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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

# **CHILD AND FAMILY SERVICES**

## **Annual Progress Report 2011**

Division of Children Youth and Families  
STATE OF ARIZONA

**Submitted to:**  
**U.S. Department of Health and Human Services**  
**Administration for Children and Families**  
**June 2011**

**STATE OF ARIZONA**  
DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILDREN, YOUTH AND FAMILIES  
CHILD AND FAMILY SERVICES ANNUAL PROGRESS REPORT 2011

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Note: Arizona has reviewed its disaster plan and determined no changes are necessary. Therefore, no disaster plan is being submitted with this annual report.

# **Section I**

## **Description of State Agency**

## ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION

In July 1972, the Arizona State Legislature established the Department of Economic Security (the Department) by combining several State agencies providing employment and welfare services to Arizona residents. The purpose in creating the Department was to reduce duplication of administrative efforts, services and expenditures by integrating direct services to families and individuals.

The Department is divided into nine divisions. These divisions are:

- Division of Business and Finance
- Division of Technology Services
- Division of Employee Services and Support
- Division of Developmental Disabilities
- Division of Children, Youth and Families
- Division of Child Support Enforcement
- Division of Benefits and Medical Eligibility
- Division of Aging and Adult Services
- Division of Employment and Rehabilitation Services

The Division of Children, Youth and Families (the Division) is the state administered child welfare services agency and is responsible for developing the Child and Family Services Plan and administering the title IV-B programs under the plan. The Division provides child protective services; services within the Promoting Safe and Stable Families program; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence and well-being of children in foster care and adoptive families; adoption promotion and support services, and health care services for children in out-of-home care. The Division is divided into four administrations:

- Child Welfare Programs Administration
- Program Improvement Administration
- Finance and Business Operations Administration (FBOA)
- Comprehensive Medical and Dental Program (CMDP)

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

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

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**Section I: Description of State Agency**

***Regional Operations***

Each region provides:

- investigation of child protective services (CPS) reports
- case management
- in-home services
- out-of-home services
- contracted support services
- permanency planning
- foster home recruitment and training
- adoptive home recruitment and certification

The ***Statewide Child Abuse Hotline*** is centralized for the receiving and screening of incoming communications regarding alleged child abuse and neglect. Incoming communications are centrally screened to determine if the communication meets the definition and criteria of a CPS report. Report information is triaged according to the level of alleged safety threat or risk of harm to the child, to establish a response timeframe. Reports are investigated by Child Protective Services Specialists or referred to other jurisdictions (such as tribal jurisdictions) for action.

***Central Office*** functions for the Division include:

- policy and program development
- the Promoting Safe and Stable Families program
- finance, budget and payment operations
- statistical analysis
- field support
- Interstate Compact on Placement of Children
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs
- new initiatives and statewide programs
- contracting and procurement
- continuous quality improvement
- management information system/automation

# **Section II**

## **Vision and Mission**

## Arizona Department of Economic Security

### Vision

Every child, adult and family in the State of Arizona will be safe and economically secure.

### Mission

The Arizona Department of Economic Security promotes the safety, well-being and self-sufficiency of children, adults and families.

### Values

- **Respect** – We respect each other, our stakeholders, our customers, our staff. We recognize their differences and uniqueness – we treat all with equality and professionalism.
- **Diversity** – We value the diversity of all people and strive to make decisions based on equity and fairness and are committed to eliminating discrimination.
- **Collaboration** – We recognize that partnerships and teamwork are the core foundation of our business. Our collaboration with policymakers, service providers, community providers and families enables us to develop programs and services that improve the quality of life for all our citizens.
- **Accountability** – We hold ourselves personally responsible for our commitment to our clients, partners and coworkers. We say what we mean, mean what we say, and continually strive to improve our services and outcomes.
- **Innovation** – We engage in visionary and strategic thinking and creative problem-solving, challenge the status quo, invite new ways of doing things and look to multiple and diverse sources for ideas and inspiration.

## **Guiding Principles**

**System of care must:**

- \* Be customer and family-driven
- \* Be effectively integrated
- \* Protect the rights of families and individuals
- \* Allow smooth transitions between programs
- \* Build community capacity to serve families and individuals
- \* Emphasize prevention and early intervention
- \* Respect customers, partners, and fellow employees

**Services must:**

- \* Be evaluated for outcomes
- \* Be coordinated across systems
- \* Be personalized to meet the needs of families and individuals
- \* Be accessible, accountable, and comprehensive
- \* Be culturally and linguistically appropriate and respectful
- \* Be strength-based and delivered in the least intrusive manner

**Leaders must:**

- \* Value our employees
- \* Lead by example
- \* Partner with communities
- \* Be inclusive in decision making
- \* Ensure staff are trained and supported to do their jobs

# **Section III**

**Introduction**

**Safety**

**Permanency**

**Child and Family Well-Being**

**Systemic Factors**

## **INTRODUCTION**

This introduction provides information about data sources, caseload volume and staff resources, as context for the service descriptions, goals and objectives that follow. Following this introduction, Section III of this Child and Family Services Annual Progress Report is divided into four parts:

