increase in group coaching sessions, more requests for observation and feedback, and reported increases in openness to learning.

During the reporting period, the Department also made updates and improvements to the clinical supervision procedures, forms, and processes. At the start of the CFSP, the Department was utilizing a new clinical supervision process. After receiving additional input and suggestions from the field staff using the tools, the process was improved during 2022, to include adaptations to the Clinical Supervision Handbook and the addition of discussion guides for adoption and APPLA supervisory types. A decision tree document was also developed to support the field in case discussions and provide guidance related to determining if the information discussed at that moment in time could count as a clinical discussion for a family or if additional conversation and assessment is required. Adaptations were also made to the Clinical Supervision Gemba Walk form and the Administrative Tool. Case Note Documentation Guidance was created to help provide guidance to the field related to the documentation of the clinical discussion including the documentation of key decision making points.

**A modern information technology (IT) infrastructure that supports case management, fiscal responsibility, and data analytics**

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

The Department launched its new Comprehensive Child Welfare Information System (CCWIS), Guardian, during the CFSP period in February 2021. 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.

The agency continued to identify areas for improvement within the Guardian system during the remainder of the CFSP period. In 2022, the Department entered into a long-term partnership with 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 function 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 invested in SAFe Agile as the operating model for continued improvement to the system. This approach is a well documented model within the technology industry and includes quarterly planning increments that allow for the Department to remain agile within a fiscal year. The contract contains a maximum quarterly budget and the Department has consistently remained below this maximum. The Department remains committed to the continuous quality improvement of functionality, data integrity and reliability, federal reporting, and ease of use.

**A culture of safety that seeks to learn rather than blame, encourages problem identification and resolution, and supports workforce resilience**

In January 2017, DCS implemented the Systemic Critical Incident Review (SCIR) process, which is used to discover patterns in the factors that influence decisions and actions in fatality and near fatality cases where the Department had prior involvement. The process is also used to recommend adjustments to address systemic issues that lead to critical incidents and potentially decrease the likelihood of child fatalities and near-fatalities from child abuse or neglect and promote an organizational culture of safety within DCS by responding to fatality and near-fatality cases in a manner that promotes learning, transparency, and employee health. The SCIR process applies principles of safety science, which assume if one person makes a decision based on available information, others would make the same decision. Through the SCIR process, the Department can discover patterns in human factor-based influences in critical incidents and make practice improvement recommendations, if necessary, through leadership, policy, or training. The SCIR process was the start to the Department's shift to a culture of safety, which has continued into the CFSP period and expanded into all areas of the Department's functioning.

The Department has been engaged in a collaborative partnership with the National Partnership for Child Safety (NPCS) beginning in SFY 2022. The goal of the partnership is to reduce and prevent child maltreatment by sharing learning opportunities cross-jurisdictionally through a safety science approach. NPCS provides Arizona with free training and technical assistance for the SCIR process.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

The Department participates in learning groups with other NPCCS jurisdictions to share data trends, and policy and practice improvement strategies.

In September 2023, DCS began providing the Trauma, Empathy, and Your Role in Culturally Grounded Practice training developed in partnership with Arizona State University. This training includes four computer-based trainings and four in-person classroom trainings and aligns with the DCS mission and objective to provide culturally relevant services to families and children served in Arizona. This learning track is required for all DCS Employees and most are facilitated by ASU staff.

Through the partnership with NPCCS and the University of Kentucky, the Department deployed a Safety Culture Survey in March 2024. The survey established baseline data for the Department regarding employee's psychological safety, mindful organizing, connectedness, belongingness, and racial justice, among other areas. The survey results were received by the Department in May 2024 and are being examined to determine how to best support the workforce in effort to increase a culture where learning is valued and employees feel accepted, respected, and part of a team that supports their identity. The University of Kentucky continues to support the Department in understanding the data obtained and ways to best utilize the information gathered.

In April 2024, Casey Family Programs supported the Department in a partnership with Collaborative Safety to provide technical assistance and training to deepen the Department's culture of safety. The executive leadership team received a two-day training provided by Collaborative Safety to review the concepts of a culture of safety and how to practically implement a learning environment among their teams. Additionally, 50 Program Managers from across the state received a one-day training in June 2024. Collaborative Safety also provided technical assistance to the Safety Analyst Review Team, who is responsible for overseeing the SCIR process in the Department, to ensure the culture of safety concepts continue to be embedded into the SCIR process.

During the CFSP reporting period, the Department has partnered with Evident Change, to revamp the Department's Team Decision Making™ (TDM) approach. This included a review of the fidelity to the TDM meeting model and alignment with the SAFE AZ practice model to ensure the process included the culture of safety concepts. The implementation team began its efforts in November 2022 and the updated TDM process began to be utilized with families in January 2024.

The revamp of the TDM process focused on three pillars to improve the quality and experience of the meetings for families. The pillars are:

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)
- Clear expectations for meeting etiquette that demonstrates our respect, care, and

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

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)

**Create opportunities to influence the disproportionate number of Black and African American children in foster care**

The Cultural Brokers program will allow the Department to partner with a community-based agency known for their supportive nature of African American and Black families within six Maricopa County zip codes. Community partners will accompany DCS Specialists when responding to reports of abuse and neglect to build relationships, build trust, and provide support to the families during and after the child abuse assessment. The goal of the program is 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 the African American or Black communities and the Department.

African American children continue to be reported 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 constituted 5% of the Arizona population, and in SFY 2022, approximately 14.2 % of children in out-of-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. The Cultural Brokers program has been developed to influence this mistrust.

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 overrepresentation of African American children in foster care and to address the concerns of social competency and community distrust with the child welfare agencies. In Arizona, utilizing funds from the American Rescue Plan, this program is in the final planning and development stages with the estimated implementation during FFY 2024. Listening sessions have been held with many community members in the geographic areas where the program will be implemented. Implementation will occur in partnership with the community served.

**Expansion of supports for older youth in foster care**

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

During the CFSP period, the Department transitioned to a new Chafee service for life skills training for youth, Successful Transition to Adulthood (STA). Prior to this change, life skills training was only available for youth ages 16-21; however, with this new service training is now available for youth starting at age 14. 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.

***Title IV-E Review***

The Department has not been required to develop a title IV-E Program 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, having no more than four cases found in error during the six-month period under review.

***National Youth in Transition Database (NYTD) Improvement Requirements***

The Department participated in an on-site NYTD review during February 2018. As a result of the review, the Department entered into a Performance Improvement Plan containing practice improvement strategies to ensure NYTD data is gathered and documented for Chafee funded services. These strategies included developing a NYTD service guide, presenting the NYTD guide to all Young Adult Program Specialists and Chafee contract staff, improving the NYTD survey, conducting data audits and case reviews, and collaborating with the Department's CCWIS (Guardian) developers to ensure the new system accurately captures NYTD data.

The Department finalized an agreement with Arizona State University (ASU) to begin administering the NYTD surveys in October 2019. ASU developed a NYTD survey that met the federal requirements, engaged youth in survey development and implementation, developed incentives for survey participation, and utilized effective survey methodology and tools.

The NYTD review's final findings highlighted technical needs that are being addressed by the Department's IT team, in order to correct as many items as possible now and develop appropriate strategies in the state's CCWIS that is under revision.

The DCS Audit Management Team developed a NYTD Audit that mirrors the federal Case File Review. The Audit Management Team began conducting audits in May 2019. The Practice Improvement Unit completed a review of 65 randomly selected cases in 2018 to obtain a baseline of the level of quality of services being provided to youth. Results from both the Audit Management reviews and Practice Improvement reviews have been used in the past 5 years to inform Young Adult Program practices.

As of October 21, 2022, the Department submitted documentation as to efforts made to complete the NYTD PIP. The Department is waiting on feedback and the final template from the Children's Bureau confirming all requirements within the NYTD PIP have been satisfied or if additional work needs to be completed.

***AFCARS Improvement Requirements***

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

The Department received a letter of non-compliance related to children not being reported in AFCARS during trial home visits, meaning between the time they physically reunify with a parent and the date the dependency petition is dismissed by the court. The Department is conducting analysis of the existing data and code so that modifications can be made to report trial home visits by the end of calendar year 2024. The Department has determined the method of reporting, the analysis is regarding the technical implementation within the CCWIS.

***Child and Family Services Review Round 4***

Arizona participated in Round 4 of the Child and Family Services (CFSR) review during the last portion of the CFSP reporting period. The state submitted its Statewide Assessment in October 2023, participated in a Children’s Bureau led on-site review in December 2023, and received the Final Report in April 2024. Arizona will submit the Round 4 Program Improvement Plan (PIP) to the Children’s Bureau for approval in July 2024, which will address the one statewide data indicator, four systemic factors, and seven outcomes found to not be in substantial conformity. For additional information about the areas required to be included in the Arizona CFSR PIP, see *Sections V: Assessment of Outcome Achievement and VI: Assessment of System Performance*.

***Technical Assistance and Capacity Building Supports the Department Received***

During the CFSP period, DCS received technical assistance and capacity building support from Action for Child Protection and a national NPP trainer related to the DCS Family Connections (FC) and Nurturing Parenting Program (NPP) contracts that began in July 2021. The technical assistance included training for provider agencies, development of and facilitation of a Community of Practice for FC providers, and assistance with fidelity monitoring of the Family Connections program. For additional information, see the *State Training and Technical Assistance Provided to Counties and Other Local or Regional Entities* section of this Final Report.

During the CFSP reporting period, the Department has received technical assistance from Evident Change to ensure the Team Decision Making (TDM) model is being conducted with fidelity. The technical assistance also included enhancements in facilitator skill awareness during 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 for all TDM types and in every region. Listening sessions occurred with families who had Department involvement and participated in a TDM recently, as well as sessions with Department staff. The support from Evident Change also focused on cultural responsiveness, parenting time, and how families affected by domestic violence can be supported through the TDM and the SAFE AZ model.

During January 2023, the Department received technical assistance from the Children’s Bureau for NYTD sampling procedures.

In April, 2024, Casey Family Programs supported the Department in a partnership with Collaborative Safety to provide technical assistance and training to deepen the Department’s culture of safety. The executive leadership team received a two-day training facilitated by

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

Collaborative Safety to review the concepts of a culture of safety and how to practically implement a learning environment among their teams. Additionally, 50 Program Managers from across the state received a one-day training in June 2024. Collaborative Safety also provided technical assistance to the Safety Analyst Review Team, who is responsible for overseeing the SCIR process in the Department.

The Department received technical assistance from the National Partnership for Child Safety and University of Kentucky to develop and deploy the Safety Culture Survey in March 2024. The objective of the survey is to understand the organizational culture of the agency. The NPCS additionally provides technical assistance to action growth opportunities learned from the survey results aiming to reduce employee turnover and increase the retention of a skilled workforce.

During 2022, Action for Child Protection began providing support to the Department's TDM Implementation Team for the integration of the SAFE AZ practice model with the TDM meeting model. The technical assistance focused on developing solutions to overcome challenges with using the SAFE AZ model along with TDM. The barriers that were addressed included enhancing family engagement by breaking SAFE AZ concepts down into clear language during the TDM meetings, emphasizing the importance of preparation by Department staff to explain the safety assessments that prompt the meetings, and adjusting how the SAFE AZ concepts are integrated into the various stages of the TDM meeting in order to improve the overall flow and engagement of TDM participants. The SAFE AZ integration also focused on providing clarity around the decisions that would be made prior to TDM meetings and those that should be made in collaboration with the TDM participants.

In the fall of 2023, Action for Child Protection collaborated with the Department and Evident Change to provide TDM training to the TDM facilitators. In addition, Action provided coaching skills training for facilitators with the goal of effectively using SAFE AZ concepts and translating SAFE AZ concepts into family friendly language within the TDM meetings. Beginning in Spring 2024, Action provided technical assistance to the TDM program in the form of observation of and feedback to TDM facilitators and other DCS staff along with training specific to coaching and integration of the SAFE AZ concepts into TDM meetings.

During the CFSP period, DCS received technical assistance from Action for Child Protection related to the Department's child safety assessment model, SAFE AZ. Much of Action for Child Protection's support to DCS has been to the Supervision Coach program participants. The Supervision Coach program was developed to support Supervisors and Program Managers in improving their knowledge and application of SAFE AZ. Action for Child Protection facilitated several Coaching Collaboratives which are day-long continued learning events for Supervision Coaches and the Practice Improvement team to grow their proficiency in knowledge and application of the SAFE AZ model. Action for Child Protection has also provided coaching, observation, and feedback to the two DCS Safety Practice Advisors to increase their proficiency in understanding and application of the SAFE AZ model. The Safety Practice Advisors serve as subject matter experts to the Department on the SAFE AZ model. This includes support to the Supervision Coaches via coaching, observation, and feedback.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

The Department received continued support from the Children’s Bureau to interpret federal law and policy during the CFSP period, particularly during the planning for and completion of the Round 4 CFSR process. The Capacity Building Center for States also provided technical assistance to Arizona’s CFSR process in the form of helping to prepare and facilitate the Arizona strategic planning/PIP Kickoff event held February 9, 2024.

During the CFSP period, the Capacity Building Center for States (the Center) consulted with DCS about the Foster and Adoption Supports as well as Congregate Care provider meetings and shared methods to improve delivery of information and collaboration with the agencies. The Center provided coaching to Department staff to develop a communication process and a coordinated service delivery approach between the Department and the 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.

DCS also received technical assistance from the National Center for Diligent Recruitment to support the creation of the 2025-2029 Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan.

***Evaluation and Research Activities***

The Department began partnering with ASU during SFY 2024 to monitor and evaluate the recently implemented Extended Foster Care Success Coaching program, which is a contracted service to support youth leading up to and after their exit from foster care at age 18.

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. 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 SFY 2023, HFAz served 3,785 families during SFY 2023. The SFY 2023 outcomes include the following:

- child abuse and neglect: 95.2% of participating families (who received at least six months of HFAz services) had no substantiated DCS reports,
- substance abuse: 1,004 parents received a substance abuse screening,
- child development: 3,851 screenings were conducted and of those 81% showed typical childhood development, and
- child safety: 99% of parents locked up weapons and ammunition, 99% used car seats, and 94% used smoke alarms at 24 months.

Prevent Child Abuse Arizona (PCAAZ) is now in year two of a five-year federal grant from the Health Resources and Services Administration. This grant is strengthening Best for Babies in Arizona by advancing statewide coordination of county court teams, enhancing the ZERO TO THREE SBCT approach in three existing county sites, and creating opportunities for shared

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

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 Team Based Parent Representation (TBPR) program available in Maricopa County provides an umbrella of support to some of the parents navigating the child welfare system. During 2021, the Arizona State University conducted a program evaluation for the TBPR Program and found that of the 73 cases studied that had achieved a permanency outcome in which TBPR was involved, 72.6% or 53 of cases achieved a permanency outcome of reunification.

***State Training and Technical Assistance Provided to Counties and Other Local or Regional Entities***

Arizona has a state administered child welfare agency. The Department's Central Office provides training and technical assistance to local entities and the community as the need is identified.

The DCS Comprehensive Health Plan System of Care team provided consultation to Department staff and technical assistance to the Child and Family Teams and other key stakeholders during the CFSP period in order to facilitate collaboration across system partners when challenges arise related to the complexity of member symptoms or circumstances.

The more than 20 agencies that were awarded Family Connections (FC) and Nurturing Parenting Program (NPP) contracts have been providing services to Arizona families since July 2021. Since that time, these agencies have received ongoing training and technical assistance from the DCS Fidelity and Compliance Services (FCS) team as well as Action for Child Protection and a national NPP trainer. Technical assistance was provided through site visits during which case reviews are completed. FCS has also developed a community of practice (CoP) for the providers to build relationships and share knowledge and resources, which is currently facilitated by Action for Child Protection and occurs monthly.

In addition to the ongoing fidelity monitoring conducted through the case reviews, a review of the FC program was completed in April 2023. FCS has incorporated the results of this review into the feedback and technical assistance activities provided to the providers. The CoP meetings now focus the first hour on supporting supervisors by introducing skills they can incorporate into their group supervision practices. CoP meetings are held by region in order to address the specific needs of each community. Additionally, a survey has been implemented to gain feedback from providers on how they feel they are doing and what topics they would like to discuss in future CoP meetings. Action for Child Protection shadowed and trained the trainers who now lead FC training. FCS has also collaborated with Action to take over ongoing technical assistance work through meetings, case staffings, and site visits. Additionally, DCS has solicited a training contract that was awarded in April 2023. This training contract improved training capacity and provided sustainability for the Department without long term dependence on national trainers and program developers.

Also during the CFSP period, FCS supported the SENSE project by holding SENSE Statewide Collaborator meetings to provide an opportunity for SENSE providers to exchange ideas and discuss potential program improvements. The SENSE Nurse Consultant held monthly nurse calls to support the community of SENSE nurses, with a break from February through May 2024 while

**Child and Family Services Final Report FFYs 2020-2024**  
**Section III: 2020 – 2024 Goals, Objectives, and Accomplishments**

the position was being revised to better meet the needs of the Department and the SENSE nurses. During these calls, resources and information was shared and SENSE trends and data were used to identify helpful topics for the conversations. The Nurse Consultant also traveled 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 during the pandemic helped to increase capacity in many programs and across providers. The Department held bi-weekly calls with the provider community during the pandemic to discuss challenges and concerns.

Other ways the Department supported and provided technical assistance to the larger child welfare system stakeholders include the following.

- The DCS CHP Chief Medical Officer provided trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.
- The Statewide Independent Living Specialist provided consultation and technical assistance to staff and contracted agencies serving young adults during the reporting period. This technical assistance included annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth.
- The Best for Babies initiative has continued to provide training and technical assistance to counties developing Court Teams during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.
- The Department has provided assistance and mentoring to Arizona tribes during the reporting period to enhance their own title IV-E programs, including the Navajo. The Department Office of Tribal Relations staff has also been working with the Maricopa ICWA Court and the Navajo Nation to assist them with gaining access to the JAX system to obtain minute entries and court documentation.

# **Section IV**

## **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***

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 DCS website, <https://dcs.az.gov/services/prevention-councils>. Additionally, RCAPCs are responsible for monthly posts on their own council Facebook pages that include prevention events, parent information, tips, and community resources. There are now eighteen statewide RCAPCs with at least one located in all fifteen counties.

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.

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. Every April, the Office of Prevention acknowledges Child Abuse

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Prevention Month by hosting a media campaign focused on bringing attention to child abuse and maltreatment prevention. Over the years, the Office of Prevention has hosted media campaigns around Safe Sleep, drownings/Water Safety, and Shaken Baby Syndrome. These campaigns include radio and tv media, out of home billboards, posters and flyers that are distributed at community, church and school events. The latest Safe Sleep campaign ran from March 27, 2023 through April 30, 2023. The target audience was parents and grandparents of infants, including diverse multicultural populations and child care workers in Arizona. There was written media print coverage in six local newspapers and magazines that reached approximately 46,000 people. DCS staff also utilized a radio campaign to host a “Test Your Knowledge” quiz on Safe Sleep. This radio spot directed people to the DCS website for more information and education on Safe Sleep. This quiz obtained 4,000 views and 73 submissions to complete the quiz. The radio campaign reached 870,000 people of which 66% were female and 34% were male. Safe Sleep posters were created and partnerships were formed with OBGYN physicians and pediatricians in whose offices the posters were placed throughout Arizona. There were 15 digital out-of-home billboards placed in high traffic areas and communities with high DCS involvement. The billboards received 18,750,213 impressions. There were three versions of the billboards that read, “Bedtime is Alone Time...Alone Back Crib,” “Bedtime means Crib time...Alone Back Crib,” and “Bedtime isn’t Tummy Time...Alone Back Crib.”

#### ***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 and continues due to the importance of identifying a safe caregiver for your child. 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 (PAC)***

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

The PAC continues to actively provide a parent voice to influence DCS policy, procedure, and preventative and intervention programs. The PAC is comprised of parents and kinship providers previously involved in the child welfare system. The PAC meets several times a month as subcommittees, in addition to, quarterly meetings for two hours. Quarterly meetings are designed and facilitated by one of the parent leaders. At each meeting, a member of the DCS executive leadership presents updates and follows up on recommendations made during past PAC meetings. PAC subcommittee members report out on their progress. PAC members have accompanied DCS to the Children's Bureau Child Abuse Prevention Annual Grantee Meeting as Arizona Parent Leaders.

Yearly, the PAC receives training and professional development opportunities on Departmental procedures and participate in conferences and seminars including:

- Strong Families
- M.A.N.C.A.V.E.
- ACES Consortium
- Strengthening Families Protective Factors (1 training was facilitated by a member of the PAC)
- Flourishing Families
- Prevent Child Abuse Arizona and hosted a Nurturing Father Workshop at the Annual CAP Conference
- Prevent Child Abuse America – Healthy Families Conference
- Arizona State University Children of Incarcerated Parents Conference
- The effects of marijuana on pregnant mothers by ADHS and assisted with outreach activities

The PAC continues its involvement in 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

- Equity of Services Committee: In 2023, a new subcommittee was formed as members expressed an interest in ensuring that all families receive equitable services, specifically those in rural areas and families where English is not their primary language. They also expressed an interest in equitable services for fathers.

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 about 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 for children and families through its efforts. Examples of the PAC membership accomplishments during the CFSP period include the following.

#### Local Level:

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

#### State Level:

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

#### National Level:

- 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

During the reporting period, PAC members participated in the Child Family Services Review process and the Strategic Planning process for the Performance Improvement Plan for the agency. Three PAC members, community members, and youth with lived TDM experience were also invited to work with DCS to improve practice related to the TDM process. The members worked with the Department and Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, for a year reviewing fidelity to the TDM meeting model and determining the TDM alignment with the SAFE AZ practice model. The three pillars of the 2023 TDM Transformation included:

- Family and participant experience
- Continuous improvement and accountability
- TDM policy simplification

The PAC members participated in a public service announcement video for DCS staff and parents to introduce the new TDM process. The video will be shared with all parents that become involved

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

with DCS and are invited to participate in the TDM process. Because of the hard work of the parents they were acknowledged during the 2023 DCS Leadership Summit.

#### ***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, contracted providers, hospitals, and the community to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of Pack N Plays for families involved with the Department and families in the community who need a safe place for their infant to sleep. In 2023, when federal guidelines changed for infant sleep equipment, DCS transitioned from providing Baby Boxes to Pack N Plays to align with guidance provided by the Arizona Department of Health Services. Since 2020, DCS has distributed 1,238 Baby Boxes and 590 Pack N Plays to families in need of emergency safe sleep equipment for infants.

Due to large disproportionalities in co-sleeping deaths, intentional efforts have been made to engage African American, American Indian, 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.

#### ***Healthy Families Arizona***

In its thirty-second year, the Healthy Families Arizona (HFAz) program is a nationally accredited, community-based, family-centered, statewide voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The HFAz program was re-accredited in September of 2023 and one of the sites that was reviewed by national peer reviewers received a 100% rating of standards in adherence. To enroll in services the infant must be under three months of age at enrollment as services are focused primarily on prevention through education and support in the homes of parents. Program services are designed to strengthen

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

families during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.

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

- supporting effective parent-child interactions.
- providing child development, nutrition, and safety education.
- teaching appropriate parent-child interaction and discipline.
- promoting child development and providing referrals for screening if delayed.
- encouraging self-sufficiency through education and employment.
- providing emotional support and encouragement to parents.
- 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 SFY 2023, HFAz served 3,785 families during SFY 2023. This represents all families in the program, regardless of how long they had been in the program. Sixty three percent of families continued in HFAz from 2023 into 2024 and 31% of families participate for 24 months or more. The SFY 2023 outcomes include the following:

- child abuse and neglect: 95.2% of participating families (who received at least six months of HFAz services) had no substantiated DCS reports
- substance abuse: 1,004 parents received a substance abuse screening
- child development: 3,851 screenings were conducted and of those 81% showed typical childhood development
- child safety: 99% of parents locked up weapons and ammunition, 99% used car seats, and 94% 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, Parent Child Interaction, Self- Care, Parental Self- Efficacy, 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 SFY 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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

data collection efforts and use of incentives increased the survey response rate to 48%, compared to 35% in SFY 2021. Caregiver survey and staff interview data will continue to be collected to inform equity plan revisions.

Funding for HFAz increased during the reporting period, including a \$10 million funding increase in July 2022 to build infrastructure to expand the HFAz program and \$2.5 million in both SFYs 2023 and 2024. This additional funding allowed the program to increase the number of families served. During CY 2022, 1,711 new families enrolled in the program, 2,291 in CY 2023, and 1,033 in January-May 2024. During the reporting period, the Department educated communities with high removal rates and DCS intervention on home visiting programs and provided referrals to HFAz.

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. Due to program expansion, the addition of three new provider agencies, and new communities being served, numerous trainings were provided yearly.

Healthy Families Arizona staff and providers received visits from Healthy Families America from November 2022 to March 2023 and received re-accreditation in November of 2023. HFAz developed a HFAz video and a website was developed to provide information to families interested in the program.

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). The HVSI is provided to all evidenced based and evidenced informed home visitor program supervisors and is held on a yearly basis. In addition, in June 2023, the Department held an institute for all program staff.

#### *A Helping Grand*

A Helping Grand 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 were 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 11,431 families approving over one million dollars in concrete supports.

#### ***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.

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. 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.

During the CFSP reporting period, the Department elected to add Triple P to the service array, specifically for post-permanency families who have obtained guardianship or 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 anticipated approximately fifteen to twenty referrals monthly, with each contractor anticipated to serve more than one hundred families annually; however, the need for this support was not as high as

**Child and Family Services Final Report FFYs 2020-2024**  
**Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

anticipated and the service will no longer be available through DCS after SFY 2024.

***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 Cabinet Executive Officer, the Executive Consultant to the DCS CEO, leaders of organizations serving the African American community, leaders of advocacy organizations, and individuals with lived experience of the child protection system. The core team continues to meet at least monthly, has added more individuals with lived experience, and serves as the core team for the implementation of the Cultural Brokers program in Arizona.

***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 was 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 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. Over the last few years, the Office of Prevention has trained 91 people to become trainers and over 900 participants have

participated in facilitated trainings by these trainers.

***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 were 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 and those 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.

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 at age 16 or later. Housing vouchers are available to youth ages 18 through 25. The program has been successfully maintained through strategic support and partnerships among four housing authorities including the Cities of Glendale, Scottsdale, and 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 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 serve a review function to ensure no breakdowns occur at any point. The collaboration resulted in 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 limitations, as certain requirements set by the federal government that must be adhered to and this at times causes

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

barriers to housing for youth and families. Arizona homeless rates increased by 23% from 2020 to 2022 due in part to rent, fair market value increases, and population increases. Since 2020 the following FUP and FYI vouchers have been issued and leased:

- 305 FUP vouchers were issued to families, with 204 of the being leased
- 81 FUP vouchers were issued to youth, with 49 of the being leased
- 98 FYI vouchers were issued to youth, with 66 of the being leased

Effective July 1, 2022, the Extended Foster Care subsidy amount increased from \$715 to \$1200 per month, which was a welcome improvement as Arizona continued to see the cost of living increase significantly. DCS continued to evaluate how to 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. Young adults in EFC continued to receive up to two start up payments to support room and board costs. The Department's after-care providers continued to provide funding for room and board for youth who reached the age of eighteen in any state or tribal foster care system based on need.

In December 2022, a new Transitional Housing contract began with six providers. During CY2023, 126 young adults were 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. During CY2024 the program is expanding to increase the unit availability and ensure housing options extend across the state. 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 those universities.

The Department has, during the past five years, collaborated with community-based housing initiatives. This included Lifeology as a Runaway and Homeless Youth grantee for youth who may benefit from that system's support and the East Valley Institute of Technology (EVIT) in developing Hope Tech, a housing program for young people who have experienced foster care and are enrolled in EVIT's vocational programming, which may include the completion of a high school diploma or GED.

#### ***Young Parent University (YPU)***

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 been involved with the Department.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Development and management of the program has historically been the responsibility of the Office of Prevention; however, during the reporting period the Office of Prevention partnered with the Department's Permanency and Youth Services, to maximize funding and reach more youth that can benefit from the opportunity. The current planning workgroup is comprised of stakeholders from Prevent Child Abuse Arizona, the Youth Empowerment Council, 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 supportive services to young people between the ages of fourteen and 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.

The April 2024 Young Parent University included workshops related to 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. Each session topic was selected to promote protective factors and strengthen young families in the community. The parents were able to choose the workshops they attended, based on their interests and needs. There were 60 youth registered for the event; however, there were 25 cancellations. The overall feedback from the event was positive and the youth shared that next year they would like more information on postpartum, single parenting, co-parenting, domestic violence, and trauma healing. Each participant received a backpack, which included a Chromebook with a Triple P Positive Parenting class code, 2 children's books, a planner, a workbook, and a book written by the keynote speaker. The participants also received a variety of raffle giveaways of essential baby items.