- *Part 1: Safety* – Part 1 describes the state’s child abuse and neglect prevention, intervention and treatment services, including family preservation and family support; the state’s safety goals and measures; accomplishments and factors affecting performance in SFY 2011; and the Division’s strategies and action steps for improving safety outcomes in SFY 2012.
- *Part 2: Permanency* – Part 2 describes the state’s services to support reunification, adoption, guardianship, kinship care and independent living or another planning permanent living arrangement; the state’s permanency goals and measures; accomplishments and factors affecting performance in SFY 2011; and the Division’s strategies and action steps for improving permanency outcomes in SFY 2012.
- *Part 3: Child and Family Well-Being* – Part 3 describes the state’s case planning and case management services, including case manager contact with parents and children, and services to address children’s educational, physical health and mental health needs; the state’s well-being goals and measures; accomplishments and factors affecting performance in SFY 2011; and the Division’s strategies and action steps for improving well-being outcomes in SFY 2012.
- *Part 4: Systemic Factors* – Part 4 describes the state’s statewide information system capacity, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to community (including collaboration with Native American tribes and Indian Child Welfare Act compliance), and foster and adoptive home licensing, recruitment and retention programs; activities and accomplishments in each of these systemic areas during SFY 2011; and the Division’s strategies and action steps for improving these systemic factors in SFY 2012.

### ***Primary Data Sources***

This report provides data from a variety of sources, including other reports published by the Division or Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS) or produced by the Division, internal data reports and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Division reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. Profiles provided to the state by DHHS following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency, and for determining the state’s success achieving the CFSR Program Improvement Plan target goals on the national standards.

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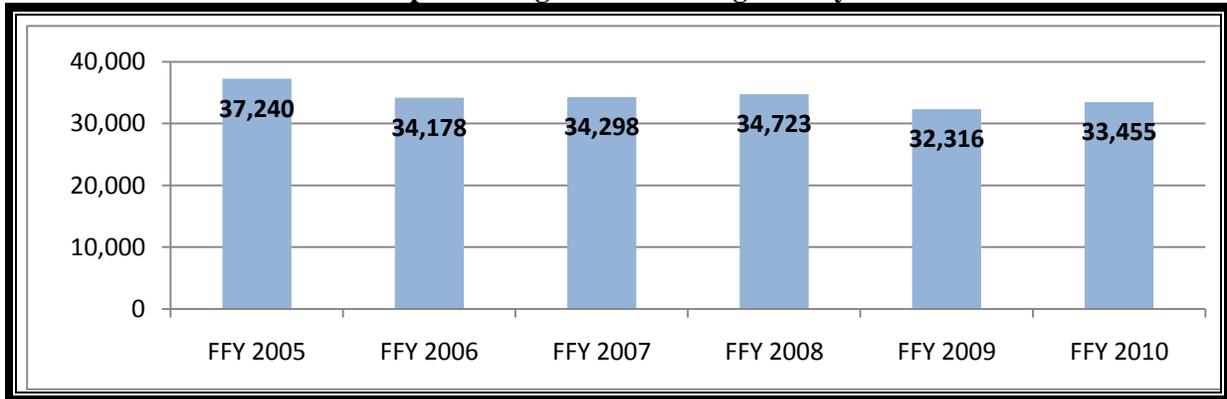
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Division, as required by Arizona State Statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Division uses a web-based “data dashboard” to track performance on some key indicators, including timeliness of initial response to reports; timeliness of investigation finding data entry; in-person contacts with children, parents, and out-of-home care providers; and child removals and returns. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall State Data Center* – Arizona is a member of the Center for State Foster Care and Adoption Data (State Data Center). Arizona provides data on children in out-of-home care to Chapin Hall for inclusion in a multistate data repository. Chapin Hall organizes these data into a longitudinal database and provides a webtool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review* – This data is generated by reviewing investigation, in-home and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. The CFSR On-site Review served as the state’s annual case review in 2007. Monthly reviews of initial assessment/investigation cases were reinitiated in October 2007. Monthly reviews of in-home and out-of-home cases were reinitiated in March 2009. More information about the Practice Improvement Case Review is located in Section III, Part 4, A.3., *Quality Assurance System*.

***Initial Assessment, In-Home and Out-of-Home Caseload Volume***

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* shows that the number of reports assigned for assessment by a CPS Specialist increased in FFYs 2007 and 2008, but declined in FFY 2009 to the lowest point since 2003. During FFY 2009, 501 reports were not assigned for investigation, primarily due to the impact of staffing reductions pursuant to budget reduction strategies. This accounts for less than a quarter of the decrease in reports during FFY 2009, which mainly occurred in Maricopa and Pima counties. The number of reports assigned for investigation increased 3.5% in FFY 2010, but remained smaller than the volume of reports in FFYs 2006 through 2008. The FFY 2010 increase in CPS reports requiring an investigation has mainly occurred in Maricopa and Pima counties.

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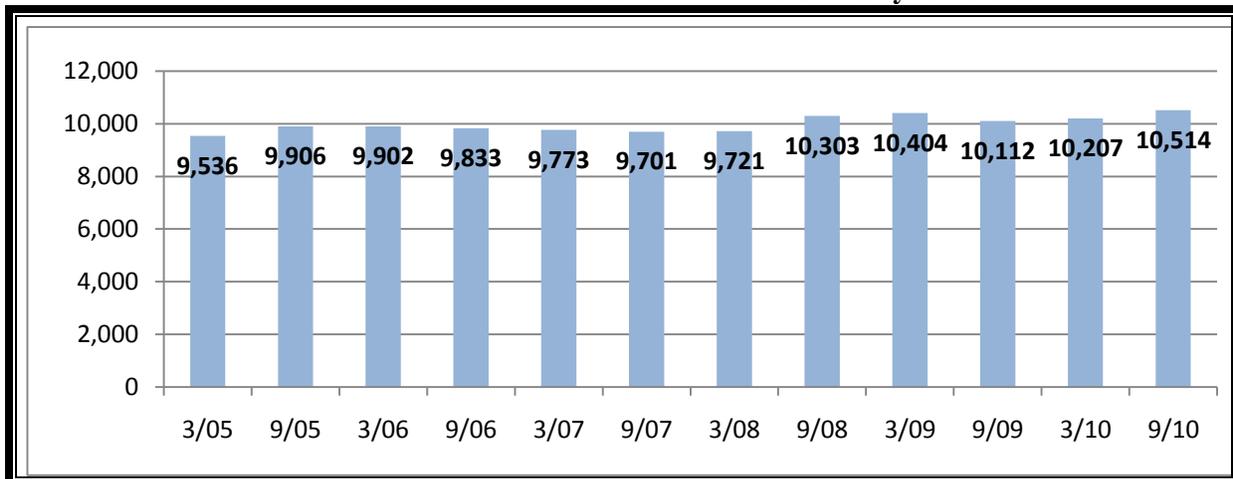
**Number of Hotline Reports Assigned for Investigation by Federal Fiscal Year**



Data from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that although the Division’s in-home caseload size has been affected by the state’s budget crisis, families have continued to receive in-home services throughout this period of budget crisis. In-home caseload had grown by approximately 20% from SFY 2005 to the first half of SFY 2009, but began to decline in December 2008. The rate of decline increased in March 2009, when the Division substantially reduced the in-home services contract in response to budget reductions and shortfalls. In response to renewed funding and outreach to staff, in-home caseloads increased from their lowest level of 3,371 in July 2009 to monthly levels ranging from 4,381 to 5,980 in CY 2010. In-home service caseloads in CY 2010 were consistently higher than they were in the months of May through December 2009.

There is a general trend of growth in the number of children in out-of-home care. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 10% increase from March 31, 2005 to September 30, 2010. The number of children in out-of-home care declined in FFYs 2006 and 2007, but jumped 7% between September 30, 2007 and March 31, 2009. The number of children in out-of-home care on the last day of March and September has remained above 10,000 since September 2008, and increased nearly 3% between March 31 and September 30, 2010. The following chart shows the number of children and young adults in out-of-home care on the last day of March and September in the last six FFYs. This data includes youth who voluntarily remained in out-of-home care after turning 18.

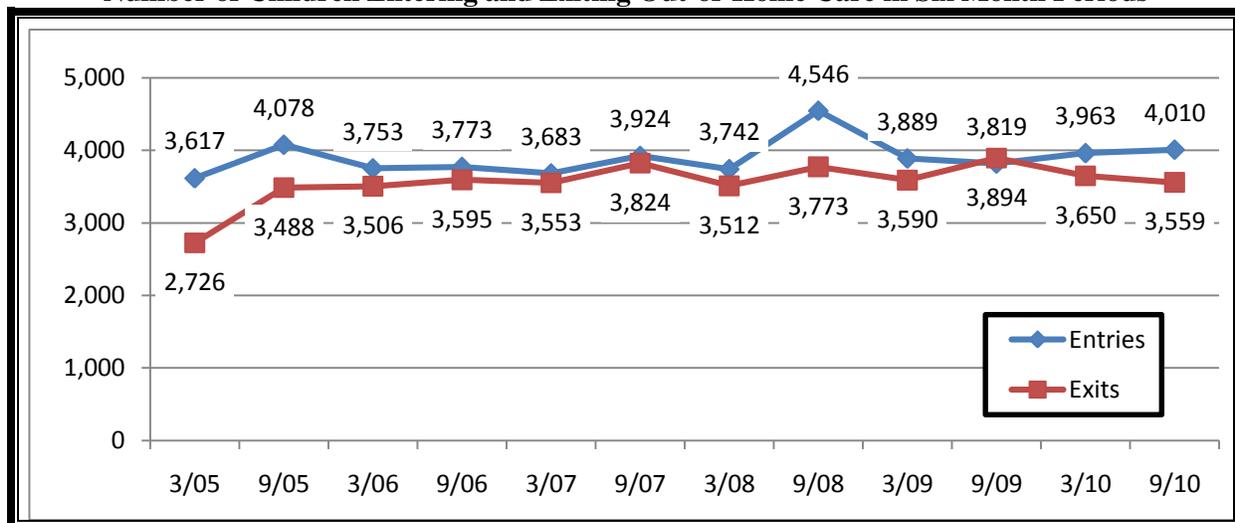
**Number of Children in Out-of-Home Care on Last Day of Month**