#### ***Prevention Media and Communication Materials***

DCS Office of Prevention runs awareness campaigns targeted to the public using internal data to intentionally bring awareness to most vulnerable families in the community that have increased involvement with DCS. DCS has been able to target various demographics by delivering the marketing campaigns via social media across Meta, Instagram, and Pinterest; digital advertisements; radio advertisements; billboards; and printed newspapers, magazines, and mailers.

The Arizona Annual Fatality Report released in November 2023, shared that there were 74 Sudden Unexpected Infant Deaths (SUID) in 2022 and 96% were preventable. Ninety-seven percent of those deaths were due to unsafe sleep environments. Based on this information, during the April 2023 Child Abuse Prevention Month, to bring awareness to Safe Sleep practices, the Safe Sleep Campaign messaging was delivered via an integrated media campaign designed to bring awareness to safe sleep practices and environments using the ABCs of safe sleep: Alone, Back, Crib. The campaign ran from March 27, 2023 until April 30, 2023. The target audience were parents and grandparents of infants, including diverse multicultural populations, and child care workers in Arizona. There was written media print coverage in six local newspapers/magazines that reached approximately 46,000 people. The Department also hosted a "Test Your Knowledge" quiz on Safe Sleep through a radio campaign. This radio spot directed people to the DCS website for more information and education on Safe Sleep. This quiz obtained 4,000 views and 73 submissions to

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

complete the quiz. The radio campaign reached 870,000 people, of which 66% were female and 34% male. Safe Sleep posters were created and partnerships were formed with physicians to place the posters in various OBGYN and pediatrician offices throughout Arizona. There were 15 digital out-of-home billboards placed in high traffic areas and communities with high DCS involvement. The billboards received 18,750,213 impressions. There were three different messages used for the billboards that read “Bedtime is Alone Time...Alone Back Crib,” “Bedtime means Crib time...Alone Back Crib,” and “Bedtime isn’t Tummy Time...Alone Back Crib.”

Due to the continued high percentage of preventable deaths related to unsafe sleep, the Safe Sleep Campaign was promoted again in October 2023. In Arizona, October is proclaimed as “Safe Sleep Awareness” Month by the Governor’s Office. Each year a proclamation is written and signed by the Governor. Throughout the year, DCS partners with Arizona Department of Health Services to utilize digital billboards to bring awareness to safe sleep.

In June 2023, DCS had a social media playbook created to engage fathers and father figures of the Dad Together program. This campaign shared statistics of how father involvement lowers the risk of child welfare system involvement.

In April 2024, in recognition of National Child Abuse Prevention Month, an awareness campaign was utilized called “Parent Forward.” This campaign highlighted home visiting and father engagement. Healthy Families Arizona and Dad Together were featured on a Fox 10 News broadcast and digital media story that reached 1.59 million people. Out-of-home billboards were also utilized and they reached almost 1 million impressions. A radio PSA was also created, in both English and Spanish, which reached 2.8 million people.

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 seat or booster seat for infants and children. DCS is the recipient of the Arizona Child Restraint Fund. This fund was established to provide child restraint systems to responsible agencies to distribute to families in need. Using additional funds from the CBCAP grant, DCS has been able to partner with various family resource centers, hospitals, child care facilities, and faith-based organizations to ensure that families in every community has car seats when needed. The Office of Prevention provides car seats and trainings to community agencies, who ensure the

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 into the DCS car seat program. During this FFY 2023, DCS has distributed 1,144 car seats. Of that total, 332 were distributed to hospital partners. DCS currently partners with a total of 40 community partners for car seat distribution.

#### ***Community Outreach and Distribution of Educational Materials***

Each year during the CFSP period, 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 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-19
- 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 Department CEO/Executive Deputy Director attends this partnership.

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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

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.

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 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. During FY 2023, community CarePortal churches assisted 1,584 children by providing for many unmet needs in the way of tangible goods and services.

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***

Since 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. The Office of Prevention has expanded this outreach and is now providing this service to Jewish Family & Children Services and the International Rescue Committee both located in Tucson, Arizona.

***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 the 2023 Super Bowl LVII that was held in Glendale, Arizona. This public awareness campaign supported 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 used Instagram, TikTok, and Snapchat to bring awareness to teens. Each platform reached well over a million impressions: Instagram 5,038,496, TikTok 3,670,486 and Snapchat 2,993,557. The campaign ran from December 12, 2022 through March 5, 2023.

***Centralized Coordination of Family Resource Centers (FRCs)***

In 2022, a partnership between DCS Office of Prevention, Prevent Child Abuse Arizona, and First Things First formed to discuss FRCs as a strategy to achieve a shared goal of advancing child well-being statewide. Using funds from the American Rescue Plan, contracted services for technical assistance were obtained from National Family Support Network. As discussions progressed, other partners throughout the state have been added to the discussions, including the Arizona Family Resource Network, Arizona Department of Health Services, and the Arizona Department of Economic Security. The primary goal of this group was to develop a robust, comprehensive, and sustainable system of FRCs accessible to families with children ages 0-17 across the state. This goal was designed to address a number of pressing statewide issues to include:

- Service providers lacking knowledge on how and where to refer families to resources,
- Families lacking knowledge on how and where to access resources available to meet their needs,
- The inefficient dissemination of resources to families in need,
- The overreliance on DCS to address family needs for resources,
- Underutilization of available resources in some areas,
- Lack of real time data on what is needed by families, and
- Time wasted on constant creation of resource guides.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

This coordinated group established a shared definition of a Family Resource Center and conducted a Statewide Needs Assessment. The needs assessment was conducted and determined that Arizona was in a good place to move forward with this work. The group developed and distributed a survey to understand the landscape of Arizona's FRCs. The survey was designed and distributed to all agencies that may meet the definition of the FRC. The survey was open from December 15, 2023 through January 19, 2024. The survey was completed by 175 family support entities. In the coming year, the survey results will be compiled and distributed to all participants and potential funders. Website development for Arizona's FRCs has begun and will continue in the coming year.

#### ***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 provide mandated reporters knowledge and tools to connect 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).

The training was developed to support the community, the context in which families and children live, as the frontline of prevention, and mandated reporters are an important part of that community. Mandated reporters must report when they suspect child abuse and neglect and can also connect families to supports and resources when needed, which at times can actually prevent the need for a child abuse report.

The one-hour training, entitled "Consider Yourself a Mandated Supporter" was developed based on the information gathered during focus groups of parents and educators and will educate mandated reporters on:

- The distinction between the child protective system and the broader child well-being system,
- individual behaviors that promote family protective factors, and
- opportunities to connect families to resources.

Twenty professionals completed the Training of Trainers. This cohort consisted of educators, social workers, members of the faith-based community, and parent leaders. During the coming year, these professionals will facilitate trainings with school professionals and law enforcement. Facilitators will be compensated for up to two trainings.

#### ***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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 a three-year assessment and establish recommendations for the implementation of the Child Abuse Prevention and Treatment Act/Children's Just Act (CJA).

The council meets quarterly and the agendas include 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, the DCS Welcome Center, and National Reunification Day.

#### ***National Partnership for Child Safety***

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 to implement and develop critical incident review processes, coaching in the use of the Safe Systems Improvement Tool, policy updates, communication, data analysis, and a customized database. 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 the University of Kentucky. The Department shares 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.

In March 2024, the Department, in collaboration with the NPCS and University of Kentucky, issued the first iteration of the Arizona Safety Culture Survey state-wide. The goal of the survey is to establish a baseline understanding of the Department's organizational culture and employee well-being. The results of the survey will be utilized to direct efforts to increase employee retention and deepen a culture of learning, which benefits children and families.

#### ***Dad Together***

Utilizing 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 to prevent contact with the Department of Child Safety. This program is open to fathers, biological or psychological, who are referred or self-referred to this program. The fathers are immediately assigned to a Father Support Specialist (FSS), who is also a father. The FSS provides the fathers or father figures with mentorship and develop an individualized support plan to assist the father with services to achieve the individual's or their child's behavior health goals. The program also provides specialized support and parent education groups for fathers

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

through the Nurturing Fathers Program. Since the inception of the program in 2021, the Dad Together program has provided ongoing supportive services to 299 fathers. One hundred eighty-three fathers have completed the Nurturing Fathers program.

This program has faced barriers related to keeping fathers engaged in the programs; however, many fathers leave the program and then return to complete the Nurturing Fathers curriculum or participate in the 1:1 Dad Talks. Surveys and interviews are being conducted to determine what obstacles fathers are facing that cause them to leave the program.

In collaboration with Prevent Child Abuse Arizona, Dad Together and DCS developed a four-part series of webinars to began to support family service providers to better engage with fathers. To date, two webinars have been held with a total of 90 participants. Each webinar was facilitated by a father, with the first facilitated by the only African American male doula in Arizona and the second by a father from the Native American community. The Dad Together program has been featured on the FRIENDS Peer Learning Call to discuss highlights of the program. Dad Together has created a brochure that gives a quick overview of the program and highlights two of the Father Support Specialists. These brochures are printed in English and Spanish. There is also a QR code listed that drives traffic to the program referral website. In FFY 2024, a video will be created for a local public service announcement to bring awareness to the program with the hopes of recruiting more fathers.

The Dad Together program has futuristic goals to develop partnerships with local hospitals in order to engage with fathers immediately after the birth of their babies to introduce and offer the Dad Together program.

#### ***Youth Transitioning into Adulthood***

Coordinated outreach activities for the 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 at age sixteen are eligible for services through the Arizona Transitional Independent Living Program (TILP). This program serves many 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 statewide through a community-based contractors, Arizona's Children Association and Intermountain Centers for Human Development. 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, Arizona Children's Association, and Intermountain Centers for Human Development 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,

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 with the child welfare system.

Because 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 the 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) providers. 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***

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 has

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

varied greatly throughout the five year reporting period, peaking in September 2022 at 13 minutes, 52 seconds. Currently, the average answer speed hovers around 90 seconds. The management system and the ability to maintain adequate staffing levels contributed to high quality and timely customer service.

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 90%. 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 90%.

Several technology upgrades and enhancements have occurred during this five-year reporting period. The Hotline transitioned from an on-premises call center platform to a cloud-based platform. The new platform provides additional stability and flexibility for call handling, monitoring, and reporting. Hotline operations physically relocated to a new office space with a secondary network provider and all intake staff were issued backup cell phones to allow for greater service continuity.

Hotline Management increased focus on workforce retention and workplace culture throughout the reporting period. The Hotline evolved from a fully onsite office environment to offering a combination of onsite, hybrid, and remote work options. This variety of flexible work options did not previously exist and has positively influenced employee satisfaction and retention. Additionally, remote work has allowed the Hotline to retain two tenured Intake Specialists who relocated to other areas of the State. 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.

In addition to expanding remote work options, the Hotline management team has expanded its efforts to promote an engaged and inspired workforce culture. Efforts include updates to Intake Specialist trainee onboarding and on-the-job training, standardizing recognition of those that model Department values and go above and beyond, and hosting office-wide activities. The relocation of the physical worksite presented the opportunity to install ergonomic sit and stand desks at each Intake Specialist's workstation. To emphasize and establish workplace culture expectations, all Hotline Supervisors who attended supervisor training prior to 2019 were enrolled in the Department's newest Supervisor Core training that highlights the culture of the agency, creating a culture of support, and safety science.

#### ***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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

- appropriate living arrangement in response to allegations of abuse or neglect,
- work cooperatively with law enforcement regarding reports that include criminal conduct allegations, and
- 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.

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)
- 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.

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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

opening of the case for ongoing services for any child indicated as unsafe. Subsequent reassessments of the Family Functioning Assessment are required 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 when determining the level of intervention. 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.

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

- 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.

#### ***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, Mohave, 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 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 is 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. These efforts have resulted in a 28% reduction in missing, runaway, and/or abducted DCS wards during SFY 2024.

#### ***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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 interdisciplinary 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 memos of understanding in place with several other counties to allow law enforcement and child welfare to utilize the nearby centers as needed. In addition to the advocacy centers, there are satellite offices and mobile units, which allow victims to receive services without having to travel long distances. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed. 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. During the CFSP period, seven additional counties, Cochise, Coconino, Gila, Mohave, Pinal, Yavapai, and Yuma, have implemented the program. DAP 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 following data indicates the number of times the DAP process has been utilized since the county began the process, resulting in a reduction of dependency petitions having to be filed:

- Cochise County – 7 DAP staffings involving 17 children since April 2022,
- Coconino County – 6 DAP staffings involving 9 children since March 2021,
- Gila County – 3 DAP staffings involving 3 children since August 2022,
- Mohave County – 55 DAP staffings involving 76 children since July 2021,
- Pima County – 442 DAP staffings involving 617 children since July 2015,
- Pinal County – 30 DAP staffings involving 47 children since August 2020,
- Yavapai County – 10 DAP staffings involving 10 children since October 2021, and
- Yuma County – 9 DAP staffings involving 15 children since May 2022.

Two additional counties, Graham and Navajo, are considering implementing the program in the near future.

The Administrative Office of the Courts has held bi-annual DAP meetings since August 2022 to provide a networking learning opportunity for the counties offering a DAP. Attendees discuss the referral process and successes and barriers experienced by the various disciplines involved in DAP, as well as an opportunity to receive updates on statewide DAP activities. The teams who attend from each county typically include a Judicial Officer, DAP Coordinator, DCS Representative, Court Administration, and Community Partners.

#### ***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. During 2022, the Department policy, computer-based training, and field resources were revised. PSRT continued to attend section and unit meetings to provide information and support field staff during the reporting period.

### **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 previously available family preservation, family support, and family reunification services. The goals for the service design are to:

- decrease recurrence of maltreatment and repeat reports,
- decrease the number of children entering out-of-home care,
- decrease racial disparity in foster care, and
- 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. 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, and is available statewide to families who have received a report of child abuse or neglect. FC focuses on strengthening families in the core outcomes of social support,

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 the risk of maltreatment, address impending danger within 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 July 2023, DCS partnered with Action for Child Protection to provide regional and Community of Practice (CoP) technical assistance (TA) sessions for the 23 FC contracted provider agencies. The CoP TA sessions consisted of eight two-hour sessions held between September 2023 and June 2024. The regional TA sessions consist of five two-hour regional sessions held monthly through May 2024. These sessions were designed to support FC provider agencies in their continued efforts toward delivering FC with fidelity. Since its implementation, FC has served 4,472 families during SFY22 and 5,961 families during SFY23. FC has served 5,364 families during the first ten months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

The 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 the child's power and independence. NPP is provided by contracted community-based agencies and is available statewide in all Arizona counties for families who have received a report of child abuse or neglect. The Nurturing Parenting Program is 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 develops a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught. In May 2024, DCS collaborated with provider agencies to begin a NPP Community of Practice. NPP served 2,472 during SFY22 and 4,135 families in SFY23. NPP served 3,035 families during the first ten months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

#### ***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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 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.

The SENSE program is supported by three Department staff from Fidelity and Compliance Services (FCS), two Service Coordinators and a Nurse Consultant. The Service Coordinators monitor the program by conducting provider agency site visits and performing case reviews. The Service Coordinators collect data for the program and share this information at quarterly provider meetings as an opportunity to discuss practice trends and program needs. FCS also works closely with the DCS Procurement team to report performance trends and assist with Vendor Performance Reports. Data and information collected is further shared with the Department's Consultation and Research unit to help inform future program design and changes.

The Nurse Consultant reviews all nurse assessments and screenings for medical and safety concerns and takes appropriate follow-up action when necessary. The Nurse Consultant also facilitates a monthly statewide conference call with the nurses to provide technical assistance, information, and resources, and answer any programmatic questions that arise. Trends identified during the reviews are discussed by the Nurse Consultant during the monthly calls to help ensure quality services and program efficacy.

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.

SENSE served 439 children and families, 846 DCS staff were trained in Safe Sleep, and 408 nursing assessments were completed in SFY 2021. SENSE served 237 children and families, 916 DCS staff were trained in Safe Sleep, and 244 nursing assessments were completed in SFY 2022. SENSE served 265 children and families, 954 DCS staff were trained in Safe Sleep, and 224 nursing assessments were completed in SFY 2023 (sources: DCS-FTF Joint Reports, SENSE Nurse Quarterly Reports, and Nurse Consultant's Assessment tracking tools).

SEN reports have decreased during the reporting period due to state legislative changes related to reports alleging marijuana use during pregnancy. As a result, the Consultation and Research unit plans to visit field offices receiving high numbers of SEN reports to ensure staff are up to date with any changes regarding the SENSE program and to fill knowledge gaps as needed.

#### ***Supervised Visitation Only and Clinically Supervised Parenting Time Services***

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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. SVO services were provided to 10,557 families in SFY22 and 11,223 families in SFY23. The Department has provided SVO services to 7,705 families during the first 11 months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

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 is available statewide and 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. CSPT served 70 families during SFY22 and 52 families in SFY23. CSPT has served 33 families during the first 11 months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

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.

#### ***Parenting Time Practice Model***

During SFY 2024, the Department has been actively working to establish a parenting time practice model that will support more timely permanency for children, a higher rate of reunification for families, and a lower rate of children returning to care due to repeat instances of abuse and neglect. The model focuses on developing individualized parenting time plans immediately after the removal of children from their families of origin. These plans should be specific to controlling the danger threat that may be present during parenting time in the least restrictive and most natural setting possible, to allow families to interact as naturally as possible, therefore allowing DCS to provide individualized case support to the family. In order to create these plans, DCS has developed a Parenting Time Planning Process that is facilitated by a Parenting Time Coordinator, who is an individual experienced in supervising and monitoring parenting time and trained on developing individualized parenting time plans. The process begins with a referral within one business day of removal, followed by immediate engagement with the family. The first parenting time session should be scheduled within the first week of removal, so long as contact is able to be made. The Parenting Time Coordinator will work to develop a parenting time plan in collaboration with the family and professionals working with the family within the first 45 to 60 days following the removal of the child. The plan focuses on using the various elements of the parenting time plan (frequency and duration, supervision level, location, time of day, people present, and supports) to control the danger threat in the least restrictive way possible. If a high restriction is recommended in the plan, there should be a clear reason behind the recommendation, as well as a

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

clearly defined behavior change specific to parenting time so the parent knows what is required to decrease the restrictiveness of the contact. This process began in five urban sites in Pima and Maricopa Counties in April 2024, with a plan to add additional sites as resources become available. The roll out of the program will continue into 2025. Steps being made to support the implementation of this process include high level reviews of parenting time plans throughout the state, updating the DCS parenting time documents, and providing training to Parenting Time Case Aides and Parenting Time Service Providers.

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

The mission of Arizona Families F.I.R.S.T. (AFF) is to provide family-centered substance abuse treatment and recovery support services to parents 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 is available state-wide, in all five DCS Regions. Individuals can be referred to AFF after receiving a report of alleged child neglect or abuse or through their involvement with the Arizona TANF program.

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, and 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.

The AFF December 2023 Annual Evaluation Report indicates:

- 6,802 new referrals and 1,328 continuing referrals were received during SFY 2023,
- AFF staff attempted at least one outreach with 98% of the new referrals during SFY 2023,
- 96% of those outreach attempts were completed within one business day of receiving the referral from the Department,
- 61% of referrals resulted in clients providing a release of information for voluntary acceptance of AFF services,
- 10% of these clients completed their assessment within seven days after accepting services,
- of those AFF clients receiving services and whose case was closed during SFY 2023, 12% (962 clients) successfully completed AFF services, and
- combined data for SFYs 2020-2023 indicate significantly more parents who completed AFF (86%) were reunified with their child than those who did not complete AFF (52%).

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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Since its inception in 2001, the Family Drug Court in Pima County has provided intensive case management and judicial oversight to dependency-involved parents affected by substance abuse and their children. In November 2022 the Pima County Family Drug Court (FDC) changed its name to RAISE Family Treatment Court (FTC) reflecting the program's dedication toward 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 who seek assistance to maintain their sobriety and reunify with their children.

FTC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach to attain 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. Recovery Support Specialists have the unique role of providing additional support and accountability for parents, drawing on their own lived experiences to aid the individuals they serve.

RAISE FTC is recognized as a National Peer Learning Court. The number of parents and children served has significantly increased in the last 6 years supporting a monthly average of 76 parents and 123 children. During a five-year SAMHSA grant in effect between 2018 and 2023, 450 parents and 716 children enrolled in RAISE FTC, which represented 96% and 106% of the grant enrollment goals, respectively. The reunification rate for children with a parent who participated in FTC during the five-year grant, and whose case was closed at the end of the grant, was 79% (99% for parents who graduated, 89% for parents who voluntarily discharged, 49% for parents who were involuntarily discharged).

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, this partnership allows FTC and the Department to provide a comprehensive, family-centered approach. The partnership promotes a collaborative focus on case management, safety planning, reunification, and shared goals to improve outcomes for parents with substance abuse issues and their children.

The Maricopa County Family Treatment Court (FTC) is a voluntary program designed for parents struggling with substance use who are also involved in an open dependency case in the court's Juvenile Department. The program was established in December 2012 and follows the national treatment-focused problem-solving court model. FTC aims to support participants in their journey towards recovery. Through structured phases, FTC provides a framework of incentives and consequences to motivate and hold clients accountable. The primary objective is to foster sobriety, promote family reunification, and enhance the overall well-being of the children and families involved.

Mohave County began a Family Treatment Court pilot program in January 2024. At the preliminary protective hearing, the parents are ordered by the judge to attend two sessions of FTC. After attending these two sessions, the parent can then make the choice to remain involved. To

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

date, Mohave County has had 10 parents attend FTC, with six of those parents voluntarily staying in the program and active at the end of the SFY. Mohave County FTC had its first parent graduate from the program in June 2024.

Coconino, Pinal, and Yavapai Counties are also in various stages of implementing Family Treatment Courts. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court. The parent then has the option to join the program following the observed court session for continued support with their sobriety. The referral process also allows attorneys representing parents to refer parents to the program and parents to self-refer.

#### ***Housing Assistance***

The Housing Assistance Program continued 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 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. Each family may receive the funding support no more than twice per 12-month period. In SFY 2023 the Housing Assistance program provided financial support for the reunification or permanent living arrangement of 264 families throughout Arizona and expended \$454,756.92 statewide, over \$203,000 more than in SFY 2022.

A lack of available and sustainable housing and verifiable income contributed to some individuals not being able to participate in the program.

#### **Team Based Parent Representation (TBPR)**

The TBPR program in Maricopa County began in October 2019 and provides an umbrella of support to some of the parents navigating the child welfare system within Maricopa County. The TBPR team is comprised of an attorney, a social worker, and a Peer Parent Navigator. The attorney and social worker work in the Office of the Public Advocate (OPA), the Office of the Legal Defender (OLD), or is contracted through the Office of the Public Defense Services. The attorney represents the parent at all dependency case hearings and provides advice and guidance on all legal matters pertaining to the case. The social worker is funded with title IV-E funds and assists the parent with resources and to obtain necessary services. The Peer Parent Navigator works for

the Family Involvement Center and provides support, guidance, and assistance to parents as someone who has successfully navigated their own dependency case. In 2021, the Arizona State University conducted a program evaluation for the TBPR Program and found that of the 73 cases studied that had achieved a permanency outcome in which TBPR was involved, 72.6% or 53 of cases achieved a permanency outcome of reunification.

### **Parents For Parents**

A peer-parent program, Parents For Parents, is available to a limited number of parents within Maricopa County. The program provides birth parents with the services of a mentor parent who has successfully navigated their own child welfare dependency case in the past. The Family Involvement Center (FIC) manages the Parents For Parents program with funds received from State Opioid Response funds, Piper Trust, and Casey Family Programs grants.

## **4. Permanency Planning and Placement 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 typically 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 guides to further educate DCS Specialists to gather full information to assess functioning and protective capacities. The guides provide recommend open-ended, non-confrontational questions phrased to engage family members in the

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

identification of their own unique strengths and needs. The Department uses information gathered during the interviews to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The thorough information gathering results in a case plan that is tailored to the unique needs identified by the family or other sources. DCS Specialists arrange and monitor services to address diminished protective capacities within the home, maintain family relationships, and support timely achievement of the permanency plan. DCS Specialists facilitate information sharing among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition of the child to the home when the in-home safety analysis indicates the threats can be safely managed in the home 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 a 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 another planned permanent living arrangement (APPLA). Department policy prohibits a permanency goal of APPLA for children younger than 16 years of age. Although

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

APPLA 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,
- 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, and
- place children with caregivers who can communicate in the child's language.

Out-of-home care types include licensed or court-approved kinship homes, non-relative licensed foster homes, 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 for a family locate.

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 Accurint, 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

made to the Department Locate unit for more extensive search efforts.

The Department has a centralized and standardized process, through the DCS Placement Administration, for selecting family foster homes and congregate care facilities for children when a kinship caregiver has not yet been identified. Management system tools are utilized, and qualitative reviews are conducted to monitor the decisions to place children in a group home setting.

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. QRTPs are considered when 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

affecting the children and allowing them an opportunity to share their thoughts and feelings,

- reviewing each case every six months through the FCRB process or the Department's administrative review procedures, and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs, including visiting alone with the child if 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, 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.

The Department continues to provide assistance and support to out-of-home caregivers via the Department's Warm Line (877)-KIDS NEED U. Caregivers can call and speak with a DCS staff member related to foster care reimbursements, becoming licensed, and other inquiries for support or assistance.

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 IV: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

#### ***Kinship Caregiver Identification, Assessment, and Support***

Consistent with national best practice standards, the Department gives caregiver preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promotes practices that recognize kinship connections are not limited to blood relationships and has policies and procedures in place requiring staff to identify and pursue all emotional connections important to a child. Kinship caregivers often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. When a child enters the Department's care, program specialists complete Seneca family finding searches in order to support the child's connections, build and maintain a family support network, and possibly identify placement resources for child.

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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

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, 2019, 44% of children age birth to 17 in out of home care in Arizona were living with an unlicensed kinship caregiver. On December 31, 2023, the percentage of children age birth to 17 in out-of-home care in Arizona living with an unlicensed kinship caregiver grew to 48% reducing the need for licensed family foster care by 4,387 beds (source: Semi-annual Child Welfare Report March 2024). As of May 31, 2024, 50.6% of all children age 0 to 17 in out-of-home care were placed with unlicensed relatives and kin or licensed relatives (source: Power BI OOH Dashboard, May 2024). This percentage does not include the children who were placed with licensed kin, which means that the percentage is actually higher.

Arizona's percentage of children with a relative or kinship OOH caregiver, which is above the current national average of the number of children with a relative (34%), indicates effective practice that is grounded in clear policy and procedural guidance (source: AFCARS Report No 30). 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,
- 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, and
- the use of family locate referrals to search for and locate relatives of children in out-of-home care.

During SFY 2024, the Department developed standard work and a process map to standardize the use of Seneca Searches for children in out-of-home care, particularly for those who are not placed with a relative or kinship out-of-home caregiver. DCS Section Program Specialists complete Seneca Searches in order to identify and locate relatives for children in out-of-home care, support the child's connections, build and maintain a family support network, and possibly identify placement resources for child. When the DCS Specialist's preliminary family finding efforts are not successful, the Specialist completes a referral for the Program Specialist to complete a Seneca Search. This tool uses birth parent information to identify potential contacts from various social

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

media sites. The DCS Specialist then utilizes the information to contact the potential relatives and important people in the child's life.

The Department employs a team of Congregate Care Reduction Specialists who reconnect youth who are placed in a congregate care setting with natural supports and help identify new connections. Connections and family network building is the focus with the goal of locating a family living arrangement for the youth and a network to support them which will decrease the chances of re-entry into foster care. Other aspects of the Department's support to relative and kinship identification include:

- expanded TDM processes identify and transition youth who are placed in congregate care into family-like settings and
- increased availability of in-home, behavioral health, and other community services assist with transitioning the children to less restrictive placements and support any kinship caregivers identified.

The Department's health plan continues collaboration with Placement Administration 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. DCS 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 and health plan navigation information should any issues or concerns arise or if caregivers 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. Food boxes are also available to support kinship caregivers as a supply of food boxes are 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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated. In Arizona, kinship home studies are conducted through contracted community agencies. Financial support, in the form of Temporary Assistance for Needy Families (TANF) was encouraged through the Home Assessment and Courtesy Supervision contracts and now the Kinship Support Services contract. 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 the Department has worked to reduce the requirements for kinship caregivers to become licensed, expanded criteria for kinship waivers to licensing rule, and created an expedited path to licensure for kin to be licensed in 60-90 days. On 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 2023 85 waivers were granted. Waivers are typically granted for the following reasons:

- applicant's age (18 to 20-year old applicants),
- 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 who needed alternative delivery methods or schedules for pre-service training,
- sharing of bedrooms beyond what is prescribed, and
- 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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

Department's [public website](#) which directs kinship caregivers to resources and supports.

Kinship caregivers currently receive \$9.86 per day per foster child in their home. For caregivers who do not pursue licensing, the following financial and other supports are provided:

- medical, dental, and mental health insurance for the child through the Department's Comprehensive Health Plan,
- childcare, parenting skills, and assistance with transportation for necessary appointments,
- monthly clothing and personal allowance and other "special" allowances may be available (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,
- 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, and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, Arizona Helping Hands, Aviva, Boost a Foster Family, Family Involvement Center, 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. Additional kinship supports are available by referral to a Kinship Support Services contractor.