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The *Child Welfare Reporting Requirements Semi-Annual Report* provides the number of child removals and the number of children leaving out-of-home care during the six month periods ending March and September of each FFY. This data includes youth who voluntarily return to care or exit care after turning 18. In FFY 2006 through March 2008 the numbers of entries and exits followed a similar pattern, with slightly more entries than exits. The substantial increase in removals during the second half of FFY 2008 accounts for the rise in the out-of-home care population and indicates greater workload. In the last half of FFY 2009, exits exceeded new removals for the first time since April through September of 2001. However, entries again exceeded exits during FFY 2010 and the point-in-time out-of-home population rose between September 2009, March 2010 and September 2010.

**Number of Children Entering and Exiting Out-of-Home Care in Six Month Periods**



The following chart provides the distribution by counties<sup>1</sup> of reports for investigation received in FFY 2010, in-home cases open in December 2010, and children served in out-of-home care in December 2010. Maricopa County carries the highest case volume in all categories. Pima County has a higher proportion of the in-home and out-of-home case loads than reports for investigation, which indicates Pima County is more likely than other areas to open cases for services. This is consistent with data that shows Pima County has a higher rate of removals per reports.

Counties	Reports for Investigation (CY 2010)	In-Home Cases (December 2010)	Children in Out-of-Home Care (December 2010)
Maricopa	59%	48%	58%
Pima	18%	26%	24%
Yavapai, Coconino, Navajo and Apache	6%	7%	5%
Yuma, La Paz and Mohave	6%	7%	4%
Pinal and Gila	7%	8%	6%
Santa Cruz, Greenlee, Graham and Cochise	3%	4%	3%

<sup>1</sup> Counties are grouped according to the Division's former districts. The Division restructured from districts to regions in July 2010. This data is only available by district at this time.

<sup>2</sup> This data is generated through the Practice Improvement Case Review, which applies higher practice and rating standards than the CFSR. During the 2007 CFSR, 65% of cases were rated strength on CFSR Item 4, Risk of harm

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Growing CPS Specialist workload continues to be a challenge. In addition to the increased number of Hotline reports, in-home services cases and children in out-of-home care, the Division continued to have significant challenges hiring and retaining staff. According to the Division's *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, CPS Specialists were carrying caseloads that were, on average, 19% above the Arizona caseload standards in the first half of SFY 2009, 45% above the standards in the second half of SFY 2009 and the first half of SFY 2010, 66% above the caseload standards in the second half of SFY 2010, and 61% above the caseload standards in the first half of SFY 2011. As of December 2010, if all 970 authorized CPS Specialist positions were filled, an additional 213.6 positions would be required to meet the Arizona caseload standards of ten initial assessments per month, 19 in-home cases or 16 out-of-home children.

***Staff Resources and the Workforce Planning Initiative***

The following tables show the Division's CPS Specialist annualized retention rate for each six month period between July 2007 and December 2010, and the percentage of authorized CPS Specialist positions filled on the last day of each period. Turnover rate is calculated by taking the total number of staff leaving the Division and dividing that by the total filled positions (including training). When calculating the percent filled of authorized positions, the positions of newly hired staff attending the Child Welfare Training Institute are counted in the number of authorized positions, but not in the number filled.

As a result of staff layoffs, retention declined in most districts during the period ending June 2009. Statewide, retention increased in the periods ending December 2009 and June 2010, but decreased somewhat in the period ending December 2010. The retention rate has remained below 80% in the last five periods. The rate of filled to authorized positions has remained well below SFY 2008 rates, and dropped to 73.3% on the last day of June 2010. To more closely monitor recruitment and retention, conference calls are held every two weeks between the Division's Assistant Director, the CPS Program Administrator, the regional Program Manager, regional personnel staff and Central Office human resources staff. The group assesses change since the prior conversation and questions any areas with a higher number of vacancies. As a result, it is expected that the June 2011 data will show improvement, when it becomes available.