Until February 2024, the Department offered direct kinship support to unlicensed kinship families. Two Kinship Engagement Support Specialists provided support to field staff by seeking connections and kinship caregivers for children placed in congregate care utilizing a family search database. The Specialists then made contact and assessed the ability of the potential kinship caregivers to be a connection or placement resource for the child. Kinship Engagement Support Specialists also completed criminal background checks and Central Registry checks once a potential kinship caregiver had confirmed the desire to be a caregiver for the child. The Kinship Engagement Support Specialist would also assist with the transition of the youth from congregate care to the identified family setting and then provide Kinship Support Services to support the child and kinship caregiver.

Eight Kinship Support Specialists supported kinship caregivers in all counties through in person

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

or virtual visits. The assigned Kinship Support Specialist contacted the family within a specific timeframe, scheduled in-person or virtual meetings, and conducted follow ups every 30, 50, and 80 days. If a kinship caregiver needed additional support after the 80 days, the kinship support specialist continued to provide support as needed. The Kinship Support Specialists met 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 connected families with community support groups that can assist them in their child welfare experience. In addition, information was provided on the legal and behavioral health systems, and efforts were made to stabilize living arrangements to avoid placement disruptions or changes. During SFY 2023, there were 2,819 services provided statewide. The most needed services were TANF cash assistance, invoices and billing paperwork assistance, allowance assistance, referral to community resources, assistance with portal access for billing and direct deposit, and the Kinship information packet. There were 4,059 items provided to unlicensed kinship families statewide with the most needed items being clothes, diapers, wipes, backpacks, luggage, hygiene bags, bedding, furniture, food, beds, household items, toys, and kinship folders containing information about DCS, community resources, and foster care. The Kinship Navigator Grant has assisted in obtaining these items.

The Kinship Support Program Supervisors also monitored efforts and provided support through statewide technical assistance and training. Continued efforts from the previous SFY included:

- 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;
- providing policy and best practices information sessions to newly hired DCS Specialists to support kinship caregivers.

In February 2024, the Kinship Support Services (KSS) contract began and expanded the prior work of the Department's Kinship Supports unit through statewide contracted providers with experience supporting kinship caregivers. KSS providers engage with kinship caregivers from the time the kinship resource is identified and/or placement is made. Services will last from referral until permanency is reached. KSS services include kinship navigation, home assessments, foster care licensing, and if applicable, adoption certification. Kinship navigation includes a Caregiver Self Evaluation and a Strength Needs & Cultural Discovery (SNCD) worksheet to develop an individualized navigation plan for the kinship caregiver. The plans address needs, barriers to services or licensure, case plan changes, and supports needed to navigate the child welfare, court, medical/behavioral health, and educational systems. The Department's Kinship Supports team now supports the KSS providers and facilitates relationships between providers and the DCS Specialist for the child and kinship caregiver.

The Department's Kinship Support Service (KSS) Team continues to 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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

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 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.

As of February 2024, the Department's Kinship Engagement Support Specialists and Kinship Support Specialists transitioned into the role of Congregate Care Reduction Specialists in the Congregate Care Reduction Unit within Placement Administration. The Congregate Care Reduction Specialists conduct activities focused on increasing important connections for youth and identifying family-like settings for children in groups homes. These Specialists utilize strategies to achieve this goal such as searching case files for relative and important connections, meeting with youth to learn about connections, conduct Seneca Searches, and work with the Specialist to reassess any potential kin that have previously been ruled out. The Congregate Care Reduction Specialists conduct home inspections, submit referrals, assist with transitions of children into the home, conduct visits with the kinship caregivers, and assist with any barriers that arise and prevent youth from having natural connections and a family network available to them. Since February 2024, 179 youth were supported by the Congregate Care Reduction Specialists and 118 have been transitioned to family settings due to the combined efforts of Congregate Care Reduction Specialists, Placement Coordination, and DCS Field Specialists.

In June 2024, some of the Congregate Care Reduction Specialists started a collaboration with the Minority Professional Leadership Program to conduct research on disparities related to permanency outcomes for African American youth ages 16 and 17 over who reside in congregate care settings. The goal is to help identify and address barriers to achieving permanency to help avoid the children aging out of foster care without a permanent plan.

#### ***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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 60 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."

During FFY 2020 to FFY 2023, Arizona received 3,565 ICPC requests for a home study of an Arizona family as a potential placement resource. Arizona completed 2,745 of the home studies within the 60-day timeframe or provided preliminary reports. During FFY 2020 to 2023, Arizona made 2,096 requests to other states for home studies and 1,634 of the ICPC home study requests were completed within the 60-day timeframe or Arizona ICPC was provided with a preliminary report. For FFY 2024, Arizona is tracking 442 incoming ICPC requests and 568 outgoing requests. During this period, Arizona utilized the National Electronic Interstate Compact Enterprise (NEICE) system for ICPC data tracking and upgraded to NEICE 2.0 as well.

During this period, the NEICE system was utilized to improve timeliness and processing of requests. NEICE helped Arizona maintain ICPC processing during the pandemic and has allowed for improved file access. Arizona converted to digital records for ICPC, which reduced the need for storage of physical records. Arizona has improved its safe and timely performance and will continue these efforts, which are largely related to staffing issues with contracted agencies.

## **5. Adoption Promotion and Support Services**

### ***Adoptive Home Identification, Placement, and Supervision Services***

Throughout the reporting period, the Department has continued to provide adoption promotion and support services with the goal of placing children in permanent homes. These services include an Adoption Registry of families who are certified to adopt children in Arizona, 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 include targeted and child specific recruitment. 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 agencies recruit homes in specific geographical areas and provide recruitment estimators to contractors to assist in focusing recruitment strategies to specific counties in which the need is high. The estimator considers that some homes will close their licenses, that the pool of homes needs to be larger than the population of children needing placement, and that some child characteristics can be more difficult to match to foster families than others. This tool is an estimate to help inform recruitment efforts, and as such, unexpected changes are not able to be reflected in the tool.

DCS has established a comprehensive Child Specific Recruitment contract with three providers across the state. This contractual initiative is designed to address the unique needs, interests, and connections of individual children in foster care, with a primary focus on recruiting or identifying suitable foster, adoptive, and kinship families. These efforts encompass a range of strategies, including the creation of photo listings and recruitment videos, meticulous file mining, and proactive family finding endeavors. Moreover, the program extends its outreach by engaging with specialized groups possessing relevant expertise, such as parents of children with autism or special education teachers, as well as individuals sharing specific interests with the child, such as artists or veterinarians. Furthermore, the initiative emphasizes the empowerment of children and teenagers, encouraging them to actively participate in suggesting strategies for recruiting or identifying potential families, thereby fostering a collaborative and inclusive approach to child welfare.

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 who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders, age, a sibling relationship, or racial or ethnic factors impacting timely permanency. The physical, mental, or emotional disorders may be a direct result of the

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 during the reporting period after consistently increasing for many years. The number of children served by the adoption subsidy program ranged from 32,418 on March 31, 2020 to 33,615 on March 31, 2023, dropping to 33,093 on March 31, 2024. The number of new special needs adoptions being subsidized ranged from 2,808 to 3,311 children per SFY during the reporting period. The Department reimbursed \$4,168,184 of nonrecurring adoption expenses in FFY 2023. Of the 2,808 children who were adopted during SFY 2023, 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 and required the care of a Therapeutic Foster Home or Child Developmental Home while in foster care. Since the inception of the new specialized adoption subsidy rate, 163 children have been adopted with this rate that may not have been able to achieve permanency without this level of support.
- 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 two Subsidy Behavioral Health Liaison positions to ensure that the needs of children and families are met both inside of Arizona and beyond. These positions assist families with navigating the behavioral health system, including attendance at Child and Family Team meetings to assist adoptive parents understand and advocate for their children's needs. There has been a noticeable increase in the number of families accessing this type of support in the latter two years of the reporting period.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a listing of support agencies and community resources for adoptive families across the state and nationally. This listing is provided to the licensing agencies, adoption subsidy workers, and Department field staff to provide to families as needed. The Subsidy Supervisors and Program Manager regularly present information

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

around the state to make community partners and Department staff aware of the supports available to adoptive families and improve the communication surrounding support to adoptive families. 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 the upcoming year. The Department has not encountered changes, challenges, or issues regarding timely expenditures with the 36-month expenditure period.

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

#### ***Adoption Savings***

The Department has used the Adoption Savings Funds during SFY 2024 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.

The Post-Permanency Triple P services were funded with Adoption Savings funds during the reporting period beginning in January 2023, with two agencies being awarded the contract to support families served by the subsidy program. This program supported 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 was 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.

As both agencies were in Maricopa County, services were provided in the home for residents of Maricopa County and Triple P Arizona authorized virtual meetings with families in the other counties of Arizona. For families requesting in-home services outside of Maricopa County, Triple P Arizona was helpful to identify community providers outside the scope of the Post-Permanency Triple P contract to provide the support. The Department anticipated approximately fifteen to twenty referrals monthly, with each contractor anticipated to serve more than one hundred families annually; however, the need for this support was not as high as anticipated and the service will no longer be available through DCS after SFY 2024.

The Department has engaged the provider community and will allocate 30% of the adoption savings funding to post-adoption services. 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 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**

***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. Throughout the reporting period, the number of children receiving Guardianship Subsidy has ranged from 2,736 on March 31, 2020 to 3,365 as of March 31, 2024. The marked increase is due to a Department wide effort for children to achieve the least restrictive type of permanency when reunification is not an option. Families receiving guardianship subsidy were included in the scope of work for the Post-Permanency Triple P contract beginning in January 2023 allowing these families to receive this supportive service when needed. Another change to the program during the CFSP period includes the Subsidy Behavioral Health Liaisons providing support to guardianship families with navigating the behavioral health system, attendance at Child and Family Team meetings, and researching resources and services appropriate to meet the needs of this population of children and caretakers.

***Independent Living and Transitional Independent Living***

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 services, supports, and financial assistance to youth in out-of-home care in efforts to support them in achieving permanency and build skills and abilities to successfully 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 the following.

- 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, 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

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

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 annual youth 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 2023, one hundred and ten former foster youth received assistance from this program, which is a decrease from the CY 2022. 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 2024-2029 plan will include planned efforts to explore the decreases in services for the upcoming years.

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. The Department's health plan 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 utilized by the provider community to enhance application of the service.
- Partnerships have been created with the State's Juvenile Corrections and the Department's Comprehensive Health Plan to ensure youth preparing to be released

from the correctional facility at 18 who may have higher behavioral health needs have supportive housing and services in place, for additional assurance of a smooth transition into the community.

- 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. DCS CHP 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.
- 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, and
  - identification of the needs and areas of focus that shall be addressed in order

**Child and Family Services Final Report FFYs 2020-2024**  
**Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

to move toward the desired future.

With the implementation of the Department's Comprehensive Health Plan (CHP), a collaborative group was formed consisting of system partners and the provider community allowing DCS CHP 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 has been delivered to the Mercy Care providers over virtual sessions in 2023 and 2024.

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 them, and related accomplishments located in *Section IX: 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 fifty-four YATI referrals submitted for young adults who reached the age of eighteen while in foster care during CY 2023, an increase of forty-four referrals completed compared to CY 2022. An automated process has been established between DCS CHP and AHCCCS to ensure all youth who turn eighteen in out-of-home care are enrolled in an AHCCCS plan for Medicaid services upon their 18<sup>th</sup> birthday. 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 or
  - was adopted from any state or tribal foster care program at age 16 or 17, and
- is in good standing and progressing towards completion of the program.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in *Section IX: 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 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.
- In September 2023, DCS began providing the Trauma, Empathy, and Your Role in Culturally Grounded Practice training developed in partnership with Arizona State University. This training includes four computer-based trainings and four in-person classroom trainings and aligns with the DCS mission and objective to provide culturally relevant services to families and children served in Arizona. This learning track is required for all DCS Employees.
- 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 age 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,
  - 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,

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

- 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, and
  - 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 50% of children placed with relative caregivers on May 31, 2023, which continues to be above the national average of 34% (source: Power BI OOH Dashboard and AFCARS Report No 30).
- 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.
- 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. The TDM model recognizes the strength of families and the importance of respectfully involving them in the decision-making process, while also emphasizing the value of teamwork and the need to consider the perspectives of all involved parties. The TDM core values highlight the importance of creating a respectful and inclusive environment during the meeting and to provide guidelines for participants. This ensures that all voices are heard and considered. TDM meetings are a collaborative process involving a team of people, including Department field staff and Supervisors, family (custodial and non-custodial parents, legal guardians, and adult siblings), family supports, community members, and partnering agencies, including tribal representatives when applicable. Children and their siblings are also invited if their level of functioning and the current situation permit their full participation. By engaging family members, youth, friends, and natural and paid supports in decision making and the identification of safe placement options and permanency plans, TDM meetings assist in achieving safety and permanency outcomes such as timely reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and the identification of and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, including 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. During the TDM meetings, 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.

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.

Community and family members who have participated in a TDM are asked to participate in to collect insightful comments from those who have participated in the process in order to contribute to better practice and quality. The survey information is utilized to continually monitor the experiences of the participants and and enhance future connections with the families and community members involved. 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.

During the last two years, the Department has partnered with Evident Change, the proprietors of the Team Decision Making approach, to review the fidelity to the TDM meeting model as well as alignment with the DCS SAFE AZ practice model. During this time, community members,

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

parents, and young people with lived TDM experience were invited to work alongside the Department in order to improve practice.

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

Also during the reporting period, TDM staff have received 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 least restrictive plan while ensuring the safety of the child. The technical assistance included training for TDM facilitators related to the model and the use of coaching skills in facilitation. In addition, Action for Child Protection has provided on-site technical assistance sessions focused on SAFE AZ model concepts and the application of the concepts during TDM meetings. Action for Child Protection has also conducted virtual and in-person observations of TDM facilitators and provided immediate feedback following the TDM meeting.

During CY 2024, field staff received training on the transformed TDM protocol to be better equipped to serve families and young people with care and compassion. In addition, upon the recommendation of Evident Change, the Department reduced the number of TDM meeting types 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
  - 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)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

During the reporting period, there have been barriers to tracking TDM data consistently; however, the Department has contracted with Evident Change to utilize their TDM data tracking application for use in CY 2024 as a part of a national data set. The Department received training related to the tracking application in June 2024 and will begin using the data system in July 2024, which will allow for more robust data analysis and improvements based on the information learned.

***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, Child and Caregiver Visitation Guide, provide guidance on the topics that should be explored and discussed 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.

The Department's policies include an emphasis to consider cultural and inclusive language when

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

interacting with case participants. 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 invest in mobile technology for field staff. The investment in mobile technology improves capacity to conduct monthly caseworker visits with children.

The caseworker visit data submitted for FFY 2023 indicated 96% of children were seen on a monthly basis by caseworkers and 67% of the total number of visits occurred in the child's residence which met both of the federal standards.

#### ***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 termination of the parent-child relationship, granted permanent guardianship of the child, or the child has reached the age of majority. Contact may be face-to-face, written, or by telephone.

The PICR instrument includes an item to evaluate the frequency and quality of DCS Specialists' 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 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. In 2023, the Arizona

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Legislature passed House Bill 2313 which expanded in great detail the requirements of the search for adult relatives with a significant relationship with the child or youth. This includes interviews, searches of multiple databases, and inquires by the court of the parties during a case hearing. It also requires the department report the results of these locate efforts to the court within 30 days of the child being taken into temporary custody and then at each subsequent hearing.

Section Program Specialists, located at the various offices across the state, have access to Accurint (LexisNexis), a person search software and other sources to search for contact information for parents and relatives of children during child abuse investigations and ongoing cases. If these initial efforts are not successful, a referral can be made to the DCS Locate Team for more extensive search efforts. From July 2023 through April 2024, the Section Program Specialists conducted approximately 1,467 searches and located possible contact information for 1,301 of the individuals (source: Region Field Locate Tracking Logs).

DCS Section Program Specialists also complete Seneca Searches in order to identify and locate relatives for children in out-of-home care, support the child's connections, build and maintain a family support network, and possibly identify placement resources for child. When the DCS Specialists' preliminary family finding efforts are not successful, the Specialists completes a referral for the Program Specialist to complete a Seneca Search. This tool uses birth parent information to identify potential contacts from various social media sites. The DCS Specialist then utilizes the information to contact the potential relatives and important people in the child's life. During SFY 2024, the Department developed standard work and a process map to standardize this work for children in out-of-home care, particularly for those who are not placed with a relative or kinship out-of-home caregiver.

The Department's Locate Team receives locate requests from the Attorney General's Office to effectuate service. 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. The DCS Locate Team performs all request for international search efforts. 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 May 2023 through April 2024, the DCS Locate Team received 3,445 referrals from the Arizona Attorney General Office (AGO) and 59 from DCS Specialists. Of these, 163 were cancelled by the AGO or rejected and 40 are still being processed. Thus, as of May 1, 2024, DCS

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Locate Team attempted to locate 3,296 people and successfully obtained location information for 1,341 (41%) 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.

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

Each child's DCS Specialist coordinates with the child's parents, out-of-home 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 young people experiencing foster care, parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Educational plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, and other informal meetings. The case plan for every child in out-of-home care specifies the child's educational status and needs, and services provided to address those needs. Education related goals and tasks may also be included in the case plans of children residing with their parents and receiving in-home services, and are required as part of reunification plans to ensure smooth transitions for children returning home.

Children and youth receive educational services, including exceptional student (special education) services, through the Arizona public school system which includes tuition-free charter schools. DCS Specialists coordinate with parents, the Individuals with Disabilities Education Act (IDEA) parent (if different from the biological or adoptive parent), school officials, teachers, foster care providers, and others to monitor educational needs and plan and modify services as necessary. DCS Specialists advocate for services through other agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services, and through school and community-based supports.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

DCS identifies the education rights holder which is most often the child's parent (birth or adoptive), and encourages and supports their participation in the development and approval of education plans, including Individualized Education Plans (IEP) to address special education needs. When the parent cannot be located or is unwilling or unable to participate in education decision making, the Department notifies the Local Educational Agency (LEA), school district, and when necessary, the dependency court, and collaborates to identify another person to act as the IDEA parent. State law permits a kinship or licensed foster parent or another person (i.e. surrogate parent) appointed by the Arizona Department of Education or court to act as the IDEA parent. When needed, a surrogate parent is assigned the IDEA decision making rights to request and approve special education evaluation and services, and participates in the development, approval, and review of IEPs. Congregate care providers and DCS Specialists are not permitted to serve as the IDEA parent but may provide information and attend IEP meetings.

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 2022, 101 youth were enrolled, compared to 82 enrolled in June 2023. 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 SFY 2024 these efforts have included 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 decreased during the reporting period, from 417 in June 2022 to 249 in June 2023. The reason for this decrease will be explored to better understand how age, living arrangement, parenting, participation in the Extended Foster Care program, school experiences and other factors may be impacting academic achievement for program youth. With the transition of the voluntary extended foster care program to the new Extended Foster Care Success program, the Department anticipates the new structure will provide more support to young adults in the completion of secondary education and navigating enrollment into post-secondary programs.

DCS maintains an Educational Case Management Unit managed by the State Coordinator for Foster Care-Education Partnerships. This unit consists of three full-time case managers who serve youth currently and former in foster care, statewide. The educational case management unit is mandated in state law to assist youth to 1) graduate from high school, 2) pass the statewide assessment, 3) apply for post-secondary financial assistance, and 4) apply for post-secondary education. Education Specialists also support youth currently and formerly in foster care through the following:

- Education experience assessments conducted during in-person contacts to inform education plans including plans for completion of high school and enrollment into post-secondary education and training programs.
- In-person and virtual meetings with referred youth on an individual basis providing support through information sharing and connecting youth to academic and financial supports, as

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

needed.

- Collaborate with a DCS Youth Advocacy Specialist (young adults with lived experience) to support youth in identifying education needs and navigating support systems.
- Provision of technical assistance to assigned case managers, foster caregivers, and others.
- Participation in local and statewide collaboratives to monitor and improve the education experiences of young people experiencing foster care.

The State Coordinator for Foster Care-Education Partnerships acts as the state-level foster care point of contact (POC) supporting implementation of the Every Student Succeeds Act (ESSA). This position provides outreach, support, and technical assistance to Local Educational Agencies (LEAs) or school districts, in addition to overseeing the activities of the Education Case Management Unit. More information on high school attainment can be found in the Section IX: *Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*.

DCS maintains a partnership, which is supported by the Governor's Office, with FosterEd Arizona, a Compassionate Education Systems Initiative of the National Center for Youth Law. This initiative works to ensure students in foster care have effective and committed education champions ("persons in their corner"), well-coordinated education teams, and student-centered education engagement and plans. The partnership provides for the following:

- Field-level support: FosterEd maintains four staff (three liaisons and a regional Program Manager) in Pima County, with one liaison co-located in a field office and two liaisons co-located in Tucson Unified School District high schools. In Maricopa County, four education liaisons are co-located in Department offices throughout the region. Yavapai County, in northern Arizona, has one liaison co-located in both schools and a field office. Other students in the state are served through student-level consultation on an as needed basis.
- Recognizing that all youth may not require the same level of involvement, there are three tiers of support available: intensive, responsive, and universal. The "intensive tier" focuses on supporting high school aged and other students with complex needs. The responsive tier focuses on students in lower grades with less complex needs, often by collaborating with and supporting the adults in the students' life. The 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.
- Collaborative leadership: The FosterEd Arizona leadership team continues to partner very closely with the Department through support of community collaboratives in Pima and Maricopa County, and through monthly meetings with state-level managers and administrators to discuss trends and successes, provide input and feedback on current policy and practice, and to work collaboratively to improve education outcomes for children experiencing foster care.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

Other activities to improve educational outcomes for youth experiencing foster care have continued across Arizona during the CFSP period. Recent and continuing examples of these efforts include:

- expansion of the population served by the DCS Education Specialists to include youth in elementary and middle school,
- enhanced collaboration with LEAs to improve school experiences (generally) and to address behavioral health and other issues (i.e. waivers of fees and fines) that may impede a youth's academic progress, and
- continued emphasis on maintaining school stability through increased outreach and collaboration with LEAs and enhanced guidance to DCS Specialists on strategies to improve the education best interest determination discussion and navigate transportation and other challenges.

Ongoing collaboration with the Arizona Department of Education is targeting improvements to the implementation of the ESSA to resolve issues related to maintaining school of origin, transportation, and other services. The creation and updating of guides, pamphlets, and informational workshops inform youth, caregivers, DCS Specialists, and community partners about educational supports and opportunities including financial aid for post-secondary programs. DCS will continue, and will seek to expand, collaborations with colleges, universities (i.e. Grand Canyon University Fostering Futures Scholars and Arizona State University Bridging Success+), and other organizations to increase the number of youth enrolled in and completing post-secondary education programs. When funding is available, DCS supports staff attendance at conferences and external meetings to learn about and share information on resources and innovative practices.

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 IX: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

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

The Department is responsible for the provision of covered, medically necessary services for children in out-of-home care (A.R.S. § 8-512). The majority of children in Arizona's foster care system receive health care coverage through DCS CHP, which is the health insurance health plan embedded within the Department. DCS CHP operates as a fully integrated health plan under contract (ADCS15-074550) with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined to be Medicaid eligible. Non-Medicaid eligible children are also covered by the health plan and 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). Prior to integration, behavioral health benefits for Medicaid eligible children in out-of-home care were provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). American Indian children are served through DCS CHP or one of the five Tribal Regional

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 and its contracted health plan. 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 Department recognizes the importance of a coordinated oversight and monitoring system of the health and wellbeing for children in out-of-home care. During this review period, the Department contracted with an AHCCCS Managed Care Organization (MCO), with knowledge and experience in integrated physical and behavioral health care and service delivery for a pediatric population. This statewide contract was effective April 1, 2021, and serves all Arizona children and youth in out-of-home care. This approach provides a continuum that encompasses the oversight of services, identification of needed services, and the delivery of those needed services for children in foster care. The subcontracted MCO is expected to support and facilitate delegated administrative functions as specified in DCS Solicitation/Contract (CTR050520). DCS CHP has ultimate responsibility in meeting the expectations of the AHCCCS contract.

With the successful implementation of a fully integrated health plan, the Department gained additional knowledge about the medical and behavioral health needs of the children served, available medical resources, and gaps in services in some areas. The Department recognized the need for increased communication and collaboration with its subcontracted MCO partner to strengthen data sharing activities related to improving healthcare and oversight. The Department participates in monthly business review meetings where performance metrics and counter measures are discussed with the subcontracted MCO to identify opportunities to improve children and youth's access to health services. As new technologies and processes are developed, this relationship continues to evolve, and will remain the cornerstone of the Department's efforts to improve health outcomes for children and youth in foster care.

The Department's Program Policies and Practice Guidelines, in conjunction with required state and federal Medicaid policies and guidelines, outline procedures to be followed when providing children with health screenings and other medical care, dental exams, behavioral health, developmental and social assessments/screenings, and immunizations. These guidelines also address procedures to be followed for special medical situations.

#### ***Initial and Follow up Health Screenings***

All children who are ill or have signs of abuse or neglect are seen by a medical provider within 24 hours of entering the Department's custody. Emergency medical treatment is obtained for any child when necessary as soon as is possible.

All children entering care, regardless of acute issues or abuse or neglect, are assessed for immediate behavioral health and physical health care needs upon entry into DCS care. Arizona's statewide protocol for children in out-of-home care, indicates that within 24 hours of removal, all

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

children are referred for an Integrated Rapid Response (IRR) assessment. The IRR is an initial in-home assessment, conducted by the crisis response system within 72 hours of the IRR referral. Clinicians assess the child's immediate behavioral health needs and triage any crisis or trauma-related issues, including those related to the removal or the reasons for the removal. Additionally, the assessor screens for developmental delays and physical health needs that require immediate support, such as managing acute needs, medications, and durable medical equipment, and connections to ongoing services. The child is assigned to a behavioral health home depending on the caregiver's preference and location. Within seven days of the IRR, a behavioral health intake assessment is offered to the child's caregiver. If a need which may be remedied through a behavioral health service is identified, the first behavioral health service appointment begins within 21 calendar days of the intake assessment. The IRR clinician may refer the child to a primary care provider (PCP) for ongoing physical health services or a specialist or other services if needed acutely. Barring acute needs, the child will have a comprehensive health care assessment in the form of an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit at an assigned medical home and a dental visit with a dental provider/home, to assess for dental issues, within the first 30 days of entry into care.

Due to its high level of importance DCS CHP with its subcontracted Managed Care Organization (MCO), monitors that children and youth receive the Integrated Rapid Response assessment. Specifically, DCS CHP performs a monthly reconciliation of members entering DCS' care in contrast to those who have received an IRR assessment. For children who have not received an IRR, the health plan in collaboration with the DCS Specialist and caregiver, ensure an IRR assessment is completed and the children receive the needed services.

DCS CHP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. 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. Oversight of EPSDT services is conducted through various mechanisms such as health utilization process reviews, prior authorization of services, concurrent hospitalization reviews, and ongoing quality and care coordination mechanisms. Health plan staff review EPSDT documentation received from health care providers for completeness, quality of service, and care. Health plan Care Managers assist caregivers and DCS Specialists to coordinate the completion of the EPSDT and dental visit as well as the appropriate services and referrals for conditions identified during EPSDT visits. More specifically, DCS CHP uses metrics and specific performance measures to track receipt of EPSDT services. At times, a child may not receive an EPSDT service within 30 days for extenuating circumstances (hospitalization, kinship caregiver scheduling). For this reason, DCS CHP reviews whether members who remain with the health plan longer than 30 days received services by 60

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

days and 90 days. See the Health Care Oversight plan for additional information.

DCS CHP's Network Administration team also supports EPSDT efforts. This team educates healthcare providers at onsite visits on the importance of EPSDT and how healthcare providers may access enhanced rates for offering EPSDT services and submitting required documentation to the health plan. DCS CHP's subcontracted MCO delivers electronic toolkits to its healthcare providers to assist them in the management of children and youth. The toolkits include the Healthcare Effectiveness Data and Information Set (HEDIS) Gaps in Care (GIC) Report, tips for successfully leveraging the report, a billing guide, billing codes, HEDIS measure definitions, and patient chart tips which include how to avoid common mistakes.

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 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. CFTs 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.

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, 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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.

Additionally, DCS CHP 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.

#### ***Care Coordination***

The DCS CHP Resource Coordination team collaborates regularly with the subcontracted MCO and the Department's child welfare staff to elevate care coordination and system of care interventions for children and youth with a chronic or acute condition. The DCS CHP Resource Coordination team phones caregivers upon health plan enrollment to identify the need for immediate care coordination and/or health coordination and system of care interventions. When a need is identified, the information is communicated through a messaging function within the FamilyCare Central portal directly to the assigned Care Manager. DCS Specialists also have access to the child's health plan information using the FamilyCare Central portal. This portal provides access to care management assessments, the child's insurance card, prior authorization for services information, medications, and other health care resource information.