	<b>% Retained of Filled Positions (Annualized)</b>						
	<b>12-07</b>	<b>6-08</b>	<b>12-08</b>	<b>6-09</b>	<b>12-09</b>	<b>6-10</b>	<b>12-10</b>
<b>District 1</b>	72.0	84.9	68.1	45.2	75.8	80.7	80.4
<b>District 2</b>	76.5	83.6	65.4	53.6	79.9	79.5	65.1
<b>District 3</b>	57.7	81.8	78.3	13.8	80.6	72.3	75.0
<b>District 4</b>	74.2	79.7	50.9	67.3	82.6	83.3	56.7
<b>District 5</b>	70.6	77.1	56.9	54.4	86.0	70.9	71.9
<b>District 6</b>	62.2	63.6	57.9	-39.1	56.5	42.9	46.2
<b>Hotline</b>	67.2	91.0	72.3	97.1	81.8	97.0	85.3
<b>Statewide</b>	71.4	83.3	66.6	48.6	78.0	79.5	74.4

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	% Filled of Authorized Positions						
	12-07	6-08	12-08	6-09	12-09	6-10	12-10
<b>District 1</b>	79.7	84.9	79.2	77.9	77.7	71.5	83.5
<b>District 2</b>	97.3	89.5	87.0	81.2	82.2	77.2	70.3
<b>District 3</b>	87.2	84.6	75.0	65.9	71.8	64.1	78.2
<b>District 4</b>	71.4	85.7	71.9	73.4	73.0	69.8	74.6
<b>District 5</b>	87.3	88.9	78.7	76.0	87.3	77.8	74.6
<b>District 6</b>	88.2	82.4	56.1	53.7	67.6	50.0	70.6
<b>Hotline</b>	95.7	95.7	92.9	98.6	94.3	95.7	97.1
<b>Statewide</b>	85.2	86.8	80.0	77.6	79.3	73.3	79.8

The Division has been involved in many activities to recruit and retain the right staff, particularly for CPS Specialist and CPS Unit Supervisor positions. In SFY 2011 the Division continued the strategic workforce planning process with an objective of achieving better outcomes for children and families through recruitment, professional development, retention and support of a high quality workforce in an organizational culture where staff are respected and valued, consistent with the way staff are expected to treat children and families. The workforce plan focuses on connecting workforce needs, competencies, skills, supports and strategies with the goals of the CFSR and the Division’s assessment and case planning processes. With the support of Cornerstones for Kids, the Division’s human resources staff, and Child Focus, the workforce planning effort has become the infrastructure to address workforce objectives. Although some workforce planning activities were delayed in SFY 2009 due to the statewide hiring freeze, the Division completed many activities in SFYs 2010 and 2011 and will proceed to implement and reinforce strategies by preparing training, surveys and other products designed to strengthen and enhance staff morale and performance. Current activities that build on prior accomplishments include the following:

- Behavioral competencies for the CPS Specialist and CPS Unit Supervisor job classifications have been identified and woven through several human resource processes, including recruitment, selection and performance management. These behavioral competencies are designed to strengthen the use of family-centered and community-based practices and align the work of CPS Specialists and their CPS Unit Supervisors. Behavior based competencies are used in the staff selection process to match candidates to the success profile identified for each of the job classifications. For example, all applicants for CPS Specialist and Supervisor positions answer interview questions that help hiring panels identify the person with the best fit, qualifications and likelihood of success in the position. The same competencies are included in annual staff performance evaluation tools to further enhance staff learning and development. Computer-based training on the behavioral competencies was completed in July 2010 and supervisory skill was strengthened through interactive applications at the Supervisor’s Conference in July 2010. The new staff performance evaluation forms for CPS Specialists and CPS Unit Supervisors were implemented October 1, 2010. Now that the Hiring for Fit interview process has been used in the field for one year, it is being evaluated to learn if the outcome goals are being met.
- The Division is improving communication and change management practices through the implementation of organizational development tools. Examples include standardized guidelines for sharing Division news and happenings, methods to assist decision-making up, across and down the chain of command, and intranet networking sites aimed at engaging and empowering

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staff. The workforce planning sub-team on organizational culture and communication is launching a virtual bulletin board, *DCYF Connects*. The bulletin board will contain several categories of information. For example, staff will be able to click on the legislation category to find information on proposed or newly implemented legislation that could affect their practice, and locate the names and contact information of the workgroup participants developing policy required by the new legislation. Field staff will then be able to contact the workgroup participants to provide feedback or voice concerns; making them active participants in the policy's development. *DCYF Connects* was launched on June 10, 2011.