#### ***Special Health Care Needs - Children's Rehabilitative Services***

DCS CHP 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 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*.

#### ***Health Record***

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, the electronic record for the Department, will provide for the future transmission of medical record information. Information that can be entered into Guardian includes immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events which are received in electronic format. Medical summary reports can be generated and provided to the courts and out-of-home caregivers. 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

caregiver portal in Guardian. The DCS CHP System of Care team is able to document healthcare coordination activities in Guardian case notes, which are accessible to anyone within the Department with access to the specific case record. Healthcare information contained within these notes can be utilized by the DCS Specialist for ongoing case management and coordination for that child.

#### ***Health Information Exchange***

DCS CHP has access to the most accurate and up-to-date patient information, allowing for informed decision-making and improved care management through Health Information Exchange (HIE). DCS utilizes a secure web-based portal to access patient medical histories and clinical results from the state's major health systems and labs. HIE is a technology that facilitates the flow of health information among various healthcare providers, including physician practices, hospitals, long-term care facilities, labs, and radiology centers. The real-time data exchange enables DCS CHP and healthcare providers to stay informed about patient lab results, emergency room visits, hospital admissions and discharges, and other relevant information. This timely access to data supports efforts to reduce hospital readmissions, enhance disease management programs, and inform quality improvement initiatives.

#### ***FamilyCare Central Portal***

FamilyCare Central Portal is a health plan tool for access to health plan information at the child specific level. This portal allows DCS Specialists access to healthcare assessments, a child's insurance card, prior authorization for services information, medications, and other health care resource information. DCS Specialists can access historical information as needed and are able to connect to the child's assigned case manager within the health plan. More readily available, accurate, timely, and comprehensive medical information can then be appropriately shared.

#### ***Quality Oversight***

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

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. During this rating period, DCS CHP demonstrated strength in providing access to quality health care services to children placed in out-of-home care. DCS CHP's rates for quality performance measures were at or above the 90th percentile [[AHCCCS EQR CYE 2023 Annual Technical Report](#)].

DCS CHP rates for the following quality and access measures met or exceeded the NCQA Quality

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

Compass national Medicaid HMO mean for HEDIS measurement year (MY) 2022:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics,
- Childhood Immunization Status,
- Immunizations for Adolescents, and
- Child and Adolescent Well-Care Visits.

The table below presents performance measures for DCS CHP. Performance measurement rate cells shaded green indicate that DCS CHP met or exceeded the NCQA Quality Compass national Medicaid MHO mean for HEDIS MY 2022.

#### CY 2021 and CY 2022 Performance Measure Results for DCS CHP

+ Indicates the measure was reported using hybrid methodology.

Measure	CY 2021 Performance	CY 2022 Performance	2021–2022 Comparison <sup>1</sup>	2022 Performance Level <sup>2</sup>
<b>Pediatric Health</b>				
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>				
Blood Glucose Testing—Total (1–17 Years)	—	71.4%	—	★★★★★
Cholesterol Testing—Total (1–17 Years)	—	60.0%	—	★★★★★
Blood Glucose and Cholesterol Testing—Total (1–17 Years)	—	59.0%	—	★★★★★
<b>Childhood Immunization Status**</b>				
Combination 3	65.4% <sup>+</sup>	71.8% <sup>+</sup>	→	★★★★
Combination 7	48.7% <sup>+</sup>	59.6% <sup>+</sup>	↑	★★★
Combination 10	38.6% <sup>+</sup>	38.6% <sup>+</sup>	→	★★★★
<b>Immunizations for Adolescents</b>				
Combination 1 (Meningococcal, Tdap)	98.5% <sup>+</sup>	97.0% <sup>+</sup>	→	★★★★★
Combination 2 (Meningococcal, Tdap, HPV)	70.9% <sup>+</sup>	57.0% <sup>+</sup>	↓	★★★★★
<b>Oral Evaluation, Dental Services</b>				
Total (0–20 Years) <sup>N</sup>	—	66.0%	—	—
<b>Child and Adolescent Well-Care Visits</b>				
Total (3–21 Years)	66.9%	71.0%	↑	★★★★★

Concerns nationwide about the opioid epidemic have led to multiple initiatives in Arizona to curb fatalities attributable to opioid overdose. Arizona Medicaid has implemented and directed limitations to the filling of opioid prescriptions for all Medicaid health plans, and DCS CHP has implemented these same limitations for the children in foster care. DCS CHP requires prior authorization of all long-acting opioids unless the child has an active oncology diagnosis with neoplasm care or is in hospice or end of life care. DCS CHP also has fill, refill, quantity, and length of therapy limits on short-acting opioids. Both initial and refill prescriptions for short acting opioids are limited to a 5-day supply, except if the child has an active oncology diagnosis, is in hospice or end of life care, is in palliative care, is on an opioid wean at the time of hospital discharge, has a traumatic injury, or has a chronic condition for which the prescriber has obtained prior authorization from DCS CHP.

DCS CHP monitors opioid utilization by monitoring day's supply, quantity limits, early fills, and therapeutic duplications in an attempt to identify children who may be at risk for developing an opioid use disorder and when identified, refer them for appropriate services. DCS CHP also monitors the doses of opioids prescribed and has safety edits in place for a Morphine Equivalent Daily Dose (MEDD) 50 or greater for opioid naïve patients.

DCS CHP also has monitoring efforts in place for children who may be prescribed an opioid in conjunction with a benzodiazepine and/or an antipsychotic medication.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

As part of its oversight, DCS CHP reviews and analyzes pharmacy data on a regular cadence to ensure compliance with policy. DCS CHP complies with Drug Utilization Review (DUR) management activities which include the aspects of opioid and psychotropic prescribing and utilization.

Oversight of psychotropic medication prescribing and related care is 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 visits 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

#### ***Healthcare Provider Network Adequacy Oversight***

The Department, through its subcontracted MCO, maintains a provider network in accordance with the network standards outlined in the state Medicaid policy. DCS CHP has appropriate structures and mechanisms to oversee delegated network management activities performed by the contracted MCO. The 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 rural -- northern and southern areas of Arizona;
- expansion of respite providers;

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

- expansion of behavioral health residential facilities; and
- therapeutic Foster Caregiver training and recruitment.

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.

#### ***Additional Oversight***

During the 2020-2024 CFSP period, DCS CHP prepared for the expiration of the Public Health Emergency declaration. DCS CHP participated in ad-hoc meetings with state Medicaid officials and the Arizona Department of Health Services to ensure minimal disruption of services provided to children and youth in out-of-home care. Special considerations were implemented to ensure children in out-of-home care were not impacted by changes to the Medicaid eligibility redetermination process. As such there was no impact to existing health plan enrollments with DCS CHP. The federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, expired May 11, 2023.

#### ***Collaboration with the Behavioral Health System***

Collaboration between the Department, the health plan, 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 individual child or family coordination. DCS CHP began operating as a fully integrated health plan on 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

provided childcare services for approximately 10,861 children from May 2023 through April 2024, a decrease of approximately 332 children from the prior year. The number of children in out-of-home care has decreased, which may have contributed to the decrease in referrals. Despite the decrease in childcare utilization, the Department's use of high-quality childcare increased from the prior year. As of May 1, 2023, 74% of these children were attending a quality-rated childcare facility, which is an increase from 71% of active referrals the year prior. DCS defines a quality childcare facility as a center with a "quality" or above rating from the First Things First state quality improvement board or a center with national accreditation.

#### ***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. From May 2023 through April 2024, services were requested for 72 children across the state. Of those children, 14 referrals resulted in expulsion, 9 of which 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 ensure the availability of Head Start and Early Head Start programs for children in out-of-home care. From August 2019 through the start of the COVID-19 pandemic, the Department partnered with four of the state's nine grantees to streamline enrollment of foster youth into their programs, which allowed the Department to identify, match, and contact potential families to enroll additional children into the programs. This program was highly successful but was discontinued due to COVID-19. During 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, specifically if there is a waitlist, any child in foster care is to be placed at the top of the list. Other ways the MOU provides priority to foster children include service boundaries not being enforced as it is for other children enrolled in the program, which allows a foster parent can enroll their foster child in Head Start in any zip code and foster children can be enrolled without having immunization and medical records, proof of birth, or other documents. The MOU allows the foster parent reasonable time to provide these documents so that enrollment and initial attendance is not delayed.

#### ***Populations at the Greatest Risk of Maltreatment***

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the DCS Hotline, and enter out-of-home care at higher rates

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

than children over age five. The majority of children who die due to abuse or neglect by a parent or caregiver are age five or younger.

The Department's attention to this highly vulnerable population starts at the Hotline. Arizona law does not allow the Department to classify communications about unborn children as reports for investigation; however, the information is recorded in the 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 considers the child's age of 5 and under when assigning a response time for allegations of abuse and neglect, and reports alleging a substance exposed newborn require a two-hour response, or a response within 48 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. 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 enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Arizona's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a child exposed to substances in utero. The primary goal of the program is to keep the infants in the home while ensuring that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home 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). 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 has safely decreased during the CFSP reporting period, from 5,032 on December 31, 2019 to 3,233 on December 31, 2023. The children under the age of five represented 35.6% of the total DCS out-of-home population on December 31, 2023 (age birth through 17) (source: Semi-annual Child Welfare Reports March 2020 and 2024, 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 parenting time 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. When children are not able to be reunified, 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 the FFY 2024 APSR for a description of general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children, as early into the process as possible. Child abuse 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 also 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 when the alleged abuse or neglect occurred within the prior 12 months. 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 during both investigations and ongoing/in-home case work.

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/placement assessment, conducted by behavioral health providers, for children entering DCS custody. Clinicians assess the child's immediate behavioral health needs and screen 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 or other needs.

Department's Family Functioning Assessment, which is conducted approximately every 90 days for each family, includes a focus area related to the child's functioning including their developmental and cognitive functioning.

Additional services and supports 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*

## Child and Family Services Final Report FFYs 2020-2024

### Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being

*Children, Youth, and Families Involved with the Department of Child Safety, and Youth Involvement in the Children's Behavioral Health System.* These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.

- The CASA program's 30-hour initial training academy includes topics such as childhood development to prepare CASAs to represent the best interests of children. This academy training is required for all CASAs prior to becoming certified. The CASA program reports 100% of CASAs become certified prior to being assigned to represent a child.
- In an effort to provide CASA volunteers appointed to cases with children ages 0-5 with insightful information to enhance their advocacy efforts for these children, the CASA program has a training which focuses on trauma and the unique developmental issues associated with trauma. These are trauma-based trainings regarding developmental needs, educational needs, child strengths, and child growth opportunities, so that volunteers working directly with the children are aware of the unique needs of the population. The training was video recorded and is available to all CASA volunteers through their learning management system.
- In order to ensure attorneys representing children in dependency cases are aware and have basic knowledge needed to make recommendations concerning the best interests of the children they serve, the Administrative Office of Courts' Introduction to Dependency training includes information related to the effect of childhood trauma and maltreatment on a child's development.
- 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.
- DCS 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 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.

*Best for Babies*

Best for Babies in Arizona began in 2004. It is modeled after Safe Babies Court Teams (SBCT), a national initiative of ZERO TO THREE that was adopted by Arizona's juvenile courts. Most counties in Arizona engage in Best for Babies, some naming it differently such as Cradle to Crayons in Maricopa County and Building Blocks in Pima 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, work with counties to build capacity to address early risks and adversities 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.

Most 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 DCS and providers. In participating counties, DCS provides updates to this checklist at review hearings.

Clinical Services, where available, may 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; parenting time coaching (Maricopa and Coconino); and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting education, individual trauma therapy, and resource coordination.

Every year, Prevent Child Abuse Arizona hosts an annual statewide court team summit, inviting all of Arizona's county teams. The July 2023 in-person convening provided an opportunity for all court teams in the state to receive advanced training on trauma responsive courts and parent engagement, and discuss goals and progress at both the statewide and county levels. The July 2024 in-person statewide convening will focus on disparities and inequities within Arizona's Child Welfare System.

Several counties in Arizona have an active Community Team and meet monthly. Each meeting includes system and partner updates and discussion of barriers and solutions to improving outcomes for families and young children involved in child welfare. Training and education are often offered as well. DCS attends some of these meetings and provides updates and receives feedback from the community team.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

The Best for Babies initiative 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 (PCAAZ) is now in year two of a five-year federal grant from Health Resources and Services Administration. This grant is strengthening Best for Babies in Arizona by advancing statewide coordination of county court teams, enhancing the ZERO TO THREE 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. Through this grant a statewide leadership team was created to advance the Best for Babies work across Arizona. DCS participates in the leadership team meetings.

The three existing sites that applied and were chosen as Best for Babies enhancement sites are Coconino County, Yavapai County, and Yuma County. All three sites now have funded positions to support the work to enhance their SBCT implementation through September 2027. After being awarded, partners from the three sites attended a “boot camp” to learn more about the SBCT approach. The boot camp was a two-day training guided by the five areas of focus within the Safe Babies approach, with the needs of babies and their parents at the center. The Department was present at all bootcamps with varying levels of leadership from local offices. These three counties will also create site implementation teams which will include the Department. These teams will work to create meaningful change within their courts and within their dependency process. These teams will collaborate in decision making for their county as it pertains to the SBCT approach.

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.
- 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.

In the coming years of the grant, the leadership team, PCAAZ, and counties will engage in sustainability planning to ensure the continued growth and support at the community level to

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

improve how the courts, the Department of Child Safety, and related service organizations strengthen and support families with young children. PCAAZ, along with its partners will continue to nurture the collaborative community approach that improves integrated service delivery, expedites permanency for young children and prevents them from being removed from parents in the first place.

#### *Foster Parent College*

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, and
- to choose specific behavioral strategies and techniques that assure a child's safety.

#### *Use of Infant Care Plans*

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 safety decision-making process, 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.

#### *Other Services for Child under the Age of Five*

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

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 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 Safe Sleep Campaigns and the Pack N Play Program. The current Safe Sleep Campaign urges caregivers to use the “ABCs” of safe sleep, Alone, on their Back, and in a Crib. Pack N Plays are provided to families involved with the Department and families in the community who need a safe place for their infant to sleep.

The Department’s policy manual includes a Safe Haven newborn infant policy based on Arizona statute ([A.R.S. §8-528](#)). State statute 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***

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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being**

key decisions 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 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 to monitor proficiency in the Department's safety model, which is a critical portion of clinical supervision. 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 the first few months of being hired into the role.

The Department continues to support Program Managers and Program Supervisors in both clinical supervision and the Management System through the Supervision Coach Program. The Supervision Coach Program recently expanded to include support for the Team Decision Making Program Manager and Program Supervisors, as well as Office of Child Welfare Investigations Deputy Chiefs and Managers. The Department has 19 full-time Supervision Coach positions which allows for a coach to coachee ratio of 1:14. 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. Supervision Coaches capture learning objectives and activities for continued professional development 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. Each Supervision Coach receives monthly 1:1 coaching sessions and monthly observation and feedback to support their ongoing professional development in the areas of practice addressed through the program. 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.

# **Section V**

## **Assessment of Outcome Achievement**

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## Child and Family Services Final Report FFYs 2020-2024

### Section V: Assessment of Outcome Achievement

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 Final Report 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, October 1 through September 30), 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*: The CFSR Data Profiles are generated from the state's AFCARS and National Child Abuse and Neglect Data System (NCANDS) data files. Data reported from CFSR Data Profiles and contained in this Final Report describe the State's Risk-Standardized Performance. The Children's Bureau utilizes 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, 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 MOOR 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.
- *Power BI*: The Department uses data dashboards to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed investigations; in-person contacts with children and parents; child removals and exits; time to reunification; time to adoption, and includes visualizations for analysis related to disproportionality 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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

The Department's reports are available to the public on the Department's website, News & Reports tab, 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 task of assessing outcome achievement is shared with stakeholders, members of the larger child welfare system, and the community. One specific example of how this is accomplished is through the Department's Data Community Workgroup. Meetings are held six times a year to review the data from the Department and from partner agencies, including the court system, advocacy organizations, out-of-home caregivers, and the provider community. This allows the Department an opportunity to inform stakeholders about available data, how to better understand the definition of the data, how to use the data for purposes helpful to the community members, explain its limitations, and 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 goals. During the CFSP reporting period, the group focused on race and 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 use. 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, methodology, and making data driven decisions to enhance service provision. The Data Community Workgroup 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 Workgroup members.

### **Case Volume and Workforce Resources**

During SFY 2020, the Department received 45,175 new reports to the Child Abuse Hotline. In SFY 2022 45,590 were received and in SFY 2023 the Department received 43,812. During SFY 2020, Region investigation caseloads ranged from 7 to 11 reports per investigator compared to a range of 11 to 27 in SFY 2023. Region out-of-home caseloads ranged from 20 to 27 children per DCS Specialist in SFY 2020 compared to 16 to 21 in SFY 2023. In-home caseloads ranged from 17 to 33 per DCS Specialist in SFY 2020 compared to 23 to 39 in SFY 2023. The increases seen in investigation and in-home caseloads is attributed to a higher vacant position rate in SFY 2023 than SFY 2020. (source: Monthly Operation and Outcome Report April 2024).

Arizona achieved a significant safe reduction of children in out-of-home care from SFY 2015 to present. The zero to 17-year-old out-of-home care population decreased 42% from 17,264 children in SFY 2015 to 10,016 children in SFY 2023. The out-of-home care population was 13,161 in SFY 2020 with a re-entry rate within 12 months of 12.9%, which decreased to 6.2% in SFY 2023. This data suggests the safe reduction of the number of children in foster care continued throughout the CFSP period. (source: Monthly Operational and Outcome Report April 2024).

The Department consistently strives to achieve a 100% fill rate for all positions while actively reducing turnover, enabling staff to deliver quality services to children and families with fidelity. Significant efforts have taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Administrators, and Human Resources Managers. Recruitment and retention data are tracked and reviewed bi-monthly. As of May 8, 2024, the Department had filled 91% of the 1,406 funded Specialist positions. This high rate of filled Specialist positions 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, including reducing the time to complete employment reference checks from five to three working days. The DCS Recruitment team participates in a monthly Community of Practice (CoP) 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 its 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 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 Centers.
- The Department has reduced the requirements for case aides from five to four or more years of experience required to promote to a DCS Specialist position. This change

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

has allowed the Department to retain qualified staff and to hire staff already familiar with the child welfare system to areas of more need.

- The Department's executive leadership team has conducted a number of retention-strategy meetings over the past year to discuss statistics and the proper path to field employee retention. There are a number of focus group that are aimed to address all employee turnover and to implement tools to retain DCS employees, such as consistent onboarding experiences, employee recognition, financial incentives, culture surveys, and leadership and professional development.

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

- explore potential internal candidates and promote 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, and
- 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 (NPCS) in SFY 2021, a convening of multiple county and state jurisdictions working to utilize a safety science approach to reduce maltreatment and increase workforce satisfaction. The Department will further the learning of the application of safety science through organizational surveys to gain insight into Department culture, emotional exhaustion, mindful organizing, psychological safety, personal/work safety, and safety climate.

The Department launched Safety Science training Department wide in SFY 2022. The training is required of all individuals upon hiring. The Department reissued the training in SFY 2024 to ensure baseline knowledge of the fundamentals of safety science and creating a safe culture of learning.

Through the partnership with NPCS and the University of Kentucky, the Department deployed a Safety Culture Survey in March 2024. The survey established baseline data for the Department regarding employee's psychological safety, mindful organizing, connectedness, belongingness, racial justice, and sense of belongingness. The survey results were received by the Department in May 2024 and are being examined to determine how to best support the workforce in effort to increase a culture where learning is valued and employees feel accepted, respected and part of a team that supports their identity. The University of Kentucky continues to support the Department in understanding the data obtained and ways to utilize the information.

During SFY 2024, Supervision Core was expanded beyond field supervisors to include new leaders in other areas of Department Operations. All new leaders are attending two training

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

sessions of Culture of the Agency. This change provides an opportunity for all leaders within the Department to receive support and training related to being leaders within the Department. The goal of these trainings is to learn leader accountability, team building, the DCS Management System, and ways to implement and practice safety science and a culture of safety.

During SFY 2024, as part of the Department's strategic initiative to retain staff, a workforce development program titled DCS Workforce Connects was created. The DCS Workforce Connects program, which will begin in September of 2024, will join participants from various specialties and geographical locations with one another and to the different areas of the Department. Participants will be exposed to strategic initiatives, data and metrics, and current priorities of the child welfare system. Presenters and panels of individuals will expose participants to areas of the Department with which they may not be familiar, as well as learn how the areas are interconnected. The program will be delivered twice per year and will serve approximately 25 workforce members. Through this program workforce members will have an opportunity to network with colleagues, establish new relationships, and learn about career or mentoring paths.

The DCS Retention Team has begun to identify and reduce adverse experiences related to staff training requirements. Feedback from the new hire workforce has indicated that the cost of starting a new position with the Department is too high, therefore the team is focused on reducing and in some cases eliminating costs experienced by the workforce. Examples include reducing travel time, reducing upfront out-of-pocket expenditures, reducing overnight stays, and maximizing the use of remote training options.

The Maricopa West Region peer mentoring program is in its seventh year of operation. This program is being used effectively to build DCS Specialist and leadership capacity, advance opportunities for career development, and reduce attrition. Peer Mentors are assigned to DCS Specialist Trainees and to DCS Specialists based on the recommendation of their direct Program Supervisor and Program Manager. Peer Mentors are assigned to DCS Specialists Trainees for the duration of their first 22 weeks of hire. Peer Mentors meet with their mentees weekly and assist their mentees with skill development, model professional conduct and values, model engagement with diverse client populations, demonstrate critical decision-making skills, and other duties specific to the mentee's specialization and learning needs. At the conclusion of the mentoring period, an evaluation is completed which includes an assessment of proficiencies and core competencies, and recommendations for continued support for skill development if warranted. Peer Mentors are required to carry a reduced caseload to support their continued growth and development. The Peer mentor is under the direct supervision of a field Program Manager who supports the peer mentor with monthly 1-1 coaching. The Peer Mentor has regularly scheduled monthly meetings with the Peer Mentor Advisor for programming and training. The Peer Mentor role has also helped to prepare mentors for leadership positions. From June 2018 to present, 26 of the 48 individuals in a Peer Mentors role have promoted to leadership positions and 22 of them continue to be employed in those positions or advanced to other positions.

During CY 2020:

- 93 Specialists received a Peer Mentor
- 63 Specialists successfully completed the program
- 35 of the 63 (55%) remained employed through at least the end of the CY

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

During CY 2021:

- 60 Specialists received a Peer Mentor
- 40 Specialists successfully completed the program
- 25 of the 40 (63%) remained employed through at least the end of the CY

During CY 2022:

- 67 Specialists received a Peer Mentor
- 46 Specialists successfully completed the program
- 38 of the 46 (83%) remained employed through at least the end of the CY
- 2 remain involved in program due to special circumstances (lost mentor and was reassigned)

During CY 2023:

- 86 Specialists received a Peer Mentor
- 80 Specialists successfully completed the program
- 63 of the 80 (78%) remained employed through at least the end of the CY

During SFY 2024, DCS developed the Onboarding Unit, which will begin in Pima County in July 2024. The purpose of the Onboarding Unit is to provide newly hired DCS Specialists support in the transfer of learning of the concepts shared during initial case worker classroom training. The unit will be staffed with case carrying DCS Specialists, three specializing in investigations and three specializing in ongoing, who will provide mentorship and on-the-job training opportunities for the new staff. The mentors will have a lower caseload to allow time to support the new staff during their first 22 weeks of employment. The mentors will ensure the trainees experience real-case learning opportunities that parallel and advance what is being taught in initial worker classroom training. When the trainees are assigned their first case at nine weeks of employment, the mentors will have in depth conversations with the trainees about how to learn about the family's circumstances, make plans for initial contact with the families, accompany the trainees to family contacts and court, and discuss the case work with a focus on furthering the learning of the trainee. The mentorship is designed to ensure the trainees have meaningful shadowing experiences that help them to learn their new job, as well as conversations related to the shadowing experiences to encourage transfer of learning. Presentations from topic experts such as Attorney General presentations about testifying and writing court reports, TDM, local community supports, and the use of drug testing will be provided as well. Among the next steps for the unit include developing the process to monitor the effectiveness of the program and making updates and improvements as necessary. This program is expected to increase the staff retention and skill of employees experiencing the Onboarding Unit.

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

### **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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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 rated as 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, May 2024)

SFY 2020: 95.2% (of 45,142 reports)

SFY 2021: 94.2% (of 44,187 reports)

SFY 2022: 95.0% (of 45,590 reports)

SFY 2023: 96.0% (of 43,882 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 or any reasons for the delay were out of the agency's control, will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 1B and 1C)

During the CFSP period, the Department has met the 95% goal of initiating the response to abuse and neglect reports in SFYs 2020, 2022, and 2023. Administrative data for SFY 2021 indicates the goal was only missed by 0.8%. In relation to SFY 2024, from July 2023 through April 2024, the on time report response data has ranged from 96% to 97.6%, with no months falling below the 95% goal. This data demonstrates that DCS field staff understand the importance of responding

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

quickly to reports of abuse and neglect.

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 of the required response time,
- 2 were within 24 hours,
- 1 was within 2 days,
- 1 was within 3 days,
- 1 was within 4 days,
- 1 was 28 days late, and
- 1 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. 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. Efforts to make second attempts to have face-to-face contact with the victims within the required timeframes, sometimes including at an alternative location at which the child may have been located, would have also improved performance of the measure.

Two of the 14 reports that did not show concerted efforts to see the victims within the response time 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 case review tool, the Practice Improvement Case Review (PICR), measures the federal OSRI Item 1 questions related to initial report response and face-to-face contact with victims during investigations to monitor this area of practice. This change has allowed the Department to measure and monitor

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

practice, share data internally on a quarterly basis, and make decisions related to practice and other improvement efforts that may need to be made.

PICR data indicates from March through December 2023, 5 of the 7 applicable cases reviewed contained evidence that the Department met the initial response time and the victim children were seen within the required response time in 5 of the 7 applicable cases, or sufficient efforts were made to do so.

The December 2023 Round 4 CFSR on-site review indicates 89% of the cases were rated strength for item 1. All of the reports received during the review period were initiated within the required policy timeframe; however, four cases involving siblings groups did not demonstrate all victim children being seen face-to-face or concerted efforts made to see the victim children face-to-face within the state's response time.

Item 1 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

The Department also monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System.

***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 9.7% or less (source: CFSR Data Profile, February 2024, Risk-Standardized Performance)

FFY 2018: 7.3%  
FFY 2019: 6.6%  
FFY 2020: 5.7%  
FFY 2021: 9.1%

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 9.1%, which is better than the national CFSR performance of 9.7% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. During the entire CFSP reporting period, Arizona has demonstrated high performance in this area. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

***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 9.07 or less (source: CFSR Data Profile, February 2024, Risk-Standardized Performance)

FFY 2018: 4.70  
FFY 2019: 4.11  
FFY 2020: 3.16  
FFY 2021: 5.43

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 5.43, which is better than the national performance of 9.07 children or fewer have a substantiated report per 100,000 days in out-of-home care. During the entire CFSP reporting period, Arizona has demonstrated high performance in this area. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 2.8 for SFY 2023 (source: MOOR, May 2024). This DCS data is not risk-standardized and is the actual observed data.

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

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

The percentage of cases in which the agency 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)

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 2 questions related to efforts to protect children in the home and prevent removal or re-entries. PICR data indicates from March through December 2023, 15 of the 18 applicable cases reviewed contained evidence 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.

The December 2023 Round 4 CFSR on-site review indicates 76% of the cases were rated strength for item 2.

Item 2 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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

The percentage of cases in which safety concerns pertaining to the target child 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 3B7)

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 3A related to efforts to conduct an initial assessment that accurately assessed all risk and safety concerns the target child in foster care and/or any child in the family remaining in the home (PICR Item 3B1). PICR data indicates from March through December 2023, 7 of the 8 applicable cases reviewed that opened during the review period contained evidence the Department made efforts to conduct an initial assessment that accurately assessed all risk and safety concerns.

The 2020 PICR results indicate efforts to conduct ongoing risk and safety assessments for the target child in foster care and/or any child in the family remaining in the home was observed to be a strength in 75 of the 120 applicable cases reviewed (PICR Item 3B2). The 2021 results indicate 26 of 64 were rated strength, the 2022 results indicate 34 of 114 were rated strength, and the 2023 results indicate 34 of 108 were rated strength.

In all of the cases reviewed, significant information was gathered related to the safety of the child; however, in the cases not rated as a strength, additional information would have more completely or confidently informed the safety decision. For example, a parent may struggle with a substance abuse addiction that contributes to the child being unsafe in their care and during the review period, information may have been gathered to indicate the parent continued to utilize the substance, such as a positive drug screen. However, without a conversation with the parent during the review period to discuss and assess the parent's behavior and how the substance continues to threaten the child's safety, the measure is not rated a strength.

The 2020 PICR results indicate efforts to develop an appropriate safety plan was observed to be a strength in 90 of the 100 applicable cases reviewed (PICR Item 3B4). The 2021 results indicate 46 of 50 were rated strength, the 2022 results indicate 89 of 99 were rated strength, and the 2023 results indicate 73 of 92 were rated strength.

This rating question includes if the Department developed an appropriate safety plan, continually monitored the plan, and updated the plans when necessary. The Department PICR 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,

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

- have an immediate effect,
- be least intrusive,
- 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.

All of the safety plans in effect demonstrated the majority of the standards. Those that did not fully reach the standard were typically only lacking one element, which did not necessarily mean the safety plan was not ensuring the child's safety. For example, if during the review period a child moved from a foster home to a relative out-of-home caregiver and there was not a thorough conversation with the relative caregiver related to the level of allowed contact between the child and parents, even if the parents were not having contact with the child or relative, the question would not be rated a strength.

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 3D related to efforts to safety concerns pertaining to the target child in foster care and/or any child in the family remaining in the home. None of the cases reviewed during CY 2023 had safety concerns pertaining to the target child and/or any child remaining in the home (PICR 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.

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 3E related to adequately addressing any safety concerns related to the target child in foster care during visitation with the parent/caregivers or other family members. In 10 of the applicable 13 cases reviewed during CY 2023, the Department ensured the safety concerns that arose pertaining to the target child's visitation with the parents/caregivers was adequately or appropriately addressed (PICR Item 3B6).

The 2020 PICR results indicate efforts to address 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 was observed to be a strength in 8 of the 12 applicable cases reviewed (PICR Item 3B7). The 2021 results indicate 4 of 5 were rated strength, the 2022 results indicate 10 of 17 were rated strength, and the 2023 results indicate 11 of 22 were rated strength.

The December 2023 Round 4 CFSR on-site review indicated 60% of cases were rated strength for item 3.

Item 3 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

### **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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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 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 2024, risk-standardized performance)

FFY 2020: 3.75

FFY 2021: Data quality errors as a result of the implementation of the new CCWIS system prevent the measurement

FFY 2022: 3.67

FFY 2023: 4.19

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 4.19 during FFY 2023, which is better than the national CFSR performance of 4.48 or fewer placement moves per 1,000 days of out-of-home care. During the entire CFSP reporting period, Arizona has demonstrated high performance in this area.

This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

Department administrative data indicates 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, SFY 2020 2.0, and SFY 2021 2.7 (source: Monthly Operational and Outcome Report, May 2024). This Department data is not risk-standardized and is the actual observed data.

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)

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 4 questions related to efforts to ensure children in out-of-home care have stability in their foster care placements. PICR data indicates from March through December 2023, 11 of the 16 applicable cases reviewed contained evidence the child's placement change was planned by the agency and for a reason to achieve the child's case goals or meeting the child's needs. In 78 of the 88 applicable cases, the child's placement at the time of the review or the child's most recent placement if the child was no longer in foster care, was stable (PICR Item 4A and 4B).

The December 2023 Round 4 CFSR on-site review indicates 75% of the cases were rated strength for item 4.

Item 4 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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)

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 5 questions related to efforts to ensure the child's permanency is specified in the case file. The PICR data indicates from March through December 2023, in 87 of the applicable 89 cases reviewed, the child's permanency goal was found to be specified in the case file (PICR Item 5A3).

The 2020 PICR results indicate the child's permanency goal was appropriate to the child's needs in 99 of the 122 applicable cases reviewed (PICR Item 5B2). The 2021 results indicate 36 of 50 were rated strength, the 2022 results indicate 85 of 113 were rated strength, and the 2023 results indicate 79 of 108 were rated strength.

The 2020 PICR results indicate the child's permanency goal was established timely in 97 of the

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

122 applicable cases reviewed (PICR Item 5B1). The 2021 results indicate 48 of 50 were rated strength, the 2022 results indicate 88 of 113 were rated strength, and the 2023 results indicate 92 of 108 were rated strength.

The 2020 PICR results indicate efforts to file a motion for TPR or document a compelling reason were made in 27 of the 47 applicable cases reviewed (PICR Item 5D-G). The 2021 results indicate 10 of 21 were rated strength, the 2022 results indicate 36 of 69 were rated strength, and the 2023 results indicate 19 of 34 were rated strength.

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.

The December 2023 Round 4 CFSR on-site review indicates 50% of the cases were rated strength for item 5.

Item 5 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

According to the Case Plan Compliance Power BI Report, of the 8,380 children requiring a case plan statewide in May 2022, 2,356 children had an active case plan (28%). A great deal of improvement was made over the subsequent two years, in both the completion of case plans and the ability of the Department to measure case plan completion. In May 2024, 13,402 children required a case plan and 10,345 of the children had an active case plan (77%). Many additional cases had draft case plans developed or case plans that were expired, meaning they were created and active but more than 6 months old, which is the maximum state set timeframe for a case plan without being updated and revised. There are known data quality issues related to this data, which suggest this data is underreporting the number of active case plans created for children. These data quality issues are in the process of being corrected as part of the ongoing CCWIS implementation 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 question Item 5C2)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

The percentage of cases where the child’s permanency goal was another planned permanent living arrangement 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 (reunification, adoption, guardianship, or live with a relative) within 12 months of removal will be 35.2% or more (source: CFSR Data Profile, February 2024, risk-standardized performance, entry cohort, excludes children in care for less than 8 days)

FFY 2018: 32.8%  
FFY 2019: 32.7%  
FFY 2020: 32.2%  
FFY 2021: 31.8%

During the CFSP reporting period, Arizona has not met the national performance related to permanency within 12 months for recent removals. The February 2024 CFSR Data Profile indicates for FFY 21B22A (April 2021 through March 2022) the percentage has increased to 32.5%. This data indicator will be included in Arizona’s Round 4 CFSR Program Improvement Plan due to the Children’s Bureau on July 10, 2024.

Department administrative data indicates 35% of children who entered care during SFY 2022 and remained in care for eight days or longer, discharged to permanency (reunification, adoption, guardianship, or live with a relative) within 12 months of removal entering care (source: Power BI Exit Monitoring Report, June 2024). This Department data is not risk-standardized, but the actual observed data.

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 43.8% or more (source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2020: 56.8%  
FFY 2021: 47.8%  
FFY 2022: 53.5%  
FFY 2023: 54.3%

During the entire CFSP reporting period, Arizona has exceeded the CFSR national standard on permanency within twelve months for children who had been in care between 12 and 23 months at the start of the year. This data indicator is not required to be included in Arizona’s Round 4 CFSR Program Improvement Plan.

Department data indicates 55.5% of children who were in care on the first day of SFY 2020, 56.0% for SFY 2021, 54.2% for SFY 2022, and 54.8% for SFY 2023 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day of the SFY (source: Monthly Operational Outcomes Report, May 2024). This Department data is not risk-standardized

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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 months or more, the percentage who discharge to permanency within 12 months of the first day will be 37.3% or more (source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2020: 44.0%

FFY 2021: 38.2%

FFY 2022: 43.6%

FFY 2023: 43.3%

During the entire CFSP reporting period, Arizona has exceeded the CFSR national standard on permanency within twelve months for children who had been in care for 24 months or more in care at the start of the year. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

Department data indicates 38.8% of the children who were in care on the first day of SFY 2020, 48.5% for SFY 2021, 40.3% for SFY 2022, and 43.6% for SFY 2023 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day of the SFY (source: Monthly Operational Outcomes Report, May 2024). This DCS data is not risk-standardized and is the actual observed data.

The 2020 PICR results indicate all efforts to achieve timely permanency were made in 53 of the 117 applicable cases reviewed (PICR Item 5C2). The 2021 PICR results indicate 17 of 45 were rated strength, the 2022 results indicate 26 of 96 were rated strength, and the 2023 results indicate 39 of 98 were rated strength.

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 prompts DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. 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 began to be used region wide. This tool is now available statewide; however, it is not a requirement.

The 2020 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 (PICR Item 6A and B). The 2021 results indicate 3 of 5 were rated strength, the 2022 results indicate 9 of 10 were rated strength, and the 2023 results indicate 8 of 11 were rated strength.

The December 2023 Round 4 CFSR on-site review indicates 35% of the cases were rated strength for item 6.

Item 6 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

due to the Children’s Bureau on July 10, 2024.

***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 2024, risk-standardized performance)

FFY 2019: 7.6%

FFY 2020: 7.1%

FFY 2021: 6.1%

FFY 2022: 4.9%

During the CFSP reporting period, Arizona’s performance has improved, reaching the goal of being below the national performance of 5.6% during FFY 2022. This data indicator is not required to be included in Arizona’s Round 4 CFSR Program Improvement Plan.

Department data indicates 12.9% of children who entered care in SFY 2020 and subsequently exited to reunification and guardianship re-entered within 12 months, 11% in SFY 2021, 9.8% in SFY 2022, and 6.2% in SFY 2023 (source: Monthly Operational Outcomes Report, May 2024). This DCS data is not risk-standardized and is the actual observed data.

***CFSR Item 7: Placement with Siblings***

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)

As of March 2023, Arizona’s state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 7 questions related to efforts to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. The PICR data indicates from March through December 2023, in 47 of the applicable 55 cases reviewed, the target 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 (PICR Item 7A and 7B). The state uses the federal definition of siblings, which is “children who have one or more parents in common either biologically, through adoption, or through 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 December 2023 Round 4 CFSR on-site review indicates 87% of the cases were rated strength for item 7.

Item 7 was identified as an area to address in Arizona’s Round 4 CFSR Program Improvement Plan due to the Children’s Bureau on July 10, 2024.

***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 2020 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) with mothers was observed in 66 of the applicable 89 cases (Item 8A1). The 2021 PICR results indicate 25 of 39 were rated strength, the 2022 indicate 47 of the 88 applicable cases were rated strength, and the 2023 PICR results indicated 56 of 87 cases were rated strength.

The 2020 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) with fathers was observed 50 of the 90 applicable cases (Item 8B1). The 2021 PICR results indicate 12 of 38 were rated strength, the 2022 indicate 29 of the 86 applicable cases were rated strength, and the 2023 PICR results indicated 29 of 70 cases were rated strength.

Concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers than with fathers. 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 2020 PICR results indicate 29 of 34 cases showed concerted efforts to ensure a sufficient frequency of sibling visitation when the siblings were not living in the same out-of-home setting (Item 8C1). The 2021 PICR results indicate 8 of 13 were rated strength, the 2022 indicate 23 of the 34 applicable cases were rated strength, and the 2023 PICR results indicated 22 of 28 cases were rated strength.

The state's case reviews show stronger practice in relation to the quality of parent and sibling visitation that does occur than the efforts to ensure sufficient frequency of visitation.

The 2020 PICR results indicate 72 of 76 cases showed concerted efforts to ensure a sufficient quality of the mother's visitation (Item 8A3). The 2021 PICR results indicate 29 of 32, the 2022 indicate 66 of the 70 applicable cases were rated strength, and the 2023 PICR results indicated 67 of 73 cases were rated strength.

The 2020 PICR results indicate 51 of 60 cases showed concerted efforts to ensure a sufficient quality of the father's visitation (Item 8B3). The 2021 PICR results indicate 18 of 19 were rated strength, the 2022 indicate 44 of the 47 applicable cases were rated strength, and the 2023 PICR results indicated 38 of 42 cases were rated strength.

The 2020 PICR results indicate 30 of 31 cases showed concerted efforts to ensure a sufficient

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

quality of sibling visitation when the siblings were not living in the same out-of-home setting (Item 8C3). The 2021 PICR results indicate 8 of 9 were rated strength, the 2022 indicate 29 of the 29 applicable cases were rated strength, and the 2023 PICR results indicated 24 of 24 cases were rated strength.

The December 2023 Round 4 CFSR on-site review indicates 56% of the cases were rated strength for item 8.

Item 8 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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, among other important case work responsibilities likely to improve the outcomes for families.

***CFSR Item 9: Preserving Connections***

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 2020 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 101 of 117 applicable cases reviewed (Item 9A). The 2021 results indicate 27 of 48 were rated strength, the 2022 results indicate 74 of 110 were rated strength, and the 2023 results indicate 65 of 108 were rated strength.

The December 2023 Round 4 CFSR on-site review indicates 63% of the cases were rated strength for item 9.

Item 9 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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 a question related to the placement of the child being in accordance with ICWA placement preferences. The 2022 PICR results 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). Data from CY 2023 indicates 8 of the 9 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 May 29, 2024, 49% 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 (source: Guardian Advanced Find and

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

Power BI). This percentage has stayed relatively the same during the CFSP period, hovering around 49%. In March 2023, the percentage of children was 52.1%, in May 2022 48.2%, in September 2020 53%, and in September 2019 46.7%.

According to the May 2024 MOOR data report, there were 992 American Indian children age newborn through 17 and 61 youth age 18 through 20 in out-of-home care in March 2024. 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 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 2023, 81 of the 108 applicable cases reviewed contained documented sufficient inquiry.

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 both of the two applicable cases reviewed during CY 2023.

The CFSR does not measure or monitor compliance with ICWA.

***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 2024, 48.2% were placed with a relative (source: Monthly Operational Outcomes, May 2024). This percentage has remained steady higher than the national average during the entire CFSP period. The AFCARS Report 30 indicates that nationwide, 34% of foster children were placed with relatives.

The 2020 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 81 of the 114 applicable cases reviewed (Item 10). The 2021 results indicate 28 of 46 were rated strength, the 2022 results indicate 60 of 99 were rated strength, and the 2023 results indicate 60 of 98 were rated strength. Nearly all cases had some efforts to locate and assess relatives. Practice could improve through identification of all relatives, particularly paternal relatives.

The December 2023 Round 4 CFSR on-site review indicates 66% of the cases were rated strength for item 10.

Item 10 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024. 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 IV: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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

The percentage of cases where concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her parents will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 11 A and B)

This measure assesses the Department's efforts to inform and invite parents to the child's events and activities outside of scheduled parenting time (visitation). This could include doctor appointments, extracurricular activities, and school events.

The 2020 PICR results indicate efforts to promote, support, and maintain the child's relationship with their mother was observed to be a strength in 23 of the 57 applicable cases reviewed (PICR Item 11A). The 2021 results indicate 8 of 27 were rated strength, the 2022 results indicate 26 of 68 were rated strength, and the 2023 results indicate 20 of 73 were rated strength.

The 2020 PICR results indicate efforts to promote, support, and maintain the child's relationship with their father was observed to be a strength in 10 of the 42 applicable cases reviewed (PICR Item 11B). The 2021 results indicate 4 of 20 were rated strength, the 2022 results indicate 10 of 51 were rated strength, and the 2023 results indicate 8 of 53 were rated strength.

The PICR data shows performance is higher for mothers than fathers, and there are opportunities to improve in this area for both mothers and fathers. This could be done 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 encourage and assist in the engagement and relationship between caregivers and birth parents.

The December 2023 Round 4 CFSR on-site review indicates 40% of the cases were rated strength for item 11.

Item 11 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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***

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 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 2020 PICR results indicate efforts to assess the child's other needs was observed to be a strength in 118 of the 144 applicable cases reviewed (PICR Item 12A1). The 2021 results indicate 54 of 71 were rated strength, the 2022 results indicate 104 of 134 were rated strength, and the 2023 results indicate 82 of 130 were rated strength.

The 2020 PICR results indicate efforts to provide services or support for the child's known other needs was observed to be a strength in 42 of the 49 applicable cases reviewed (PICR Item 12A2). The 2021 results indicate 18 of 23 were rated strength, the 2022 results indicate 24 of 49 were rated strength, and the 2023 results indicate 33 of 48 were rated strength.

Although there are opportunities for improvement in this area, foster and kinship caregivers

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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 2020 PICR results indicate efforts to assess the mother's needs was observed to be a strength in 63 of the 113 applicable cases reviewed (PICR Item 12B1). The 2021 results indicate 17 of 59 were rated strength, the 2022 results indicate 34 of the 110 were rated strength, and the 2023 results indicate 28 of 106 were rated strength.

The 2020 PICR results indicate efforts to provide services or support for the mother's known needs was observed to be a strength in 80 of the 111 applicable cases reviewed (PICR Item 12B3). The 2021 results indicate 40 of 57 were rated strength, the 2022 results indicate 70 of the 107 were rated strength, and the 2023 results indicate 68 of 100 were rated strength.

The 2020 PICR results indicate efforts to assess the father's needs was observed to be a strength in 34 of the 109 applicable cases reviewed (PICR Item 12B2). The 2021 results indicate 7 of 53 were rated strength, the 2022 results indicate 13 of the 100 were rated strength, and the 2023 results indicate 18 of 93 were rated strength.

The 2020 PICR results indicate efforts to provide services or support for the father's known needs was observed to be a strength in 56 of the 96 applicable cases reviewed (PICR Item 12B4). The 2021 results indicate 22 of 48 were rated strength, the 2022 results indicate 39 of the 85 were rated strength, and the 2023 results indicate 44 of 75 were rated strength.

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 2020 PICR results indicate efforts to assess the foster parent's needs was observed to be a strength in 94 of the 108 applicable cases reviewed (PICR Item 12C1). The 2021 results indicate 41 of 44 were rated strength, the 2022 results indicate 78 of the 91 were rated strength, and the 2023 results indicate 74 of 84 were rated strength.

The 2020 PICR results indicate efforts to provide services or support for the foster parent's known needs was observed to be a strength in 40 of the 58 applicable cases reviewed (PICR Item 12C2). The 2021 results indicate 10 of 19 were rated strength, the 2022 results indicate 44 of the 58 were rated strength, and the 2023 results indicate 39 of 50 were rated strength.

The December 2023 Round 4 CFSR on-site review indicates 35% of the cases were rated strength for item 12.

Item 12 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

***CFSR Item 13: Child and family involvement in case planning***

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (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 2020 PICR results indicate efforts to actively involve the mother in case planning was observed to be a strength in 65 of the 114 applicable cases reviewed (PICR Item 13B). The 2021 results indicate 19 of 60 were rated strength, the 2022 results indicate 36 of the 112 were rated strength, and the 2023 results indicate 39 of 111 were rated strength.

The 2020 PICR results indicate efforts to actively involve the father in case planning was observed to be a strength in 42 of the 109 applicable cases reviewed (PICR Item 13C). The 2021 results indicate 14 of 56 were rated strength, the 2022 results indicate 18 of 104 were rated strength, and the 2023 results indicate 27 of 96 were rated strength.

The 2020 PICR results indicate efforts to actively involve children age six or older in case planning was observed to be a strength in 52 of the 78 applicable cases reviewed (PICR Item 13A). The 2021 results indicate 14 of 41 were rated strength, the 2022 results indicate 30 of 77 were rated strength, and the 2023 results indicate 33 of 83 were rated strength.

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 December 2023 Round 4 CFSR on-site review indicates 44% of the cases were rated strength for item 13.

Item 13 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

***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 2020 PICR results indicate efforts of the assigned case manager to have sufficiently frequent in-person contact with children was observed to be a strength in 129 of the 144 applicable cases reviewed (PICR Item 14A1). The 2021 results indicate 53 of 71 were rated strength, the 2022 results indicate 107 of 134 were rated strength, and the 2023 results indicate 100 of 130 were rated strength.

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 2020 PICR results indicate efforts to have quality contact with children was observed to be a strength in 70 of the 143 applicable cases reviewed (PICR Item 14B). The 2021 results indicate 22 of 70 were rated strength, the 2022 results indicate 38 of 130 were rated strength, and the 2023 results indicate 32 of 130 were rated strength.

Contact quality could improve through increasing the percentage of verbal children who are seen alone for part of at least one contact per month and the percentage of contacts that include conversations about topics such as permanency planning, services, needs, etc. 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.

The December 2023 Round 4 CFSR on-site review indicates 63% of the cases were rated strength for item 14.

Item 14 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

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

The 2020 PICR results indicate efforts to have frequent in-person contact with mothers was observed to be a strength in 61 of the 114 applicable cases reviewed (PICR Item 15A1). The 2021 results indicate 18 of 60 were rated strength, the 2022 results indicate 44 of 112 were rated strength, and the 2023 results indicate 39 of 110 were rated strength.

The 2020 PICR results indicate efforts to have frequent in-person contact with fathers was observed to be a strength in 40 of the 108 applicable cases reviewed (PICR Item 15B1). The 2021 results indicate 12 of 55 were rated strength, the 2022 results indicate 26 of 105 were rated strength, and the 2023 results indicate 29 of 99 were rated strength.

The 2020 PICR results indicate efforts to have quality in-person contact with mothers was observed to be a strength in 48 of the 90 applicable cases reviewed (PICR Item 15C). The 2021 results indicate 6 of 34 were rated strength, the 2022 results indicate 22 of 65 were rated strength, and the 2023 results indicate 17 of 76 were rated strength.

The 2020 PICR results indicate efforts to have quality in-person contact with fathers was observed to be a strength in 32 of the 64 applicable cases reviewed (PICR Item 15D). The 2021 results indicate 3 of 30 were rated strength, the 2022 results indicate 12 of 43 were rated strength, and the 2023 results indicate 12 of 49 were rated strength.

Practice can improve through greater and continual efforts to locate missing parents and have 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 developed a monthly parent contact guide, which prompts DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. The guide was piloted within one section of the South region and rolled out region wide in February of 2023. The parent contact guide is now available statewide, although not required at this time.

The December 2023 Round 4 CFSR on-site review indicates 36% of the cases were rated strength for item 15.

Item 15 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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)

The 2020 PICR results indicate efforts to assess the child's education needs was observed to be a strength in 93 of the 101 applicable cases reviewed (PICR Item 16A). The 2021 results indicate

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

37 of 47 were rated strength, the 2022 results indicate 85 of 103 were rated strength, and the 2023 results indicate 83 of 96 were rated strength.

The 2020 PICR results indicate efforts to provide for the child's known education needs was observed to be a strength in 43 of the 46 applicable cases reviewed (PICR Item 16B). The 2021 results indicate 23 of 25 were rated strength, the 2022 results indicate 37 of 51 were rated strength, and the 2023 results indicate 43 of 51 were rated strength.

Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

The December 2023 Round 4 CFPSR on-site review indicates 64% of the cases were rated strength for item 16.

Item 16 was identified as an area to address in Arizona's Round 4 CFPSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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

**CFPSR 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 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 2020 PICR results indicate the target child in out-of-home care had a comprehensive well-child exam within 30 days of entering care if the child entered care within the prior 12 months, the child had a comprehensive well-child exam within the prior 12 months if the child had entered care more than 12 months prior, or the child(ren) being served through an in-home case had an assessment of physical health and the circumstances warranted agency oversight of the child's physical health in 84 of the 127 applicable cases reviewed (PICR Item 17A1-A3). The 2021 results indicate 37 of 55 were rated strength, the 2022 results indicate 94 of 116 were rated strength, and the 2023 results indicate 81 of 112 were rated strength.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

The 2020 PICR results indicate the target child in out-of-home care had a dental exam within 30 days of entering care if the child had entered care during the prior six months and was over the age of 1 year old, the child had a dental exam within the prior six months if the child had been in care for more than six months and was over the age of 1 year old, or the child(ren) being served through an in-home case had an assessment of dental health and the circumstances warranted agency oversight of the child's dental health in 66 of the 109 applicable cases reviewed (PICR Item 17B1-B3). The 2021 results indicate 31 of 48 were rated strength, the 2022 results indicate 65 of 106 were rated strength, and the 2023 results indicate 65 of 96 were rated strength.

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 2020 PICR results indicate efforts to provide the child with appropriate physical health services for the child's known needs was observed to be a strength in 43 of the 47 applicable cases reviewed (PICR Item 17C1). The 2021 results indicate 16 of 18 were rated strength, the 2022 results indicate 53 of 68 were rated strength, and the 2023 results indicate 58 of 66 were rated strength.

The 2020 PICR results indicate efforts to provide the child with appropriate dental health services for the child's known needs was observed to be a strength in 14 of the 16 applicable cases reviewed (PICR Item 17C2). The 2021 results indicate 4 of 6 were rated strength, the 2022 results indicate 14 of 19 were rated strength, and the 2023 results indicate 58 of 66 were rated strength.

The 2020 PICR results indicate efforts to ensure appropriate oversight of prescribed medication for the child's physical health was observed to be a strength in 14 of the 31 applicable cases reviewed (PICR Item 17D). The 2021 results indicate 8 of 11 were rated strength, the 2022 results indicate 19 of 25 were rated strength, and the 2023 results indicate 9 of 26 were rated strength.

As of March 2023, Arizona's state out-of-home continuous quality improvement case review tool, the PICR, measures the federal OSRI Item 17A4 questions related to evidence the child's health records were up to date and included in the file, the case plan addresses the issue of health and dental care needs, and the foster care providers being provided with the child's health records. PICR data indicates from March through December 2023, 18 of the 83 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 15 of the 83 applicable cases, the issue of health and dental care was addressed in the case plan and in 57 of the applicable 88 cases the foster care providers were provided with the child's health records (PICR Item 17C).

The December 2023 Round 4 CFSR on-site review indicates 75% of the cases were rated strength for item 17.

Item 17 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section V: Assessment of Outcome Achievement**

***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 2020 PICR results indicate efforts to thoroughly assess the child's mental health needs was observed to be a strength in 98 of the 112 applicable cases reviewed (PICR Item 18A). The 2021 results indicate 44 of 52 were rated strength, the 2022 results indicate 86 of 112 were rated strength, and the 2023 results indicate 85 of 108 were rated strength.

The 2020 PICR results indicate efforts were made to provide for the child's known mental health needs was observed to be a strength in 73 of the 87 applicable cases reviewed (PICR Item 18B). The 2021 results indicate 30 of 43 were rated strength, the 2022 results indicate 52 of 93 were rated strength, and the 2023 results indicate 63 of 98 were rated strength.

The 2020 PICR results indicate efforts were made to ensure oversight of prescription medication for mental health conditions in 12 of the 18 applicable cases reviewed (PICR Item 18C). The 2021 results indicate 6 of 8 were rated strength, the 2022 results indicate 19 of 25 were rated strength, and the 2023 results indicate 9 of 22 were rated strength.

Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The December 2023 Round 4 CFSR on-site review indicates 58% of the cases were rated strength for item 18.

Item 18 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

# **Section VI**

## **Assessment of System Performance**

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## **1. Statewide Information System**

### ***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). In February 2021, the Department began using the new Comprehensive Child Welfare Information System (CCWIS) solution known as Guardian, which has an enhanced ability to document the status, demographic characteristics, location, and permanency goal for every child in foster care. Guardian supports Hotline functions, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The Guardian system was built with the ability to capture the data necessary to respond to the evolving needs of its users and maintain CCWIS compliance. Guardian enhancements and modifications are prioritized, reviewed, and approved by the Change Control Board.

### ***Statewide Information System Assessment***

#### ***Systemic Factor Item 19: Statewide Information System***

Guardian is the Department’s Comprehensive Child Welfare Information System (CCWIS). It operates and accepts data to ensure the Department can identify the removal status, demographic characteristics, physical location, and permanency goal 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, statewide.

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 FFY 2023B final file was submitted in May 2024 for the period of April 2023 through September 2023. The FFY 2023B data quality report provided the following error rates from AFCARS 2.0 elements pertinent to Statewide Information System Item 19:

FC-05 Date of Birth:	0 errors of 13,399 (compliant)
FC-06 Sex:	0 errors of 13,399 (compliant)
FC-13-20 Race:	2 errors of 13,399 (compliant)
FC-21 Hispanic Origin:	0 errors of 13,399 (compliant)
FC-153 Exit Date:	159 errors of 13,399 (compliant with 1.2% failing)
FC-69 Removal:	1 error of 13,399 (compliant)
FC-113 Family Foster Home	0 errors of 13,399 (compliant)
FC-114 Licensed Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-115 Therapeutic Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-116 Shelter Care Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-117 Relative	1,203 errors of 13,399 (compliant with 9% failing)
FC-118 Pre-Adoptive Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-119 Kinship	1,203 errors of 13,399 (compliant with 9% failing)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

FC-120 Other	114 errors of 13,399 (compliant with <1% failing)
FC-122 Out-of-State:	6 errors of 13,399 (compliant with <1% failing)
FC-148 Most Recent Goal:	0 errors of 13,399 (compliant)

The above data shows a 78% improvement in errors compared to the 2023A submission. The Department made significant improvements in the replication of data to the cloud data platform to enable more accurate reporting and published reports, enabling visibility on data quality measures for data stewards to take actions on incomplete or inaccurate data entry into the system.

A targeted review of the demographic information was conducted by the Practice Improvement team during SFY 2024 to assess the accuracy of the information. From June 2022 through April 2023, demographic information indicated in the Guardian records for 76 children in out-of-home (OOH) care were reviewed for accuracy. The 76 records reviewed were the randomly selected OOH cases already scheduled to be reviewed as part of the state's internal quality assurance case review process. The children were newborn through 17 years old during the review period and had all been in OOH care for at least one day during the first month of the three-month review period. The child's computer file and case participant interviews were utilized to verify the demographic information. This review found high rates of data quality. More than a year has passed since this review was completed and the Department has invested substantial resources to data quality over that time. A review today would likely indicate even higher performance. The targeted review resulted in the following data.