- The Division recognizes the critical role played by CPS Supervisors and has committed to strengthening the role of the supervisor to improve workforce stability and decrease turnover. The workforce planning sub-team on strengthening the role of the supervisor identified key tasks critical to successful supervision of child welfare positions, and incorporated these into a Supervisors Retention Toolkit. This toolkit, which draws from the work of the Michigan State University School of Social Work, is designed to provide essential tools for supervisors striving to hone or refresh their skills in core areas of engaging, assessing, developing, supporting and retaining dedicated CPS Specialists. This toolkit will be launched through supervisor's core training beginning in the summer of 2011.
- On-boarding is an important concept for staff retention. In SFY 2011 each region developed clear and purposeful plans for greeting and supporting new staff. Regions have designed their office atmospheres to welcome new employees, provided opportunities for new staff to meet with regional management to express their needs and issues, and provided support while staff adjust to their new employment. For example, Pima Region developed first year CPS training that is essentially a two session orientation meeting. Region-specific information is provided about Team Decision Making meetings, placement services, practice improvement activities, mental health services, self-care, the Arizona Young Adult Program, transitional independent living services, contracts, inter-county requests, the Division of Developmental Disabilities, specialized sexual abuse units and the local advocacy center. The regional staff responsible for leading these areas present the information and share their contact information with the new employees. The Supervisor's Retention Toolkit also contains a section devoted to on-boarding for new staff.
- In SFY 2010, the strengthening the role of the supervisor sub-team created an enhanced performance evaluation tool to drive improved outcomes associated with the federal CFSR. Using the new tool, CPS Unit Supervisors and CPS Specialists are evaluated in four major categories: behavioral and leadership competencies, safety, permanency and well-being. Performance rating items in the safety, permanency and well-being sections are aligned with the Division's CFSR Program Improvement Plan and practice improvement priority focus areas. The rating items include timeliness of initial response, various aspects of comprehensive safety assessment, safety planning, provision of appropriate services to parents, case planning (including concurrent planning and involvement of youth and parents in case planning), and the frequency and quality of CPS Specialist contacts with parents and children. Training for all supervisory and management staff on how to complete documentation for this performance evaluation tool was completed in October and November 2010, and field implementation occurred in January 2011. Baseline data is currently being collected, in order to assess the tool's annual impact on performance. Performance evaluation tools for specialized staff working in adoptions or with young adults will be developed next. These performance evaluations will also include outcomes associated with the federal CFSR.

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- In SFY 2011 the Division continued to analyze the reasons why employees leave or stay in their positions, the personal characteristics that motivate them to stay, and the most important qualities for supervisors. The workforce planning sub-team on retention, along with Arizona State University partners, reviewed the results of focus groups, annual employee satisfaction surveys and exit surveys. Thorough analysis was completed in late CY 2010 and identified retention factors such as strong working relationships, supportive supervision and quality of benefits. The retention sub-team has begun to team with the Department's Office of Organization and Management Development to conduct more frequent in-depth analysis and reporting of exit survey and semi-annual staff satisfaction survey results. It has been recommended that the regions develop local retention action plans based on the trends and themes from the survey results.
- The recruiting sub-team was established in late 2010 to develop recruitment strategies for attracting qualified candidates to apply for CPS positions throughout Arizona. The sub-team is comprised of field and functional personnel, and includes an Arizona State University representative. The first major activity of this sub-team has been to identify postsecondary institutions with MSW programs (primarily in neighboring states of Texas, New Mexico, Nevada and Colorado) and develop relationships with these schools and their Career Services Centers. The sub-team has posted Arizona CPS job announcements at 26 of these institutions and sub-team members have attended out-of-state career fairs at the University of Texas El Paso and the University of New Mexico. The Division also continues to participate in career fairs at Arizona State University, Northern Arizona University and the University of Arizona; and is identifying local area high schools and community colleges to visit with information about careers in CPS. The Division is developing a "cadre of ambassadors," consisting of field professionals who would attend these career fairs and career days. In addition, a recruiting brochure has been drafted for finalization by July 2011.

## PART 1: SAFETY

### A. Program or Service Descriptions

#### 1. Child Abuse and Neglect Prevention Services

##### *Healthy Families Arizona*

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with newborns through age 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 during the first five years of a child's life, when vital early brain development occurs. The program is designed to promote positive parenting, child development and wellness, and to prevent child abuse and neglect.

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

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

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

HFAz services have been reduced since the start of the current economic crisis. Although the budget shortfalls continue, the Division is hopeful that the funding for the HFAz program is sustainable at its reduced level. As of spring 2011 there were 37 sites with full or partial HFAz teams. Sites are funded solely through Department funding, FTF funding or a combination. Department funding to support the HFAz program totaled over \$6 million in SFY 2010. These dollars come from designated lottery funds, the federal Community-Based Child Abuse Prevention Grant, the Promoting Safe and Stable Families Grant and other funds. First Things First (FTF) provided an additional \$6.3 million to fund HFAz sites as part of the procurement process for their home visitation program initiative. The Department remains the central administration to the HFAz multi-site system, including sites funded through FTF. In spite of the reduced funding, HFAz continues to be a visible and viable program across Arizona. There remains a strong commitment to provide families with the necessary supports, education and information to promote the healthy child development.

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

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According to the *Healthy Families Arizona Annual Evaluation Report FY2010*, in SFY 2010 1,743 families were reached by HFAz Program sites that were funded fully or partly by the Division. Other families were served by HFAz sites that were fully funded through FTF. The actual number of families served by all sites is not known, but may be close to the 4,417 families served in SFY 2009. According to the *Healthy Families Arizona Annual Evaluation Report FY2010*, the average length of time families remained in the program was just over one year. About 76% of the engaged families entered the program after the birth of their child, with 24% entering during the prenatal phase. The sample for the *Healthy Families Arizona Annual Evaluation Report FY2010* is restricted to families that were served in a Division funded site, are within the first 24 months of the baby's birth and received at least four home visits (n = 901). The total number of families served and programmatic outcomes for FTF funded families were not available for SFY 2010. The Division and FTF have collaborated on an agreement to include all HFAz families in the evaluation for SFY 2011.