**Removal Status:** Of the 74 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 68 (92%) had accurate removal status data in Guardian.

**Date of Birth:** Of the 71 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 71 (100%) had accurate date of birth data in Guardian.

**Race:** Of the 60 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 53 (88%) had accurate race data in Guardian. Five of the remaining seven children had no or unknown race information documented in Guardian.

**Ethnicity:** Of the 67 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 51 (76%) had accurate ethnicity data in Guardian. Eight of the remaining seven children had no or unknown race information documented in Guardian. Caution should be used when considering this data as it is possible the information in the AZTECS system or provided by the relative may not be correct. Hispanic ethnicity is also a personal determination and the relative may or may not consider the child Hispanic and the child may have a different perspective.

**Physical Address:** Of the 76 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 54 (71%) had accurate physical address data in Guardian. Of the 22 that were not able to be verified in this specific way, all 22 records contained documentation within the three-month review period that the child had been seen in-person by a DCS Specialist, which confirms the Department knew the location of all of the children reviewed.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

Permanency Goal: Of the 76 records reviewed that had information available to evaluate accuracy, case reviewers found evidence that 59 (77%) had accurate permanency goal data in the case plan in Guardian. For another 11 children (14%), the current permanency goal was available in Guardian but the case plan had not yet been updated to reflect the new goal ordered by the court.

Item 19 was an area needing improvement during the Arizona 2023 CFSR Round 4 because at that time, Arizona's CCWIS, implemented in 2021, was not functioning to ensure that the status, demographic characteristics, placement location, and permanency goals were readily identifiable. Since that time, the Department has made significant progress in the functioning of and reporting capability of the CCWIS. Item 19 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

## **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 provided to the court and discussed at court and FCRB hearings. The Department's court report requires the DCS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, living arrangement of the child, services to the child, and visitation with parents and siblings.

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

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 due to aggravating circumstances. Subsequent permanency hearings

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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.

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 the Administrative Office of Courts (AOC) direct, remote access to Guardian in addition to any Department information that is necessary for the performance of the local boards' duties. The Department continues to meet regularly with FCRB to address issues that arise with the automated exchange.

The Administrative Offices of the Court participates in a bi-directional interface with the Guardian system 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.

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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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***

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.

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 period under review (PICR Item 13D)

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 95% or more (source: In-Home and Out-of-Home PICR question Item 13C)

The Department's PICRs generate statewide data on the timely development of written case plans. 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

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

- development of the prior case plan, and
- the case plan was updated when a change in permanency goal was ordered by the court.

The 2023 PICRs found all the above criteria were met for 69 of the 130 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.

The 2020 PICR results indicate efforts to actively involve the mother in case planning was observed to be a strength in 65 of the 114 applicable cases reviewed (PICR Item 13B). The 2021 results indicate 19 of 60 were rated strength, the 2022 results indicate 36 of the 112 were rated strength, and the 2023 results indicate 39 of 111 were rated strength.

The 2020 PICR results indicate efforts to actively involve the father in case planning was observed to be a strength in 42 of the 109 applicable cases reviewed (PICR Item 13C). The 2021 results indicate 14 of 56 were rated strength, the 2022 results indicate 18 of 104 were rated strength, and the 2023 results indicate 27 of 96 were rated strength.

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.

The December 2023 CFSR cases found that 31 of the 50 cases applicable to the mother indicated the agency made concerted efforts to involve the mother in case planning and 18 of the 39 cases applicable to fathers.

According to the Case Plan Compliance Power BI Report, of the 8,380 children requiring a case plan statewide in May 2022, 2,356 children had an active case plan (28%). A great deal of improvement was made over the subsequent two years, in both the completion of case plans and the ability of the Department to measure case plan completion. In May 2024, 13,402 children required a case plan and 10,345 of the children had an active case plan (77%). Many additional cases had draft case plans developed or case plans that were expired, meaning they were created and active but more than 6 months old, which is the maximum state set timeframe for a case plan without being updated and revised. There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process.

The timely development of the initial case plan is monitored using the DCS Management System using Regional Scorecards. Between July 2023 and March 2024, the monthly regional timely development of initial case plans for the regions ranged from 29% to 100%, with 30 of the 45 individual monthly region percentages being at 55% timely or higher (source: SFY 2024 Region Scorecards). There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

The region scorecards also track the total percentage of timely case plan development, including the initial case plan and subsequent case plans. Between July 2023 and May 2024, the monthly regional timely completion rate ranged from 75% to 98%, with 44 of the 55 individual monthly regions percentages being at 85% or higher (source: SFY 2024 Region Scorecards). There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process.

Item 20 was an area needing improvement during the Arizona 2023 CFSR Round 4 because Arizona data indicated a decline in the percentage of children in foster care with a timely developed case plan and case review evidence did not support that parents are regularly and significantly involved in the development of the case plans. Item 20 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024 and improvement strategies will be included to increase the number of children who have a written case plan that is jointly developed with their parent.

***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 an area needing improvement during the Arizona 2023 CFSR Round 4 because data was not provided within the Statewide Assessment demonstrating that children have periodic review hearings no less frequently than once every six months.

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.

Since the submission of the Statewide Assessment, the Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided data to indicate that 4,231 out of 4,341, or 97.5%, of children statewide who entered care during FFY 2022 who were supposed to have a periodic review hearing received the hearing. Based on quality assurance operational reviews completed by the AOC from April 2022 through March 2023 for a sample size of 113 cases, 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 with either of these data.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

According to the AOC FCRB Reviews, of the children who entered care during the period of 10/1/21 through 9/30/22, 5,605 out of 5,632, or 99.5%, had an FCRB Review no later than six months from the date the child was removed from the home.

Item 21 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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 an area needing improvement during the Arizona 2023 CFSR Round 4 because data was not provided within the Statewide Assessment demonstrating that children have permanency hearings no later than 12 months from the date the child entered care and no less frequently than every 12 months thereafter. Arizona courts are required to hold a Permanency Hearing within 6 months of removal if a child was under 3 years of age at the time of removal or within 12 months of removal if a child was 3 or more years of age.

Since the submission of the Arizona Statewide Assessment, the Administrative Office of Courts (AOC) provided the following administrative data for initial permanency hearings. Of the children statewide who entered care during the period of 10/1/2020–9/30/2021, 4,405 out of 4,615, or 95.4%, had an initial permanency hearing no later than twelve months from the date they were removed from the home.

Also since the submission of the Arizona Statewide Assessment, the AOC, Court Improvement Program provided data based on the QA review of 103 case files during the period of April 2022 to March 2023. Of the permanency hearings reviewed during the time period, 99% fell within Arizona 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.

Neither the Department nor AOC have data currently available on subsequent permanency hearings following the first. Item 22 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

***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 2023 CFSR Round 4 because timely filing of TPR petitions is not occurring statewide and exceptions to filing TPR petitions (a compelling reason) is not consistently documented when a petition is not filed.

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 or a minute entry.

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 petitions 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.

The 2023 PICRs results indicate the timely filing of TPR or documentation of a compelling reason was seen in 19 of the 34 applicable cases reviewed. To improve 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. The prior SACWIS, CHILDS, did not consistently prompt the user to enter a compelling reason under circumstance in which one was required.

The December 2023 CFSR cases found that 11 of the 16 cases applicable to ASFA were rated a strength. The information gathered for the 11 cases indicated a TPR motion had been filed, a compelling reason to not file a TPR motion was documented, or the child was residing with a relative out-of-home caregiver at 15 months in care. Item 23 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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 2023 CFSR Round 4 because Arizona does not have a process to track whether out-of-home caregivers have been notified of hearing and it was unclear if the notices that were provided included the notice of rights to be heard in court.

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 2023, case reviews indicated 71 of the 81 applicable cases were rated strength, meaning there was evidence the out-of-home caregiver was given notice of the hearings that occurred during the review period.

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.

Statewide, the Foster Care Review Board written summary includes the date of the subsequent juvenile court hearing. This summary is provided to the child's out-of-home caregiver following the review board.

Several courts and DCS offices around the state have local practices to ensure out-of-home caregivers are informed of these rights. In addition to speaking with case participants during monthly child and caregiver contacts, DCS staff in Pinal, Gila, Graham, and Greenlee Counties discuss hearing dates during case plan staffings and Child and Family Team meetings. The judges also ask during each hearing if the out-of-home caregivers were notified of the hearing and if they are present during the hearing. In Navajo and Apache Counties, the DCS Specialist and/or child's attorney notify the out-of-home caregivers of the hearings and provide a link if the caregiver elects to participate virtually. Child attorneys in Pinal County also inform the caregivers of upcoming hearings. In Yavapai County, the DCS Specialist provides the court a confidential placement sheet whenever the child's out-of-home placement changes so that the court can update the child's placement location in the court records and ensure notice is provided to the out-of-home caregiver.

***3. Quality Assurance and Quality Improvement Systems***

***Quality Assurance System Description***

The Department includes multiple units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to measure and 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 conducting Systemic Critical Incident Reviews by using a safety science approach. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify learning points, root cause analysis of trends, and formulation and presentation of system improvement considerations to DCS leadership. The unit also engages in 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 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. 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 Child and Family Services Review for the state 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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 in the case 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 or guardian's due process is complete the PSRT enters the applicable finding of unsubstantiated or substantiated. A substantiated finding will result in the person being entered on the DCS Central Registry. The PSRT is also available to Department staff to consult about child abuse findings 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 professionals trained 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, data analytics, program and practice evaluation services, and management of strategic initiatives, such as the strategic initiative to standardize clinical and administrative supervision in all field operations units.
- *Fidelity and Compliance Services:* The Fidelity and Compliance Services (FCS) unit provides support, monitoring, and oversight of several DCS evidence-based services such as Family Connections and Nurturing Parenting Program. FCS staff conduct site visits with contracted providers, conduct service program case reviews, and coordinate Community of Practices for the NPP and FC programs.

During the reporting period, the Department continued the integration of the Management System throughout all statewide operations, 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

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

- 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 is collected through Guardian. Instructions for data entry are included in the Department's Policy and Procedures Manual and Guardian user guides. Guardian includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Department's Business Intelligence unit provides AFCARS and other error reports to the Management Analysts so they can identify and correct data errors. The Business Intelligence unit provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors. The Department has an information governance operating model to support data quality and management.
- *Case Record Review Data and Process:* The Practice Improvement Case Review

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

(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 the reporting period, the Practice Improvement (PI) Unit typically reviewed 85 investigations, 20 in-home service cases, 110 out-of-home care cases, and 300 Hotline communications per calendar year, along with other reviews focusing on targeted areas of practice. The Department has eight dedicated PI 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 leaders 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.

The Practice Improvement Team offers to facilitate feedback meetings with units following their yearly PICR to allow for feedback loops with internal stakeholders related to policy and procedure requirements and the results of the case reviews. The

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

Department leadership team is also provided quarterly and calendar year PICR data results broken out by the five regions, as well as statewide data. This data is reviewed with members of the leadership team quarterly. The Practice Improvement Team also provides 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. The Practice Improvement Team also has a process in place to email the Program Manager when certain designated casework was not demonstrated during the case 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 where there is no evidence of contact with the assigned case manager 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. During the reporting period since this process was initiated in SFY 2023, there have been less than ten such emails required.

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 participated in a CB-led Round 4 CFSR the week of December 4, 2023, during which the OSRI was utilized. The OSRI will also be utilized following the on-site review to evaluate the baseline and PIP measurement cases.

- *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 Department CEO.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

- The Business Intelligence 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, number of children in out-of-home care, demographic data about children in out-of-home care, staffing data, and financial data.
- *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.

Department staff ensure timely distribution of data reports to DCS leadership. Reports on the Department's business intelligence dashboard are available for review and analysis. The DCS Consultation and Research team works with Department leadership to analyze data on systemic issues to guide problem solving and strategic planning. 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 System 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 2023 CFSR Round 4. 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,

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

and evaluates implemented program improvement measures). DCS employs a team of nine dedicated individuals to conduct various types of qualitative case reviews, including state case reviews, CFSR reviews, and targeted reviews, and the Department plans to sustain the ability to continue these reviews. Consultation and Research team members apply 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. Fidelity and Compliance Services unit members provide support, monitoring, and oversight of several DCS evidence-based services such as Family Connections and Nurturing Parenting Program. Together, along with other supportive QA teams, these teams are able to explore and support the quality of services for families served.

The services supported by federal CFSP process are available statewide in all Regions across the state. These statewide services include Family Connections, the Nurturing Parenting Program, SENSE, adoption promotion and support services, educational training vouchers, and successful transition to adulthood services.

The Arizona QA system is effective in identifying strengths and needs of the service delivery system. During the prior CFSP period, several gaps or areas that could improve were identified and actions initiated to address the areas of services or casework. Examples include the efforts to bring fidelity to the Arizona TDM process, address the disproportionate rate of African American children in foster care, reduce the use of congregate care, and address services and supports for families experiencing domestic violence or intimate partner violence. For additional information, see *Section V: Assessment of Outcome Achievement*.

#### ***4. Staff Training***

##### ***Staff Training Description***

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. Training for internal DCS staff at all levels of the Department is coordinated through L and D, as well as foster parent training.

##### ***Staff Assessment***

##### ***Systemic Factor Item 26: Initial Staff Training***

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

The Department's initial staff training received an overall rating of strength during the Arizona 2023 Round 4 CFSR. 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 Arizona Staff and Provider Training Plan submitted with the FFY 2025-2029 CFSP.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

DCS L & D uses the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) Model to create training courseware. When new courseware is created, a member of the Department's Senior Leadership team sponsors the training, essentially meaning they support L & D putting forth resources to design the courseware and support the need for the training subject. Curriculum Designers are assigned to create and design the courseware. Course learning objectives and business outcomes are identified throughout the design process involving a team consisting of one or more subject matter experts, course requestor, Senior Sponsorship, and a Policy Expert. Every course is audited annually and updated as necessary. When course content requires updates due to a law or policy change, the course is immediately assigned to a designer to update as soon as possible.

All DCS training is tracked in the State of Arizona's Learning Management System (LMS), TraCorp. Employees as well as their leadership have access to the LMS to review training progress. L & D provides monthly compliance reports to Program Administrators with the expectation that they review and distribute the reports to ensure training completion. Currently, TraCorp is under construction. Once the system stabilizes, L & D will hold several webinars with Program Managers to teach them how to navigate TraCorp in order to use the program to better ensure 100% completion of required trainings.

All DCS courses request the learner to complete a training survey. For courses that are extensive, for example the multiple week Specialist Trainee Core, multiple surveys are administered to capture feedback periodically throughout the learning. The surveys ask learners to rate their level of agreement to five questions. The ratings are a Likert scale: 1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree. Learners are also provided the option to provide text regarding their feedback. L & D reviews the results of the surveys weekly.

All new, and at times 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 (with the exception of the Case Aide Learning Track)
- Field Training Activity Guide(s)
- Computer Based Trainings
- Final Test

As of May 1, 2024:

Case Aides:

- 152 Case Aides have successfully completed the Case Aide Learning Track
- 32 Case Aides are in their first 8 weeks of hire and in the allotted timeframe to complete the Case Aide Learning Track
- 126 Case Aides (45%) are outside the 8 weeks and have not completed the Case Aide Learning Track

Specialists:

- 807 Specialists and OCWI Investigators have successfully completed the Specialist

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

#### Trainee Learning Track

- 74 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
- 28 Specialist Trainees and OCWI Investigators (3%) are outside the 22 weeks and have not completed the Specialist Trainee Learning Track

#### Hotline Specialists:

- 61 Hotline Specialists have successfully completed the Hotline Specialist Trainee Learning Track
- 6 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
- 1 Hotline Specialist (2%) is outside the 22 weeks and has not completed the Hotline Specialist Trainee Learning Track

#### Program Supervisors:

- 127 Program Supervisors have successfully completed the Supervisor Learning Track
- 27 Program Supervisors are in their first 16 weeks of hire and in the allotted timeframe to complete the Program Supervisor Learning Track
- 47 Program Supervisors (23%) are outside the 16 weeks and have not completed the Program Supervisor Learning Track

For additional information about the length and descriptions of the learning tracks, see the Arizona Staff and Provider Training Plan submitted with the FFY 2025-2029 CFSP.

#### ***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 strength during the Arizona 2023 Round 4 CFSR. The Department has a statewide tracking system to monitor compliance with required trainings. The Departments' automated Learning Management System (LMS), TraCorp, collects and monitors data on the number of staff who require initial and advanced training, as well as their completion of the training. Tracorp participants register for training sessions and administrators are able 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 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 was active from 2016 through 2023. The training was provided to 176 DES Specialists and OCWI Investigators and built on the knowledge and skills obtained in Specialists Core Training. The AA training structure was modified as of January 1, 2024 to remove the Child Abuse Injury Reconstruction Techniques and Emerging Trends Child Sexual Abuse; the Reid Technique of Investigative Interviewing Investigative and Positive Persuasion as it was outdated and did not align with the DCS safety model. The following ongoing

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

staff training courses, previously included in the AA remain available for DCS Specialists through individual training opportunities. As of January 1, 2024, Case Aides may also engage in these training opportunities.

- *Working with Families and the Court; Behavioral Health Services*: Ten employees (5 Case Aides and 5 Specialists) have completed this training between January 1, 2024 and May 14, 2024.
- *Youth Thrive*: Thirty-nine employees (15 Case Aides and 24 Specialists) have completed this training between January 1, 2024 and May 14, 2024.
- *Reading a Wrap Sheet*: Thirty-four employees have completed this training between January 1, 2024 and May 14, 2024.

The *Advanced Forensic Interview training* (AFIT) will also be offered as a stand along training following the restructuring of training as state statute requires those employees investigating criminal conduct allegations to be trained in advanced forensic interviewing. AFIT was previously jointly funded by the Governor's Office of Youth, Faith, and Family; the Maricopa County Attorney's Office; and Department of Child Safety. DCS is awaiting the Governor's office to approve the funds to continue the training.

Other ongoing training opportunities for DCS employees include the following. For a complete list and course descriptions, see the Arizona Training Plan submitted with the FFY 2025-2029 CFSP.

- *Advanced Joint Investigations training*, which has been provided to 215 DCS Specialists and OCWI Investigators, 27 of them during SFY 2024 through January 1, 2024
- *Family Engagement training*, which has been provided to 559 DCS Specialists, 197 of them during the SFY 2024 through May 1, 2024
- *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.
- *Acknowledgement, Coping, Empathy, Parenting, Taking Charge, and Support System (ACCEPTS) Model for Clinically Supervised Parenting Time Providers*
- *Medical Child Abuse Training for Clinically Supervised Parenting Time Parenting Providers*
- *Address Confidentiality Program*
- *Annual DCS Leadership Summit (is suspended for FY 2024)*
- *Child Car Seat Safety*
- *Criminal Conduct CBT*
- *DCS Comprehensive Health Plan CBT*
- *Enrollment and Placement for Developmentally Disabled Children CBT*
- *Fentanyl CBT*
- *Foster Care Review Board CBT*
- *Quality of Care for DCS CHP Staff CBT*
- *Human Trafficking CBT* (replaces previous Sex Trafficking CBT)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

- *Information Security Awareness CBT*
- *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. This certification program began SFY23.
- *Supervision Coach Training* including Orientation session and 7 Modules
- *Young Adult Program Onboarding CBT*
- *Extended Foster Care Learning Track*
- *Group Home Learning Track*
- *Statewide Placement Administration*
- *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. February 2024 all DCS employees were required to take this course again as a refresher. As of 4/30/2024, 2,142 DCS employees successfully completed the refresh.
  - In April 2024 the Collaborative Safety Science Institute provided a 2- day training for Senior and Executive Leadership training. This 2- day instructor led in person training engaged leadership on how to support safety advancement and system changes as well as how to ethically respond to failure in a way that promotes organizational learning and improvement. Casey Family Programs financially supported this session. It is unknown at this time if our budget will support additional sessions; therefore, this course was not added to the Training Plan.
  - In June 2024, the Collaborative Safety Science Institute provided two 1- day training sessions for Program Managers throughout DCS. This training will engage leadership on how to support safety advancement and system changes as well as how to ethically respond to failure in a way that promotes organizational learning and improvement. Casey Family Programs financially supported these training sessions.
- *Arizona Management System*: CBT for all Department employees. The Lean Management team also began providing in person training for Central Office employees beginning in May 2024.
- *Team Decision Making training*: Courseware was renovated in 2023 in partnership with Evident Change and Action for Child Protection for both TDM Facilitators and field Specialists and Supervisors to reflect updates in policies and practices.
  - As of May 14, 2024, 1,394 Specialists completed attended a 1-day instructor led course titled Partnering with Families Through Team Decision Making.
  - As of May 14, 2024, 42 TDM Facilitators completed a 2-day instructor led course titled *Utilizing Coaching Skills for TDM Facilitators*.
  - As of May 14, 2024, 42 TDM Facilitators completed a blended learning course consisting of online recorded Webinars and a live Webinar *SAFE AZ Refresh for TDM Facilitators*.
- *Trauma, Empathy, and Your Role in Culturally Grounded Practice Learning Track Training*: As part of the Department's strategic initiative to address racial disparity, DCS contracted with the Arizona State University to create and deliver an 8-part training learning track required for any and all DCS employees. In September 2023 the Learning Track was Piloted with two cohorts, and the roll out of the training began January 2024. DCS anticipates the training will extend through SFY 2025 to allow all DCS employees to complete the Learning Track. The 8-part learning track consists of the following courses:

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

- Your Role in Culturally Grounded Practice, Part 1, Module 1 CBT
- Understanding Your Positionality and the Racial/Ethnic Disparities in Child Welfare Module 1 In-person Training (½ day)
- Empathetic Engagement Module 2 CBT
- Skills in Empathetic Engagement Module 2 In-person Training (½ day)
- Trauma Responsive Practice Module 3 CBT
- Trauma Responsive Practice in Child Welfare Module 3 In-person Training (½ day)
- Your Role in Culturally Grounded Practice Part 2 Module 4 CBT
- Moving Toward Culturally Grounded Practice in Child Welfare Module 4 In-person Training (½ day)

As of 4/30/2024, 2,338 DCS employees completed Module 1 CBT; 1,639 completed Module 1 in-person training; 685 completed Module 2 CBT; and 73 completed Module 2 In-person training.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan submitted with the FFY 2024 APSR*.

#### ***Systemic Factor Item 28: Foster and Adoptive Parent Training***

The child care facility 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 area needing improvement during the Arizona 2023 CFPS Round 4 because Arizona does not require training for prospective adoptive parents and the Department did not provide sufficient evidence to demonstrate that initial and ongoing trainings addressed the skills and knowledge needed by foster and adoptive parents to carry out their duties with regard to foster and adopted children. In addition, the Department did not provide evidence to demonstrate that the Department monitors the training requirements for the staff of group and shelter care facilities.

#### ***Foster Parent Training***

The Arizona foster parent training process was updated and improved during the CFSP reporting period. In August 2021, the Business Administration Training Unit, which previously had oversight of the foster parent training that was provided by numerous contracted licensing agencies, was combined with the DCS Learning and Development team. This effort allowed for more streamlined foster parent training, therapeutic foster parent training, and group home training, as well as ensuring a more consistent delivery model across foster parents and DCS Specialists for consistency in messaging and an overall better understanding of Arizona's foster care system.

Foster parent pre-service training, known as DCS Foster Parent Learning Track, is a Blended Learning Program, consists of five three-hour live webinar trainings and 12 on-line courses

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

totaling 24 hours through Foster Parent College contracted agencies. Prior to March 2024 contracted provider agencies delivered the live courses to potential caregivers; however, as of March 1, 2024, the Departments' Learning & Development unit facilitates the live webinars to ensure training consistency. The training is provided statewide and is the required for anyone wishing to become a licensed foster parent. 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. As of April 30, 2024 132 perspective foster parents began the Foster Parent Learning Track and 7 perspective foster parents completed the entire learning track.

In April 2022 an updated Therapeutic Foster Care Training Curriculum was created in partnership with Crestline and community Partners. As of May 1, 2024, 81 caregivers completed the updated training curriculum.

Arizona state regulations do not require prospective adoptive parents to receive specific training prior to adopting a child. Prospective adoptive parents can participate in the pre-service training program for foster parents 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.

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 if it is relevant to the needs of the foster parent or the children who are or will be placed in the home.

License renewals were issued for 655 family foster and therapeutic foster homes from June 2023 through April 2024 which is a decrease from the same period in 2023. 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 2023 through March 2024, 80 therapeutic foster home license renewals were approved. All foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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

The COVID-19 pandemic significantly affected initial licensing and renewals. The Department experienced a dramatic reduction in the number of families who 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.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan submitted with the FFY 2025-2029 CFSP*.

***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 adhere to administrative rules, and the Department's program and applicable administrative policies.

The licensing rules describe the required content for initial training for all staff to include topics such as:

- The licensee's philosophy;
- The licensee's organization;
- The licensee's program;
- The licensee's practices;
- The licensee's goals;
- The licensee's policies and procedures;
- Identification and reporting children suspected to be victims of child exploitation, including sex trafficking;
- Mandatory reporting of suspected child abuse and neglect under A.R.S. § 13-3620; and
- Any specific child care responsibilities outlined in the staff's job description.

Direct care staff must be trained on these additional topics during initial training:

- Client and family rights,
- Grievances,
- Emergencies and evacuations,
- Behavior management,
- Preventing and reporting child abuse or neglect,
- Recordkeeping,

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

- Medications,
- Infection control,
- Treatment philosophy
- Adult and pediatric cardiopulmonary resuscitation (CPR) and first aid according to American Red Cross guidelines as prescribed in R21-7-130,
- Initial wellness screening for identified direct care staff,
- Trauma-informed care of children,
- De-escalation and any physical restraint practices used by the Agency and taught by an Instructor certified,
- Recognizing expected responses to and side effects of medications commonly prescribed for children in care,
- Substance use and abuse,
- Common childhood illness,
- Communicable disease,
- Emergency admissions process if applicable to the licensee's services,
- Writing and submitting incident reports, and
- Creating normalcy for children in their care.

The trainings shall address best practices for meeting the diverse needs for each individual child.

Licensing rules require that all staff receive annual training to include the following topics:

- Mandatory reporting,
- Relevant portions of Arizona Administrative Code,
- Agency and Department policies and procedures,
- Responsibilities appropriate to the staff's duties with the Agency, and
- Any updates to topics covered in prior trainings the staff has received.

Licensing rules require that all direct care staff receive annual training to include:

- Child management techniques;
- Positive discipline, crisis intervention, and behavior management techniques;
- De-escalation, physical restraint techniques refresher to maintain currency in knowledge and recent technical trends;
- Health care issues and procedures, including mental health;
- Attachment and separation issues for a child and family;
- Sensitivity towards and skills related to cultural and ethnic differences;
- Sensitivity towards and skills related to children who identify as part of the lesbian, gay, bisexual, transgender, or questioning community;
- Strategies for addressing safety concerns and challenges faced by children who identify as part of the lesbian, gay, bisexual, transgender, or questioning community;
- Self-awareness, values, and professional ethics;
- A child's need for permanency and how the Agency works to fulfill this need;
- Trauma informed care; and
- How to promote normalcy for children in their care.
- 

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 very few staff present at the time of application because the facility is just

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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. If training is provided by individuals or companies not employed by DCS, the trainer's credentials must be reviewed and approved by OLR staff.

***5. Service Array Continuum and Resource Development***

***Service Array and Resource Development Description***

The Department provides an array of accessible and individualized services designed to support the safety, permanency, and well-being of children and families as required by the Social Security Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. Available services, including the following, have been described in Section IV: 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

## Child and Family Services Final Report FFYs 2020-2024

### Section VI: Assessment of System Performance

- 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; through referrals to community resources; through 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 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 2023, 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.

During FFY 2023, the State of Arizona expended \$8,765,201 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 kinship navigator funds during the CFSP period to expand the kinship stipend program. The funds were used to meet the immediate needs of kinship out-of-home caregivers to allow kinship foster children to be safely placed with them for foster care. Examples of support provided include car seats, clothing, bedding, and pool fences.

Please see Section IX: 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 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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 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 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

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section VI: Assessment of System Performance**

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.

During the CFSP reporting period, Arizona did not receive or utilize any federal Supplemental Disaster Relief Funding.

In an effort to have a full service array for families served, the Department continued to collaborate with other human service agencies at both the administrative and case level during the CFSP reporting period. The Department has been involved in extensive programmatic and administrative collaborations to ensure that children and families are served in the most integrated manner possible including the following.

- 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 and better serve families. Examples of co-location occurring across the state include:

- 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, as well as some Maricopa County offices.
- Behavioral health providers are co-located at the Welcome Centers.
- A mobile medical clinic is stationed at the Maricopa County Welcome Center three days per week.
- Assistant Attorney General staff are co-located in the Yuma, 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 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.

## **Child and Family Services Final Report FFYs 2020-2024**

### **Section VI: Assessment of System Performance**

- The Department partners with Tucson Medical Center and Banner Hospital in Pima County, and Phoenix Children's Hospital in Maricopa County, to co-locate a DCS Specialist 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 and Resource Development 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 by the CFSP.

The Department's service array was rated an area needing improvement during the Arizona Round 4 2023 Child and Family Services Review because stakeholders reported significant waitlists for behavioral health services and psychological evaluations, especially in rural areas. Historically, there have not been waitlists for psychological evaluations and there has been no need to track this area; however, during the second portion of SFY 2024 there started to be a waitlist for psychological evaluations specifically in Pima County. Because of this, an additional contract was developed with a provider, which will address the need. There have been gaps during the prior CFSP period in the service array related to transportation, domestic violence, crisis stabilization, parent skill-building, housing, and substance use services. During the second half of SFY 2024, however, the Department has improved service availability and addressed waitlists for several of the services including Family Connections, Supervised Visitation Only, and transportation.

Supervised Visitation Only services saw a significant increase in utilization during the pandemic as COVID-19 restrictions were eased. Starting in 2022, the waitlist began to increase. Targeted efforts were made during 2022 and 2023 to influence the waitlists including paying providers additional funds to accept additional referrals. This was successful in reducing the size of the waitlist; however, the waitlist increased again when the incentive payment was discontinued. During early 2024, DCS again addressed the waitlist issue by assigning field Program Managers and Administrators to review referrals on the waitlist to ensure the appropriateness of the referral and determine if the SVO services were still needed. This effort significantly decreased the waitlist for SVO services from 516 on January 5, 2024 to 47 on June 7, 2024 (source: SVO 2024 Statewide Report 6/14/24).

Family Connections Service waitlists were also greatly reduced during SFY 2024. The Department's efforts that influenced these improvements include changing the procedure related to when a family should be referred to Family Connections at a level 2 (home visits twice per week) versus the frequency of level 1 of once per week, which was the basis for the initial measure of effectiveness of the program, updating the procedures to ensure those families on the waitlist

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

continued to need the service prior to matching the family with a provider, and making adjustments to provider caseload measurement, which allowed some inactive families to not be counted allowing providers to start working with new families on the waitlist. Additional providers for FC were also added in 2023 to help with the waitlist. During calendar year 2024, the waitlists have significantly decreased as providers have been able to maintain staff and referrals are being reviewed by DCS field leadership to ensure the right families are being referred to the program. The FC Level 1 wait list reduced from 310 on January 5, 2024 to 74 on June 7, 2024. The FC Level 2 wait list fluctuated between 6 and 69 during this timeframe. The FC SENSE waitlist remained low during this entire timeframe, ranging from zero to eight families (source: FC 2024 Statewide Report 6/14/24).

The Department has also taken action to address the availability and quality of transportation services. During SFY 2024, the Department increased reimbursement for foster parents to transport children, updated procedures related to the transportation of children under the age of 8, began a partnership with the education community to reduce the number of children transported to school by contacted providers, and reduced the need for transportation for drug testing, all of which will increase the quality of transportation services and reduce the overall use of contracted transportation resulting in the service being available for circumstances not able to be met in other ways. These efforts have increased the quality of the transportation services and reduced the usage of contracted transportation services.

There have been no significant waitlists for AFF substance abuse services, Clinically Supervised Parenting time, or NPP services during SFY 2024.

CFSR Round 4 CFSP stakeholder interviews indicated delays in services for behavioral health services. During the CFSP period an updated system was implemented to improve the Integrated Rapid Response (IRR) referral process that is initiated within 24 hours of a child entering out-of-home care. A web-based portal was created in December 2023 to submit the referrals, which has reduced errors and barriers previously experienced using the prior manual email process. The IRR is to be completed within 72 hours of the referral. From October through December 2023, 81% of the IRRs were completed within 72 hours, with the average IRR completion time being 51 hours. This improved process is expected to increase the number of children who receive an IRR within 72 hours of removal.

DCS CHP also has a process to address access to timely services. The 21-day process requires healthcare providers to enter a service, the date the service was requested, and elevation dates both internally and through the health plan when delays in service delivery are anticipated. Providers are also required to confirm dates services were initiated. DCS CHP's contracted health plan reviews the reports with providers and provides feedback, coordination, and assistance with identifying the needed service. DCS CHP's contracted health plan uses information from the provider reports to identify network gaps in all parts of the state. For example, during FFY 2023, a trend was noted that some providers were experiencing difficulties meeting the timely expectation for respite, particularly in-home respite. DCS CHP's contracted health plan expanded

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

both in-home and facility-based respite to meet the need. As a result, the number of respite-related service concerns regarding capacity diminished, particularly for in-home respite.

During CY 2023, the DCS CHP Supplemental Behavioral Health Clinical Chart Audit was completed involving 36 Children's Behavioral Health Homes (BHH) who serve the DCS CHP population. The records for 503 children were reviewed, including children who have high needs case managers, children who do not have high needs case managers, and children who have been placed with multiple caregivers. The audit found that all four areas evaluated in CY 2023 met the minimum threshold performance of 85% with improvement from the prior year in three of the four areas. Assessment, service planning, & provision requirements scored 69.31% in CY 2022 and 85.66% in CY 2023; service provision effectiveness requirements scored 98.93% in CY 2022 and 97.28% in CY 2023; Child and Family Team meeting facilitation requirements scored 72.6% in CY 2022 and 85.47% in CY 2023; and enhanced behavioral health services-post integrated rapid response requirements scored 79.06% in CY 2022 and 88.45% in CY 2023. The scores and sub-measures included in the audit specific to the timing of service provision include the following.

- Is there documentation indicating that the member received all services identified in the ISP within 21 days of completion of the plan, or within the timeframe contemplated by the ISP? 51.77% CY 2022, 61.35% CY 2023
- Are CFT meetings conducted at a frequency consistent with the identified needs of the child? 88.07% CY 2022, 90.76% CY 2023
- If the behavioral health services previously recommended by the CFT were not provided as contemplated by the CFT, is there documentation indicating why not, documentation of efforts that were made to provide the services, and documentation of what corrective actions were determined necessary to ensure that relevant needs are being met? 80.82%
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that the initial intake appointment occurred within 7 days of the referral? 77.39% CY 2022, 79.03% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that the first direct service begins no later than 21 days of the completed intake appointment? 77.39% CY 2022, 83.03% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that a comprehensive assessment was completed with the child and family no later than 45 days from the date of the intake? 90.39% CY 2022, 98.89% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence of ongoing services being provided, at a minimum of monthly, for at least 6 months? (unless services are declined by the youth or caregiver or no longer in DCS custody) 69%\$ CY 2022, 83.39% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, was an Individual Service Plan completed no longer than 90 calendar days from the intake appointment? 81.22% CY 2022, 97.79% CY 2023

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

The DCS CHP System of Care (SOC) team monitors fidelity to the Child and Family Team (CFT) model, including that the CFT practice is adhering to the Arizona Twelve Principles by observing CFT meetings through the use of the CFT Practice Evaluation Tool, which is a standardized tool. The findings are shared with the Department's health plan team for the purpose of addressing any system needs identified. These evaluations are conducted monthly using a methodology by which a random sample of members are selected for review. Between May 2023 and May 2024, between 26 and 49 members were reviewed per month. CFTs are evaluated using a Targeted Skills Rating Scale of 1-5, with 1 at the lowest end and 5 at the highest end of proficiency. Monthly scores were between 3.5 and 4.1 each month during the review.

Although progress has been made, the Department will continue to work with providers and stakeholders to address any remaining or newly developed waitlists and service gaps. For example, the Department has recently begun efforts to work with stakeholders to explore the Department's assessment of and service array to address domestic violence/intimate partner violence.

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. Agencies providing family support services are located throughout the state in every county to better serve all populations including underserved populations.

In addition to the ongoing needs assessments DCS Specialists conduct on a regular basis, Arizona provides a wide array of services to families involved with the child welfare system, which include specific assessment procedures to explore the individual strengths and needs of the family. The Family Connections (FC) program utilizes the Comprehensive Family Assessment Summary, which is completed within thirty days of the referral. This assessment measures numerous areas of need including parenting attitudes and behaviors, family functioning, social support, family resources, managing parenting stress, child well-being (emotion/trauma, behavior, development/early learning, academic status, positive relationships, family relationships, physical health, cultural identity, substance awareness, and preparation for adult living), caregiver's health, cognitive skills, substance use, domestic violence, and the strengths and needs for each caregiver and youth. Based on the results of this assessment, the Edinburgh Postnatal Depression Screening (EPDS) and/or a Life Events Checklist (LEC-5) is administered. Emergency and concrete needs are assessed within the first thirty days of working with a family. The information from these assessments lead to core outcomes to be targeted for change and change strategies are developed with input from the family and the DCS Specialist. The FC Connections Outcome-Driven Service Plan, completed within forty-five days of the referral to the program addresses behavioral change goals, family strengths, social supports, family functioning, family resources, child well-being, parenting attitudes and behaviors, managing stress, and services needed. After ninety days of service an FC Evaluation of Change (EOC) assessment is completed that compares the initial self-interview to a current self-interview to assess progress on goals. When a parent, caregiver, or child needs an emergency behavioral health assessment or treatment services, the FCC shall complete the Benefits Screening Tool and refer the individual to the appropriate agency based on the results of the needs assessment.

The Nurturing Parenting Program (NPP) Family Nurturing Plan for Parents is structured to assess

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

the specific needs of the caregiver in order to build the caregivers' parenting skills. Each of the lessons identifies skills to be focused upon (competencies) along with the Home Practice Assignment, which is designed to encourage the practicing of the new parenting skills. The NPP Assessment may include the Adult-Adolescent Parenting Inventory (AAPI-2), the Parenting Attitudes About Raising Teens Inventory (PARTI), and the Nurturing Skills Competency Scales (NSCS) based on the circumstances of the specific family. AAPI-2 addresses inappropriate expectations, empathetic awareness, discipline, role responsibilities, and oppressing children's independence. PARTI addresses psycho-social development, respect, discipline, teen roles and responsibilities, and empowering teens. The NSCS gathers information about the caregiver's childhood, spouse/partner, children and family members, knowledge of nurturing parenting, and utilization of nurturing parenting. The initial assessments are reviewed at a later date to assess progress and change.

The SENSE program's Health Consultant Nursing Assessment, completed by a registered nurse, addresses the newborn's birth history, current medical information, physical assessment, developmental assessment, environment, routines, family medical history, and family health and well-being. The nurse discusses the assessment with the caregiver, provides resources as needed, and recommends any follow up care needed for the newborn.

Arizona Families FIRST (AFF) delivers services in all five stages of the substance use treatment process including screening to identify potential substance use and the need for further assessments; a comprehensive assessment with a treatment professional to determine the diagnosis and the person's individual needs; stabilization which may include detoxification; substance use disorder treatment comprised of case management, relapse prevention, medication assisted treatment and education, and continuing care; and recovery support which includes ongoing outreach and supportive services. Within seven days of the client agreeing to services a Comprehensive Assessment is completed to identify whether the client requires treatment and if so, the level of care and supportive services needed.

The Clinically Supervised Parenting Time (CSPT) program is utilized to provide supervised parenting time and parent coaching by a qualified mental health clinician to families with substantiated or alleged severe or egregious abuse, medical child abuse, sexual abuse, parent-child alienation, and other qualified circumstances. The program includes the CSPT professional conducting the Clinically Supervised Parenting Time Intake and Assessment. The assessment explores prior DCS history, previous parenting classes, goals for parenting time visits, counselor history, chronic illness history, current services, children in care, and the needs of the children to develop a plan to meet the family's parenting time needs.

The Extended Foster Care program for youth who reach the age of 18 while in foster care, includes several assessments to ensure the youth's needs are explored and met. Areas of assessment and service provision include engaging young adults in a coach-like way, providing support to young adults during periods of crisis, identifying goals, securing safe and stable housing, and community service referrals specific to the young adult's identified needs. The Successful Transition to Adulthood (STA) program helps to ensure that young people who are experiencing foster care develop protective and promotive factors that will increase the young person's ability to live successfully outside of the foster care system. The STA program is available for youth starting at

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

age 14 and includes an assessment of the Youth Thrive Protective and Promotive Factors; education and support for the youth related to youth advocacy, rights, hope, resiliency, and crucial conversations; utilization of the Youth Connections Scale; Family Finding activities to identify existing natural connections and support the young person in developing these connections or re-establishing lost connections; and development of a comprehensive school experience plan that outlines and supports the young person's educational programming, extracurricular activities, social connectedness, and overall school satisfaction. The STA program also includes a review of the young person's mental health experience, including advocacy for mental health services that address underlying trauma (versus focusing on behavior symptoms), the use of the 3-5-7 Model to provide experiential opportunities to explore grief and loss from past trauma, and evaluation of a young person's satisfaction with their living arrangement including how the living arrangement supports the youth's goals and interests, and coordination with the young person's caregiver to discuss how the caregiver can provide normalcy experiences and opportunities to practice daily living skills. For youth ages sixteen to twenty the STA program addresses all of the above in addition to assistance in securing original copies of vital documents, assistance to advocate or navigate services and resolution of barriers involving other service systems, parenting/pregnant services and advocacy when the youth has DCS involvement with their child, and the use of the curriculum and workshops for skill building related to interpersonal relationships, conflict management, crisis management, self-reliance, critical thinking, pre-employment skills, career aptitude exploration, job placement supports and connections to employers, and financial literacy.

The Healthy Families Arizona (HFAz) voluntary home-based visitation program serves pregnant women and families with children ages 0-5. Providers utilize the validated Family Resilience and Opportunities for Growth (FROG) Scale to identify family strengths and concerns at the start of services. Risk factors and stressors identified in the FROG Scale as well as risk factors that emerge later in the course of services are addressed during the course of services utilizing the HFA Service Plan. The family goal is used throughout the course of service to build family's resiliency and promote protective factors. Providers administer the developmental screening for all focus child(ren) and ensure proper follow-up for any suspected developmental delays. Providers ensure families are linked to medical providers for preventative healthcare and to ensure all focus child(ren) receive(s) timely immunizations. Providers also conduct a depression screening with all families using a standardized instrument and make referrals for services if warranted.

The Supervised Visitation Only (SVO) service is utilized to ensure safe parenting time can occur when a family does not require visitation skill building parenting services. The providers observe and monitor the parent or caregiver's parenting skills while interacting with their children. Observations are documented in the Summary of Supervised Visitation form and provided to the DCS Specialist, who uses the information to help inform the family's needs assessment and service provision. The providers also help to prepare the parent or caregiver for child's potential reactions at the visit and help the parent or caregiver cope with their feelings in order to assist them during the visit.

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

The Department's Office of Consultation and Research and Fidelity and Compliance Services

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

(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. Regularly scheduled 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.

***Systemic Factor Item 30: Individualizing Services***

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

The Department's individualization of services was rated an area needing improvement during the Arizona 2023 Round 4 Child and Family Services Review mainly because stakeholders reported a lack of assessing for and providing individualized and culturally appropriate services, including a lack of diversity within service providers. Similar to many states across the nation, Arizona experienced the effects of the Great Resignation during and following the COVID-19 pandemic. The Department and provider agencies struggled to hire and retain staff, including individuals of varying race and ethnic backgrounds and staff who speak languages other than English. Item 30 was also found to be an area needing improvement due to stakeholders noting challenges in locating placement and specialized services to address specific needs, such as for children with varying intellectual and developmental abilities as well as children and youth with behavioral health needs. The number of licensed foster homes in Arizona, including therapeutic foster homes, also decreased during and following the pandemic.

The Department has strategies in place 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, and Swahili.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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. These requirements are specifically included within the FC, NPP, and SENSE contracts. These contracts also include language to ensure services, procedures, and forms are culturally relevant, linguistically appropriate, and gender responsive and require the contractors to ensure cross-cultural communication support with the involvement of culturally competent staff in all levels of service delivery. 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 FC and NPP programs contain specialized curriculum designed to meet the focused needs of several sub-populations such as fathers, African American families, families with cognitive delays, and Native American families.

The Department has had a Limited English Proficiency (LEP) policy in place since 2014. The LEP services include providing information to families at no cost in various formats including written, telephonically, electronically, video conferencing, in-person at client's homes, or within the community. The Department also employs certified bilingual staff and contracted interpretation and translation vendors to meet the needs of LEP clients. The annual cost for contracted vendor interpretation and translation services during CY 2022 was \$936,152, suggesting the service is widely utilized. In addition, during CY 2022, the Department provided a total of \$123,036 to employees certified with the bilingual stipend program to provide interpretation services to LEP clients. To ensure DCS field offices have an automated recording in both English and Spanish, the Department's Audit Management Services team conducts yearly calls to each of the DCS field offices. During CY 2022, the team found that 34 of the 37 offices had an automated recording in both English and Spanish providing the caller information for reporting abuse, DCS Hotline contact information, and the hours the office is open. During CY 2023, the team called the offices using Spanish to determine if assistance could be provided in that language. The findings are in the process of being compiled at the time of the writing of this Final Report.

The Department maintains a listing of all vital documents that may be provided to LEP clients. A vital document conveys information that affects the ability of the client to make decisions about his or her involvement with the Department and may impact the outcome of their case. The Department has a total of 128 vital documents translated into Spanish. The 2020 American Community Survey completed by the United States Census Bureau estimated that 1,791,313 Arizonians are limited English-speaking individuals, with 76% of those individuals speaking Spanish.

Following the recommendations of the 2019 Arizona Office of the Auditor General's special report of the Department's practices for recruiting, licensing, and retaining foster parents, the Department's Foster and Adoption Recruitment Team developed and implemented procedures for secret shopper monitoring of the contracted FAS providers to ensure quality with incoming phone calls. The Department continues to complete these secret shopper calls on a quarterly basis to ensure they are adequately handling intake calls in both English and Spanish. The providers receive individual results and feedback at the end of each quarter and this information is also shared during the quarterly provider meetings.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

The Department also continues to utilize two bilingual staff who are available to communicate in Spanish to inquiries from prospective foster parents via the Department's Warm Line (877)-KIDS NEED U. The Department also is able to provide bilingual responses to emails from foster and adoptive parents, kinship caregivers, and Adopt-Us-Kids. The Department also maintains procedures to ensure providers maintain their websites with information about how to become a foster parent in both English and Spanish.

A number of services provided to families involved with the child welfare system include specific assessment procedures to explore the individual strengths and needs of the family to ensure the services are individualized to meet the specific needs of the individuals served. See the Item 29: Array of Services section for additional details.

***6. Agency Responsiveness to the Community***

***Agency Responsiveness to the Community Description***

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 CFSP, 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.

***Agency Responsiveness to the Community Assessment***

***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.

Arizona received an overall rating of strength during the Arizona 2023 CFSR Round 4 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

other federal or federally assisted programs serving the same population.

Arizona received an overall rating of strength during the Arizona 2023 CFSR Round 4 for Item 32: Coordination of CFSP Services with Other Federal Programs 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 integration of behavioral health system under DCS CHP; the Federal Education and Training Voucher (ETV) Program; Foreign Consulates; US Embassies; US Immigration and Customs Enforcement (ICE) and the Federal Bureau of Prisons in an effort to strengthen search efforts for missing parents; and US Marshals Service and Federal Bureau of Investigations (FBI) to strengthen search efforts for missing and runaway youth.

During the reporting period, the Department began a partnership with the Pilgrim Rest Foundation to develop the Community HUB, which will be a family resource center located in Maricopa County. The Department of Economic Security is providing \$1 million for the development of the Community HUB to serve six zip codes with a high population of Black and African American families. The purpose of the Community HUB is to offer support to families who have a screened-out call to the Child Abuse Hotline (the reported concerns do to meet statute to be taken as a report for investigation) to reduce the disproportionate representation of Black and African American children and families involved with DCS by providing concrete help, assistance, and referrals to reduce the likelihood of the family having a future screened-in child abuse report.

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 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.

***7. Foster and Adoptive Parent Licensing, Recruitment, and Retention***

***Foster and Adoptive Parent Licensing, Recruitment, and Retention Description***

The Department plans to continue its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Recruitment efforts continue as a partnership between the Department and contracted foster care and adoption services (FAS) agencies. The Department wants to assure all prospective foster/adoptive parents have access to agencies that license and/or certify foster/adoptive families. To support this, the Department has contracted with 21 agencies throughout the state. Those agencies are located in and are familiar with the communities which they serve. The Department plans to continue its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Recruitment efforts continue as a partnership between the Department and contracted foster care and adoption services (FAS) agencies. The

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

Department wants to assure all prospective foster/adoptive parents have access to agencies that license and/or certify foster/adoptive families. To support this, the Department has contracted with 21 agencies throughout the state. Those agencies are located in and are familiar with the communities which they serve. Contracted agencies are required to have adequate staff assigned to or located in each area for which they are contracted. Staff should have a minimum of one year of experience working with caregivers or working in child welfare. They should also have experience in cultural diversity and the ability to relate well with families of varied lifestyles, backgrounds, and ethnicities and assess a family's strengths and needs. The contract also stipulates agencies should have the ability to serve non-English speaking families by being able to communicate in the preferred language of the guardian, parent, and/or youth either by employing staff who speak languages other than English or by providing translation and interpretation services. In certain circumstances, the Department can assist with the cost of a certified interpreter.

A list of the foster care licensing and adoption agencies and their contact information is maintained on the Department's website. There is a specific landing page for recruitment where potential caregivers can learn more about each organization, the region of Arizona they serve, and access links to their website or put in an inquiry to be contacted by the agency. Families have a choice of which agency they use to become licensed and can select an agency that best aligns with their ideals and family culture.

The Department has an online orientation for prospective foster, kinship, and adoptive parents available to families as soon as their interest in foster or adoption begins, making critical information easily accessible for families to digest whenever and from wherever they choose. Conducting orientation online versus in person provides rural communities more immediate and convenient access to information about the Department and foster parenting. Orientation videos are also available in Spanish and the Department's recruitment website can be easily translated into Spanish using an embedded Google translate tool. In addition to the website, DCS' orientation videos are available via YouTube.

The Department has a nurturing process through iContacts to send regular communication to interested leads following their initial engagement. In the March 2024 FAS contract scope of work, the Department has added touchpoints for providers to contact leads within 2 business days of getting the lead and then again within five business days, thirty days, and sixty days if the family has not already started the process or unless the family asked to not be contacted again.

The need for foster and adoptive families is estimated utilizing the Recruitment Estimator tool created by the Department based on out-of-home data, which is provided quarterly to foster licensing agencies statewide. Based on the number of prospective foster homes that are in pre-service training, have been licensed, are active, and have closed their licenses, the Recruitment Estimator projects the need for homes in each region of the state. The Recruitment Estimator examines the number of children in care at the time of the estimate by county, age, race, and specialized level of need and predicts the level of need for foster homes. For additional information, see the Arizona Foster and Adoptive Parent Diligent Recruitment Plan.

***Foster and Adoptive Parent Licensing, Recruitment, and Retention Assessment***

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

***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 2023 CFSR Round 4 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. All pre-adoptive parents completed their required criminal background checks and were certified to adopt by the court prior to a final adoption.

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 received an overall rating of area needing improvement during the Arizona 2023 CFSR Round 4 because according to the CFSR final report, the state did not provide data to demonstrate the extent to which criminal background check requirements are met for the various types of foster and adoptive placements. Also, the final report indicates the state did not provide specific evidence to demonstrate that the Department monitors criminal background check clearances for foster home licenses.

Arizona requires all foster 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

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. All pre-adoptive parents are required to complete criminal background checks prior to being certified to adopt by the court prior to a final adoption. Arizona requires child welfare institution (group homes, shelters, congregate care facilities) staff to have valid Level I Fingerprint Clearance Cards and central registry checks prior to being provided an initial license and at the time of renewal. Staff hired during the licensing period must have the necessary background checks prior to employment. The Office of Licensing and Regulation (OLR) generates daily reports from Quick Connect, its licensing database, which includes any fingerprint clearance cards that have been denied, suspended, or revoked, which allows the Department to monitor the clearance cards.

The Department partners with the Department of Public Safety and Fieldprint for fingerprinting services. Fieldprint has numerous sites across the state. Fieldprint offers a convenient and expedient method for fingerprinting by which unlicensed caregivers, prospective unlicensed caregivers, licensing applicants, licensees, 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 fingerprint clearance card in three to five business days.

Arizona statute requires all applicants for foster home licensure to submit fingerprints for the purpose of conducting criminal history background check and to obtain and maintain a Level 1 fingerprint clearance. A Level 1 Fingerprint Clearance Card is issued by the Arizona Department of Public Safety (DPS) and necessitates a broader and more detailed inspection of the applicant's criminal history than other levels of clearance cards. Cards are valid for 6 years and the card requires fingerprint re-verification upon renewal. The validity of the card can be checked by contacting DPS at any time and the Department of Child Safety also has a database to assist with the verification process further. Quick Connect (QC), the Department's foster care licensing database/platform, is the interface with the DPS fingerprint card database. This interface ensures DCS is aware of, in real time, the validity of a card. Should a caregiver be arrested and/or the fingerprint clearance card suspended or revoked, DPS updates their database to show the card as invalid and Quick Connect automatically updates with this information. OLR would then take immediate adverse action on a license, as the system initiates an automatic email informing OLR of the suspension or revocation. Since a valid Fingerprint Clearance Card is a requirement for foster home licensure, the foster home license is revoked should the card be suspended or revoked. Since July 2023, OLR has revoked 12 foster home licenses due to suspended or revoked fingerprint clearance cards.

The verification method ensures licensed foster parents and child care institution staff are continuously in compliance with the background check requirements. In addition, applicants for licensure have to possess a valid card and because of the interface between QC and DPS, the system will not allow OLR to proceed with issuing a license without the necessary card and required fingerprint-based checks.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

In addition to fingerprint-based background checks, foster parents, child care institution staff, and applicants are subject to child protective services central registry checks for Arizona and in another state if the individual has lived outside of Arizona in the prior 5 years. Those checks using name, date of birth, and social security number, are also requested and verified through Quick Connect. Registry checks are conducted at initial application and renewal of licenses and upon hire for child welfare agency staff.

Licensing staff conduct reviews at specific touchpoints in the license process (initially and annually for childcare institutions and initially, renewals, and amendments for foster homes). These reviews include a checklist that details the criminal background clearance requirements. For family foster home licensing, the checklist undergoes a quality assurance review for accuracy and completeness. In the past fiscal year, reviews have confirmed that there were no instances when a family foster home license was issued that did not meet the background check requirements. From June 2023 through April 2024, review checklists confirmed that the necessary background checks were completed for the 520 new foster home licenses issued by OLR, as well as the 655 renewal licenses. From July 2023 through June 2024, reviewed checklists confirmed all the necessary background checks for child welfare agencies licenses were conducted at the time of application for the two new licenses and the necessary background checks for child welfare licensees and their employees at the time of renewal were conducted for all 84 licenses renewed.

The DCS Child Welfare licensing unit has standard work that outlines the process to notify congregate care staff of expired or missing fingerprint clearance information, such as when the card is not populating in Quick Connect (expired or missing status). Standard work for the notification of denied or suspended fingerprint clearance cards for congregate care staff occurs based on real time daily reports received from Quick Connect. When OLR receives notice that a congregate care staff's fingerprint clearance card has been suspended or revoked, an immediate action notice is sent to the child welfare agency indicating the staff person cannot have direct contact with children and/or must be terminated.

In addition to statute requiring background checks for licensees, household members, and staff working in licensed child welfare agencies/congregate care facilities, the Department has added these requirements to the contracts with congregate care providers as well as having administrative policy DCS 15-32, which specifically addresses background checks for child welfare agency staff. The policy stipulates the Child Welfare Agency shall submit a DCS Central Registry Clearance check in the Department's electronic database prior to all staff hire dates with the Child Welfare Agency in accordance with A.R.S. § 8-804, and a completed interstate central registry request (aka Adam Walsh Act) form to OLR, and verify that the results have been received by OLR from the processing state prior to the hire date with the Child Welfare Agency for any staff that have lived in another state other than Arizona within five years prior to the hire date. In addition, the policy states, the Child Welfare Agency staff shall have obtained a valid Level One Fingerprint Clearance Card in accordance with A.R.S. § 46-141.

The Department's Audit Management Services conducts internal reviews to determine compliance with the criminal background check requirements for congregate care providers. Employee rosters are reviewed to assess whether the required safety checks occurred upon hire, annual central

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

registry checks, and the fingerprint cards being valid during the review period. The results are provided to OLR to review with the providers and take any necessary licensing actions. Audits and OLR reviews have found instances where child welfare agencies have allowed staff to begin working without the necessary background checks. As a response, the Department has provided training to congregate care providers on the background check requirements and how to use and request checks via Quick Connect. In addition, OLR has issued licensing violations and can escalate to adverse action against a license.