According to the *Healthy Families Arizona Annual Evaluation Report FY2010*, the SFY 2010 outcomes for families after 12 months in the program include the following:

- Child Abuse and Neglect: 97.4% of participating families had no substantiated CPS reports.
- Substance Abuse: 29.5% had an initial positive screening at 2 months, decreasing to 8.0% at 6 months and 5.0% at 12 months.
- Child Health: 85.3% of babies were immunized by 12 months.
- Child Safety: 96.9% of parents lock up household poisons, 97.7% use car seats and 90.9% use smoke alarms.
- Maternal Life Course: 32% of mothers are employed at 24 months, 14.8% are enrolled in school full-time and 7.2% are enrolled part-time.
- Maternal Stress: There has been significant improvement in several areas, including social support, problem solving, personal care, mobilizing resources, depression, home environment and parenting efficacy.

***Positive Parenting Program Initiative***

The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Division has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona. The Consortium is comprised of professionals from Phoenix Children's Hospital, Prevent Child Abuse Arizona, Parenting Arizona, the Child Crisis Center, Southwest Human Development, Eight – Arizona Public Television, First Things First, Casas del los Niños, Arizona Partnership for Children and many other organizations. The community partners are deeply committed to the process and many are financially invested.

The Division's goal for participation in this consortium is to use a community-based approach to elevate the quality of parenting programming, across several providers, for families served by CPS families and other families who have risk factors for abuse or neglect. Arizona's families will benefit from the use of a strong parenting program that is implemented consistently with a high degree of fidelity and monitored at the state level. To reach this goal, the Division and its community partners set the following objectives:

- Obtain training on at least one level of Triple-P and achieve accreditation of 40 practitioners, supervisors and administrators from several organizations across the state, including two Division staff.
- Achieve an initial, broad-based implementation of Triple-P with different at-risk populations across the state, including approximately 50 CPS families and Healthy Families participants.

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- Assess parental satisfaction.
- Assess fidelity of implementation, provider and CPS satisfaction and lessons learned.
- Provide updates to key stakeholders and make recommendations regarding the further implementation of Triple-P within Division programs and on a population-level approach.

To date, the consortium has achieved the first objective and is on pace to achieve the others by the end of December 2011.

***Child Abuse Prevention Fund***

The Child Abuse Prevention Fund provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program, the Regional Child Abuse Prevention Councils and the Child Abuse Prevention Conference. Due to the substantial state budget shortfall, the Child Abuse Prevention Conference was suspended in 2010 and 2011. This conference has contributed a great deal to the community over the years by providing outstanding opportunities for professional growth and development for thousands of people committed to helping children and families. As funds become available, this conference will be restored.

Regional Child Abuse Prevention Councils are located throughout Arizona. These Councils include volunteers from the business, professional and civic sectors who work together on educational campaigns to increase public awareness of the problem of child abuse. In April the Councils are involved in activities to support Child Abuse Prevention Month. In 2011, activities included distribution of thousands of blue ribbons throughout Arizona, official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month, coordination of media campaigns highlighting Child Abuse Prevention, and distribution of thousands of pamphlets on child abuse, child abuse prevention and programs available to help parents and their children. Most of the Councils also sponsored one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences and training. The multi-media campaigns included the use of radio public service announcements, banners, billboards and movie theatre advertisements. Several communities held fun family-day outings and other events. Throughout child abuse prevention month, staff and stakeholders are encouraged to participate and actively support child abuse prevention. The Regional Child Abuse Prevention Councils were also instrumental in the second annual state-wide campaign to provide approximately 30 workshops on the devastating effects of Adverse Childhood Experiences and the healing community solutions that focus on the development of the Five Protective Factors. Additionally, the Division and numerous community partners held a highly successful second annual child abuse prevention event at the Arizona state capital called "Child Abuse Prevention Month: Fulfilling Our Commitments to the Children and Families in Arizona." The celebration included a proclamation read by the governor, key stakeholder commentaries, a choir and enjoyable activities for children and families.

More information on these services and initiatives is located in Section V, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

***Arizona Promoting Safe and Stable Families/Family Support and Family Preservation***

Since 1995, Arizona Promoting Safe and Stable Families (APSSF) Family Support and Family Preservation programs have collectively served at least 112,894 families and their children. In SFY 2011, APSSF program resources were used to support 894 families (with 1,788 children) to participate in

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the Healthy Families Arizona program. Please see the Healthy Families Arizona section for more information.