Out-of-home caregivers having their criminal background checks completed as required contributes to a low rate of children being abused while in foster care. According to the February 2024 CFSR Data Profile, the Department's FFY 2021 risk-standardized performance was 5.43, which is better than the national CFSR performance of 9.07 children or fewer having a substantiated report per 100,000 days in out-of-home care. Of the 108 out-of-home PICR case reviews completed during CY 2023, only 22 had any indication of an out-of-home caregiver licensing concern or safety concern. In 11 of those 22 cases that identified a possible concern, the case reviewers were able to gather evidence that the agency appropriately addressed the concerns in a thorough and timely manner. The number of concerns that were fully addressed could be higher as some of the case workers assigned at the time of the concern were not able to be interviewed due to reasons such as no longer being employed with the agency. The CFSR cases reviewed in December 2023 showed that in 2 of the applicable 40 out-of-home cases, there was a concern about the child's safety related to the out-of-home caregiver that were not adequately or appropriately addressed. In both of the cases, the mothers struggled with substance use and the level of contact between the mothers and children while the children were placed with a relative caregiver was not thoroughly explored to determine if the level of contact posed a safety threat to the children.

***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 area needing improvement during the Arizona 2023 CFSR Round 4 for Item 35: Diligent recruitment of foster and adoptive homes because the Department did not describe how the state's demographic data is used to drive and target recruitment efforts and the state's process for addressing gaps in the racial diversity of caregivers compared to the racial diversity of children in foster care.

There were 520 newly licensed foster homes from June 2023 through April 2024. The Department had a total of 2,107 licensed homes as of May 1, 2024, with 4,666 bed spaces in these homes which is a significant decrease from the 2,627 licensed homes with 5,770 bed spaces last year (source: Quick Connect, Active License Report May 1, 2024). The Department continues to focus on customer service and partnership with caregivers to address identified issues that may have contributed to license closure.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

Many of the foster home closures that occurred during the reporting period were due to finalization of an adoption or guardianship. From July 2023 through April 2024, 35.2% of licenses (321 of the 913 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.

	<b>African American</b>	<b>American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Unknown or other</b>
<b>AZ Foster Homes</b>	11.7%	1.4%	2.6%	61.1%	23.1%	0.1%
<b>AZ Children in OOH Care (birth to 17)</b>	17.7%	10.4%	1.0%	33.7%	32.8%	4.4%

Sources: Semi Annual Child Welfare Report March 2024 and OLR Active License Report May 2024.

The FFY 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan goal was to increase the percentage of foster children in a family-like setting to 85% or more, ages 0 to 17, which includes relative/kin caregivers and licensed foster homes. During the CFSP period, the percentage of children in a family-like setting did not increase, but instead remained about the same, hovering around 80% (source: Monthly Operational Outcomes Report, April 2024). It is believed the impact of COVID-19 negatively influenced the ability to meet this goal despite the following efforts that were made.

To achieve this goal, the Department utilized the multi-pronged approach described in the FFY 2020-2024 *Foster and Adoptive Parent Diligent Recruitment Plan*, which included recruiting new family foster homes, while improving family foster home retention. The Department’s strategic plan included strategies to increase the number of children in family-like settings, with focus on the need for additional family-like settings for teens, sibling groups, and children who have complex medical needs, and efforts to recruit homes that match the race and ethnicity of children in out-of-home care continued. During the CFSP period, 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 the webpage is navigated. The Department and agencies track leads from the information shared in the questionnaire. The questionnaire matches leads to an agency which aligns with the perspective

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

foster parent's preferences and/or belief system. A Foster Recruitment and Retention Specialist later followed up with each agency to explore the effectiveness of each recruitment campaign. The Department continued 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.

See the FFY 2020-2024 *Foster and Adoptive Parent Diligent Recruitment Plan* for the many other specific recruitment efforts that were made.

***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 2023 CFSR Round 4 for Item 36: Cross-jurisdictional resources due to the state not providing data nor evidence of the effectiveness of the use of cross-jurisdictional adoptive placements such as Children's Heart Gallery, AdoptUSKids, Wednesday's Child, and contracted provider websites. This area was also an area needing improvement due to Arizona having room to improve in the timeliness of completing ICPC requests.

The Department maintains contracts with agencies to conduct Child Specific Recruitment (CSR) services to locate adoptive families or kin placements for children in care needing an adoptive home. CSR contractors are required to submit monthly reports to the Department addressing progress and finalization data on each child referred to the service. The monthly report lists each child receiving CSR services and if that child has been matched, been placed, had a finalized adoption, closed, or is still receiving ongoing efforts to find a match. From July 2023 through May 2024, 79 new referrals were made to CSR services. 62 children were matched, 76 children were placed in adoptive homes and 36 children finalized adoptions. The Department has a need to further delve into and track outcomes of the CSR program. The Department seeks to capture information about the reasons why more children are not matched/placed but do not achieve permanency through this resource.

Similar to the progress and finalization data the Department tracks for CSR efforts, the Department will begin tracking data specific to the efforts of the Children's Heart Gallery, AdoptUSKids website, and Wednesday's Child. Most of the children featured on the Children's Heart Gallery, AdoptUSKids, and Wednesday's Child are also involved in CSR services and there is an overlap of data and some difficulty determining which referral source led to an adoptive placement for a child. The Department has been tracking inquiries coming from the three sources and will start to track and analyze how many of the inquiries lead to a placement match and how many lead to an adoption finalization. The Department will also begin to track the obstacles and barriers to

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VI: Assessment of System Performance**

matching and finalization of adoptions and reasons why inquiries do not move further along in the selection process.

The Department plans to release a Request for Information (RFI) in July 2024 through the state procurement office inquiring about what software platforms exist that can assist in tracking recruitment leads. The RFI is the first step in determining if the Department will build a recruitment platform or solicit proposals through the state procurement office to meet the need/void.

From FFY 2020 to FFY 2023, Arizona received 3,565 ICPC requests for a home study of an Arizona family as a potential placement resource. Arizona completed 2,745 of the home studies within the 60-day timeframe or provided preliminary reports. During FFY 2020 to 2023, Arizona made 2,096 requests to other states for home studies and 1,634 of the ICPC home study requests were completed within the 60-day timeframe or Arizona ICPC was provided with a preliminary report. For FFY 2024, Arizona is tracking 442 incoming ICPC requests and 568 outgoing requests. During this period, Arizona utilized the National Electronic Interstate Compact Enterprise (NEICE) system for ICPC data tracking and upgraded to NEICE 2.0 as well.

During this period, the NEICE system was utilized to improve timeliness and processing of requests. NEICE helped Arizona maintain ICPC processing during the pandemic and has allowed for improved file access. Arizona converted to digital records for ICPC, which reduced the need for storage of physical records. Arizona has improved its safe and timely performance and will continue these efforts, which are largely related to staffing issues with contracted agencies.

# **Section VII**

## **Consultation and Coordination with Tribes**

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**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

***Coordination and Collaboration with Tribes***

Department staff worked closely with Arizona's 22 tribal communities and urban Indian programs throughout the five-year reporting period. Communication and consultation between the state and tribes 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 alignment with the Inter-Tribal Council of Arizona (ITCA). The ITCA is a non-profit organization that represents 21 of the 22 Arizona tribes; the Navajo Nation is not a member. 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. The meetings occur in a hybrid environment, allowing for both in-person and virtual attendance.

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 Liaison is also currently working with the Pima and Maricopa ICWA Courts on establishing culturally appropriate approaches to services.

The Department's Intergovernmental Tribal Liaison strives to conduct 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, by mule, or via a 16-mile hike and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. During SFY 2024, the DCS Intergovernmental Tribal Liaison met with the majority of the tribal nations on tribal land where the Tribal Liaison was able to have a guided tour of the tribal nation's social services department. There was contact with many tribes during other meetings and workgroups as well. 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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

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.

During the reporting period, many tribes were disproportionately affected by the COVID-19 pandemic and thus implemented strict guidelines regarding in-person contact to protect the health and safety of their community, which limited in-person collaboration. Although in-person contact did not occur yearly with all the tribes, regular contact was maintained through a variety of means, including virtual consultations, 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. Currently, the Intergovernmental Tribal Liaison is working on a project with the Navajo Nation to review cases to ensure the Guardian system correctly identifies the children within the foster care system who are members of the Navajo Nation.

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 maintains an Arizona DCS Tribal Consultation Policy and a yearly report is submitted to the Arizona Governor summarizing tribe consultation efforts. 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 American Indian families we serve. The Intergovernmental Tribal Liaison is also working with the Department of Corrections to establish more culturally appropriate services for incarcerated parents, which aligns with their cultural beliefs and traditions.

During the CFSP reporting period, the Department attended a Region IX Tribal Convening held in April 2023 led by the Children's Bureau at the Salt River Pima Maricopa Indian Community and another statewide convening in March 2024. Several Arizona tribal nations were represented including the Navajo Nation, Tohono O'odham Nation, Salt River Pima Maricopa Indian Community, Hopi Nation, Ak-Chin Indian Community, and Gila River Indian Nation. The topics of discussion included child welfare best practices, improving communication, and providing updated information for training. In September 2023, Department staff attended the Navajo Nation's Tri-State Convening which included Navajo Nation staff spanning across parts of Arizona, New Mexico and Utah.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

The Department continues to have an 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 in August 2022. The Department maintains quarterly contact with the Pascua Yaqui Tribe to discuss items of mutual interest. At this time the Department is also working with the Pascua Yaqui Nation on implementing an IGA agreement that would also include the Department of Economic Security. The Department is currently working with the Tohono O’odham, Hopi, Quechan, Salt River Pima - Maricopa Indian Community, and White Mountain Nations to establish MOUs, with an anticipated completion date of June 2025.

The Department has IGAs with tribes for reunification, prevention, and support services including four agreements for Family Support, Family Preservation, and Family Reunification Services; four 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.

***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***

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

According to the May 2024 MOOR data report, there were 992 American Indian children age newborn through 17 and 61 youth age 18 through 20 in out-of-home care in March 2024. The Department recognizes that “identification of tribal affiliation” is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking at the beginning of certain court hearings if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

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

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor the documentation of sufficient inquiry to determine whether the child may be a member of an American Indian tribe. During CY 2023, 81 of the 108 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. In addition, DCS Specialists often 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 petition does get filed.

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

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

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. Timely notification was provided to the tribe in both of the two applicable cases reviewed during CY 2023. All internal ICWA trainings facilitated by the DCS Tribal Liaison include information about the right of tribes to intervene and assert their jurisdiction.

***Placement Preferences of American Indian Children in Foster Care, Pre-Adoptive, and Adoptive Homes***

ICWA requires a child's out-of-home living arrangement be considered and selected in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. A living arrangement with a maternal or paternal family member who is willing and able to provide care for the child is always a priority when working with American Indian children. If a relative is not available, the next placement preference is a tribal foster home; however, the biggest challenge continues to be the lack of available American Indian foster homes compared to the number of American Indian children needing out-of-home care. Despite efforts during the CFSP period to increase the number of American Indian foster homes, the number has not increased. Only 1% of the foster parents licensed through OLR report being American Indian. Efforts to increase the number of American Indian foster parents will continue into the next reporting period.

The Department's policies related to placement preferences for ICWA eligible children is aligned with the BIA guidelines for implementing ICWA. 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.

During the reporting period, the Department made cultural awareness training available to licensing agencies and foster parents that serve as caregivers to American Indian children. The training addressed several areas of Indian culture that provide non-Indian families with a better

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

understanding of American Indian culture and how important traditions 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 a question related to the placement of the child in accordance with ICWA placement preferences. Data from CY 2023 indicates eight 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 May 29, 2024, 49% 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 (source: Guardian Advanced Find and Power BI). This percentage has stayed relatively the same during the CFSP period, hovering around 49%. In March 2023, the percentage of children was 52.1%, in May 2022 48.2%, in September 2020 53%, and in September 2019 46.7%.

***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
- 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,

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

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 each of 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 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.

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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

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 IX: 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 Inter-governmental Agreement with the Department for pass-through title IV-E funding providing the Tribe can assure compliance with all required title IV-E eligibility criteria. These criteria include financial, non-financial, judicial determinations, foster home and congregate care licensure, and AFCARS requirements.

***Update on Planned Changes to Laws, Policies, Procedures, Communications Strategies, or Trainings to Improve Compliance with ICWA that the State has Developed in Partnership with Tribes***

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VII: Consultation and Coordination with Tribes**

There were no Department policy changes or Arizona law changes related to ICWA during the CFSP period.

# **Section VIII**

## **Child Abuse Prevention and Treatment Act State Plan Update**

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**Child and Family Services Final Report FFYs 2020-2024**  
**Section VIII: Child Abuse Prevention and Treatment Act State Plan Update**

*Use of CAPTA Funds to Support the Purposes of the Program*

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

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

The Department 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 2024, 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
- two Safety Practice Expert salaries whose focus is the development, implementation, and oversight of Department child safety assessment policies and procedures related to the Department's SAFE AZ model, including the assessment, investigation, prosecution, and treatment of child abuse and neglect.

The Arizona Department of Child Safety currently utilizes and will continue to utilize 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.

*Use of American Rescue Plan Act of 2021 funding during the 2020-2024 CFSP*

The Arizona Office of the Governor, Office of Youth, Faith, and Family led a statewide human trafficking prevention campaign ahead of the 2023 Super Bowl LVII that was held in Glendale, Arizona. This public awareness campaign supported the State of Arizona's efforts to prevent human trafficking activity and assist victims of human trafficking find support. Using funds from the American Rescue Plan, the Department funded the twelve-week social media campaign

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VIII: Child Abuse Prevention and Treatment Act State Plan Update**

targeted for teens statewide. The digital media used Instagram, TikTok, and Snapchat to bring awareness to teens. Each platform reached well over a million impressions: Instagram 5,038,496, TikTok 3,670,486 and Snapchat 2,993,557. The campaign ran from December 12, 2022 through March 5, 2023.

In 2022, a partnership between the DCS Office of Prevention, Prevent Child Abuse Arizona, and First Things First formed to discuss the development of Family Resource Centers (FRCs) as a strategy to achieve a shared goal of advancing child well-being statewide. Using funds from the American Rescue Plan, contracted services for technical assistance were obtained from National Family Support Network. As discussions progressed, other partners throughout the state have been added to the discussions, including the Arizona Family Resource Network, Arizona Department of Health Services, and the Arizona Department of Economic Security. The primary goal of this group was to develop a robust, comprehensive, and sustainable system of FRCs accessible to families with children ages 0-17 across the state, which is currently in progress and will continue into SFY 2025.

A Helping Grand is a primary prevention program designed during the CFSP reporting period with extensive input from the Parent Advisory Collaborative. The Collaborative members identified areas where emergency assistance had not been provided in the past for low-income families in Arizona who struggled during the COVID-19 pandemic due to illness, social isolation, job loss, and lack of resources. Utilizing funds from the American Rescue Plan, the DCS Office of Prevention, in collaboration with Family Resource Centers, community resource hubs, schools and local faith-based organizations, supports families by providing up to \$1,000 to help families meet their needs by completing job certifications and vocational programs, assisting with auto repair costs, covering dental costs, or receiving mental health support services for an increased emotional well-being. The families receive financial assistance as well as build a relationship with a 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 were high and where disproportionate outcomes exist specifically for African American children. This program was launched February 1, 2023.

Continuing to utilize 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 to prevent contact with the Department of Child Safety. This program is open to fathers, biological or psychological, who are referred or self-referred to the program and immediately assigned to a Father Support Specialist (FSS), who is also a father. The FSS provides the fathers or father figures with mentorship and develop an individualized support plan to assist the father with services to achieve the individual's or their child's behavior health goals.

*See Section II: Collaboration with Stakeholders for additional information about the Helping Grand program. See Section III: 2020-2024 Goals, Objectives, and Accomplishments for additional information about the development of Family Resource Centers and the Dad Together program.*

***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, the State of 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 received funding for the State Opioid Response (SOR) during the reporting period.

The Department continued to partner with the Pima County RAISE Family Treatment Court (FTC) during the CFSP period to provide support and services to parents whose children are in the legal custody of the Department. The monthly average number of parents and children served is 76 parents and 123 children. During a five-year SAMHSA grant in effect between 2018 and 2023, 450 parents and 716 children enrolled in RAISE FTC, which represented 96% and 106% of the grant enrollment goals, respectively. The reunification rate for children with a parent who participated in FTC during the five-year grant, and whose case was closed at the end of the grant, was 79% (99% for parents who graduated, 89% for parents who voluntarily discharged, 49% for parents who were involuntarily discharged).

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.

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. The number of infant care plans, Arizona's plan of safe care, entered into the Guardian Infant Care Plan screen monthly during SFY 2023 ranged from 263 to 351. The number of reports received during SFY 2023 with an allegation of a substance exposed newborn ranged from 334 to 497 (source: Guardian Advanced Find, June 28, 2024). The actual number of infant care plans developed monthly is likely to be higher due to plans developed using paper versions and filed in the hard copy file or uploaded into the Documents section of Guardian.

During SFY 2024, Department policy was updated, based on a change to state law, to no longer allow the Child Abuse Hotline to accept reports of substance exposed newborns for infants over the age of 30 days. Reports are taken by the Hotline when there is information indicating the child was prenatally exposed to a drug or substance that was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. Prior law and policy

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VIII: Child Abuse Prevention and Treatment Act State Plan Update**

did not include the 30-day time restriction. Also during the reporting period, Arizona state law was changed to legalize the recreational use of marijuana; however, the report criteria for a parent who utilized marijuana without a medical marijuana card remained the same, a report of child neglect would be taken and investigated. A report of child neglect will also be taken for an infant up to one year old who is exhibiting symptoms that are consistent with Fetal Alcohol Spectrum Disorder.

The Department continues to utilize the Infant Care Plan form, and Department policy remains aligned with CARA. The policy mandates the following.

- The Department shall investigate all accepted 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, and
- social connections.

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

**Child and Family Services Final Report FFYs 2020-2024**  
**Section VIII: Child Abuse Prevention and Treatment Act State Plan Update**

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).

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 the plan 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.

The Department does not utilize CAPTA funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants and affected family or caregivers. The Department's use of infant care plans, as described above, are funding through other means.

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

A review completed of the 2024 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 IX**

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

***Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood***

The Department of Child Safety (DCS) is the State agency responsible for administering the title IV-E program. The Department will continue to administer the Chafee Foster Care Program for Successful Transition to Adulthood under Sections 471, 472, 474, 475, and 477 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 1,398 youth participating during CY 2023 which was an increase from the 1,285 youth participating during CY 2022.

***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 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 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.

In FFY 2024 the Department was provided with additional Chafee funding. The funding plan includes:

- Incentives to transitional housing providers for items to support the needs of youth,
- Tribal allocations for tribal communities to funding Chafee allowable services,
- Savings matches for vehicle car loan pay off, or purchases,
- Young adult facilitated presentations to DCS Specialists and the EFC Coaching,
- BraveLife Intervention for the Youth Advocate program (peer to peer mentoring), and
- Cell phones for youth.

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/meetings during calendar year 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. Programing 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 2024, over 400 youth have been referred, 161 youth are currently participating in the driving program and 216 have successfully obtained their license as a result of the program.

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. Since CY 2022 the Department has averaged 612 young adults receiving this subsidy to support their independent living arrangement. 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 404 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. In CY 2023 the Paul Revere Academy opened to students and is supporting young people who are in foster care or have been in foster care in gaining a high school diploma, and a career and technical education on the same campuses.

Youth Advocates and YEC members attended the National Daniel Memorial Conference in Denver Colorado, in August of 2023. Department staff along with six 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. Youth and the PYS team provide two workshops during the conference, Expanding your State's EFC Housing Array and Youth Thrive.

The YEC also participated in a national event with the Selfless Love campaign in 2023, a national movement advocating for current and former foster youth by ensuring policy changes and practice improvement.

In June of 2023, sixty-eight 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. The conference including fun activities such as skateboarding, volleyball, PJ themed movie night, a scavenger hunt, team games, and informative programming such as Safety and Drug Awareness, and Education Planning,

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 continues to support youth through contracted providers. For CY2023, the STA program has served five hundred and twenty-two current foster youth between the ages of 14-20 and one hundred and eleven 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 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 mismanage 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 CY 2023 the Transitional Housing program supported 126 youth across the state, currently 88 youth live in transitional housing, and the Department and its providers have committed to increasing the transitional housing program with another 51 housing units, which should lessen the need for congregant care settings for over 18-year-old youth.

In FY 2024, the Department initiated new programming to support the Youth Advocate Specialists Program in the PYS Unit. The Department has contracted with the Childrens Villages to bring BraveLife Intervention (BLI) to Arizona. there are six Youth Advocate Specialists (YAS) serving young people across the state who will be able to participate in this initial training. 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. The Department

recognizes that young adults with lived experience need specialized peer-to-peer training which will support their engagement, , empowerment and connections to the young people they serve.

#### 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 NYTD services data. Arizona State University (ASU) continues to facilitate all NYTD survey requirements. For NYTD Cohort 5, 648 youth are in the baseline population, 422 youth were surveyed, representing a response rate of 65.1%. For the 272 youth who did not participate in the survey, there were 19 youth reported as having exited care and 27 who were ineligible due to incarceration. These youth were designated as not being in foster care and removed from the survey population. In addition, 84 youth were found to be on runaway/missing status, 68 were unable to be reached within the 45-day survey window with one youth unable to be located, and 50 declined to participate in the survey.

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 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 2023 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 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 continue to 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.

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. Since 2020 the FYI Program successfully leased up sixty-six young people and ninety-eight vouchers have been issued throughout the four participating housing authorities of Glendale, Scottsdale, Mohave

County, and Flagstaff. Since 2020, eighty-one youth FUP vouchers have been issued and forty-nine 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. STA Navigators 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. In 2024 the Department will be 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 IV: Programs and Services to Achieve Safety, Permanency, and Well-Being.*

#### ETVs Awarded

In May 2023, Arizona’s ETV program transitioned to a new contract provider, Foster Success Education Services, for administration of the state ETV program. The new provider maintains an online application process and also provides student assistance to youth who are struggling in their post-secondary programs, or are experiencing barriers to enrollment in a post-secondary education program. 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. While the first school year will not be complete until the end of the summer semester, the new contractor was effective in engaging both continuing and new students.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2022-2023 School Year* (July 1, 2022 to June 30, 2023)	367	126
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	331	141

\*This information was provided as of April 23, 2024, 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. In CY 2024 the Department made the CBT a requirement for all case carrying staff to further support the Department's commitment in better serving older youth. 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 with tribes FFY 2023. In 2023 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 have coordinated with the Department's new 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 have 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 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.

STA provider Arizona's Children Association (AzCA) has great professional and collaborative relationships with tribal community partners throughout the state. Within contracted programs, we provide services in partnership with the White Mountain Apache Tribe and Gila River Tribe. They have provided informal support and resources with tribal communities throughout the state. AzCA has multiple programs and services statewide, and all of our programs share resources and are able to support connecting individuals to community services. This is particularly true for our young adult population, as AzCA specializes in serving children, youth, and families and meeting individuals and families where they are.

AzCA's leadership works with many tribal communities by attending community events, having formal and informal meetings, and communicating with social services and behavioral health community members to share information about programs and resources, including young adult programs, family services, and kinship resources. AzCA is dedicated to and will continue to make connections and collaborate with tribal communities throughout the state of Arizona.

STA provider Intermountain has interacted well with the Tohono Odom Nation's tribal foster care program regarding services for their youth that are transitioning from 17 to 18. Intermountain has an active plan to engage more with tribal case managers and supervisors. Intermountain has a behavioral branch in Sells that is well connected with the Nation. Program Director and STA Supervisor will be following up with the Child Welfare Supervisor to schedule a presentation for the case managers. ICHD behavioral health (Sells) will be able to assist with STA referral process if additional services are needed for the youth or young adult.

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

The Department is committed to ensuring youth who identify as LGBTQIA+ have the supports and services they need to support their well-being. The Department's LGBTQIA+ 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 LGBTQIA+. 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 LGBTQIA+ 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 X**

## **Statistical and Supporting Information**

***CAPTA Annual State Data Report Items***

*Information on DCS Specialist Workforce*

The Department of Child Safety (DCS) oversees positions responsible for handling intake, screening, assessment, and investigation of reports regarding child abuse and neglect. To attract suitable candidates, the Department employs a variety of recruitment strategies, such as participating in job fairs, fostering relationships with educational institutions offering relevant degree programs, advertising job opportunities on Arizona's employment website, and running social media recruitment campaigns.

Prospective candidates apply online through the State's job board website, where they must respond to a set of pre-qualifying questions as part of the application process. Those who meet the qualifications and answer the questions satisfactorily have their information forwarded to a hiring authority for review. Qualified candidates may then be invited for an interview and are required to complete the State's application procedures. Following a successful interview, recommended candidates undergo a comprehensive background check, including a Central Registry check, obtaining a Level 1 Fingerprint Clearance Card, Department of Motor Vehicle verification, review of public court records, and verification of employment, references, and education. Only candidates who pass all background requirements receive an official offer of employment.

The Department has established practices to ensure an equitable distribution of cases among caseworkers to effectively manage workloads, rather than imposing a maximum caseload. Recognizing that a fixed number of caseworker positions limits the feasibility of implementing caseload standards, the Department employs an equalization process instead. This process, informed by emerging research, acknowledges that workload management is influenced by various factors beyond just the number of cases. Monitoring occurs through ongoing management reviews utilizing specific performance metrics, with decisions made to redistribute cases or caseworker positions based on demand across units or sections.

***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: At least 18 months law enforcement experience and/or 18 months of combined DCS Specialist Trainee/DCS Specialist experience in an Investigations unit

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)

**Child and Family Services Final Report FFYs 2020-2024**  
**Section X: Statistical and Supporting Information**

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 (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 a pool DCS Specialists and Supervisors who were employed on June 1, 2024.

<b>Degree</b>	<b>DCS Specialists</b>	<b>DCS Program Supervisor</b>	<b>Total Degrees</b>	<b>Percentage of Total</b>
<b>MSW</b>	38	17	55	8%
<b>Master’s - other</b>	80	36	116	17%
<b>BSW</b>	0	0	0	0%
<b>Bachelor’s - other</b>	377	104	481	70%
<b>Associate</b>	20	1	21	3%
<b>High School Diploma</b>	16	1	17	2%

(source: June 2024 Human Resources Survey, 690 responses)

***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, 2024 (source: HRIS maintained by the Arizona Department of Administration).

<b>Ethnicity</b>	<b>DCS Specialist Trainee</b>	<b>DCS Specialist</b>	<b>DCS Program Supervisor</b>	<b>TOTALS</b>
<b>American Indian</b>	6	24	2	32
<b>Asian</b>	5	37	8	50
<b>Pacific Islander</b>	1	5	0	6
<b>African American</b>	51	137	25	213
<b>Hispanic</b>	45	367	65	477
<b>Caucasian</b>	112	448	127	687
<b>Two or more</b>	19	57	4	80
<b>Unspecified</b>	0	24	24	48

Child and Family Services Final Report FFYs 2020-2024  
Section X: Statistical and Supporting Information

<b>TOTAL</b>	<b>239</b>	<b>1,099</b>	<b>255</b>	<b>1,593</b>
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Gender	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	175	869	211	1255
Male	63	230	44	337
Not Specified	1	0	0	1
<b>TOTAL</b>	<b>239</b>	<b>1,099</b>	<b>255</b>	<b>1,593</b>

Age	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	103	421	18	542
30-39 yrs.	53	277	96	339
40-49 yrs.	41	201	79	321
50-59 yrs.	35	147	44	226
≥60 yrs.	7	53	18	78
<b>TOTAL</b>	<b>239</b>	<b>1,099</b>	<b>255</b>	<b>1,593</b>

Tenure	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	231	809	11	1051
5-10 yrs.	4	206	161	371
11-20 yrs.	2	64	68	134
21-30 yrs.	1	18	14	33
>30 yrs.	0	2	1	3
<b>TOTAL</b>	<b>239</b>	<b>1,099</b>	<b>255</b>	<b>1,593</b>

*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 the five-year reporting period, the number of youth transferred to the custody of a state correctional department, such as 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, steadily decreased from six in FFY 2019, to four in FFY 2020, to two in both FFYs 2021 and 2022, to zero children in FFY 2023.

These children were identified by creating, from the State’s corresponding FFY AFCARS data, a list of all children who had a removal end date during that FFY and had a removal end reason of “transfer to another agency.” A review of narrative case information identified the agency to which each child transferred. All of these children were in the care and custody of the Department for at least one day during the respective FFY before transferring to the sole custody of a tribal

**Child and Family Services Final Report FFYs 2020-2024**  
**Section X: Statistical and Supporting Information**

child welfare agency, another state child welfare agency, or the juvenile justice or correctional agency.

*Education and Training Vouchers*

See *Section IX, 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.

*Monthly Caseworker Visit Data*

The FFY 2024 monthly caseworker visit data will be reported to the Children's Bureau by December 15, 2024, as indicated by the February 15, 2024 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 2021 and 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 2021 85% of children were seen on a monthly basis by caseworkers and 86% in FFY 2022. It is believed more children were seen monthly by Department staff; however, data quality issues related to the new CCWIS prevented accurate administrative data to be gathered. The FFY 2023 caseworker visit data submitted to the Children's Bureau on November 30, 2023, indicated that 96% of children were seen on a monthly basis by case workers and 67% 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.