**2. Child Protection, and Child Abuse and Neglect Intervention and Treatment Services**

***The Arizona Child Abuse Hotline***

The Arizona Child Abuse Hotline (Hotline) is the Division's first point of contact for all concerns or allegations of abuse, neglect, abandonment or exploitation of a child within Arizona. The Hotline receives telephoned, faxed and written communications from mandated and non-mandated sources, including parents, relatives, private citizens, law enforcement agencies, judicial entities and anonymous sources. Trained CPS Specialists use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information meets the legal criteria for a CPS report for investigation, and whether there is indication of present or impending danger of harm to a child. Hotline staff use the state's Child Safety Assessment and Strengths and Risk Assessment tools to guide the collection of information about safety threats and risks, including: (1) the extent of the current maltreatment, (2) the circumstances surrounding the maltreatment, (3) child characteristics and functioning, (4) adult parent/caregiver characteristics and functioning, (5) parenting practices, and (6) disciplinary practices. Hotline Specialists assign a response time based on whether the allegations suggest the child is in present danger, impending danger or at risk of abuse or neglect.

Hotline Specialists assign all CPS reports to a local office CPS Unit Supervisor and notify the supervisor or standby staff of situations that require an immediate response. In addition, calls that do not meet the criteria for a CPS report but allege criminal activity or contain information that a child may be at risk of harm are reported to law enforcement. All communications about abuse or neglect of a child that are determined to *not* meet the statutory criteria for a CPS report for investigation are reviewed within 48 hours, excluding weekends and holidays, by a Quality Assurance Specialist. Communications may not meet the criteria for investigation for reasons such as the concern: (1) does not meet the statutory definition of child abuse or neglect; (2) is outside of CPS jurisdiction (such as when the perpetrator is not a parent or primary caretaker); or (3) includes insufficient information to locate the child. The Hotline also receives many important calls that are not about abuse or neglect of a child, such as calls to seek or share information on a current CPS case, to alert the Division to foster parent or group home facility license violations, to request copies of CPS reports, or to request community resource information.

There are 89 allocated Hotline positions, including 70 CPS Specialists, 10 CPS Unit Supervisors (one of which is the Hotline trainer), one Program and Project Specialist (who serves as the Hotline Quality Assurance Specialist), one Management Analyst, three management staff and four support staff. In addition to receiving calls, Hotline support staff process all requests for copies of CPS reports from a parent or custodian, court personnel, pre-adoption certification or foster home licensing agencies, and other persons entitled to confidential CPS report history. When requested by a person who is entitled to receive report information, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the investigation finding decision.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Call volume is the total number of calls received at the Hotline (this includes *all* calls, including thousands of calls that do not involve a report of maltreatment or a current CPS case, abandoned calls and any other call into the call center). "Direct calls" refers to calls answered immediately by a Hotline Specialist, which do not wait in queue for any length of time. The abandonment rate is the percentage of calls where the caller hangs up while in queue, prior to speaking with a Specialist. Queue wait time is the number of

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minutes a caller must wait in queue to speak with a Specialist. Hotline data from calendar years 2008 through 2010 is provided in the following table:

	<b>Call Volume</b>	<b>Direct Calls</b>	<b>Abandonment Rate</b>	<b>Queue Wait Time (Minutes)</b>
<b>CY 2008</b>	131,175	73.45%	10.19%	5.8
<b>CY 2009</b>	123,059	71.98%	12.15%	4.9
<b>CY 2010</b>	134,523	53.41%	20.32%	6.4

Over the last year the Hotline has seen call volume increase by 11,464 calls. Direct calls decreased by 18.57 percentage points and the abandonment rate increased 8.17 percentage points from CY 2009 to CY 2010. Monthly fluctuations in call volume and increased wait times have increased the abandonment rate. Queue wait times decreased from CY 2008 to CY 2009, but rose in 2010. The overall decrease in the Hotline’s ability to answer calls can likely be attributed to mandated furlough days (48 hours for each employee in SFY 2010), vacancies and a significant change in intake procedures in July 2010. To address queue wait time and call abandonment, the Hotline has a call triage option that callers with short questions select so they are not in queue with callers who have concerns about a child. Hotline management also provides quick response to Specialists who need supervisory consultation while a caller is on hold, and have required Specialists to take successive calls when calls are in queue, rather than completing call documentation before taking the next call.

All training on Hotline functions is internally created and provided by Hotline management and the Hotline trainer. Hotline trainings provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Semi-annual ongoing training was added in January 2005 to address the current and long-term needs of Hotline Specialists. In June 2010, all Hotline staff (except support staff) received an intensive 16 hours of training on the new report acceptance and prioritization model that aligns with the Division’s child safety and risk assessment processes. Routine training for Hotline staff regarding safety and risk assessments occurs during the initial Hotline training program and in ongoing training. Additional training often focuses on one aspect of family dynamics or a social concern, such as parenting and methamphetamine use, or the effects of domestic violence or parental mental health issues on children. As a result of these trainings, staff are able to gather more specific information and make more clear determinations about child safety and whether information meets report criteria. The interview cue questions and safety and risk assessment training provide continuity in policy and language throughout the Division, from the Hotline to completion of the CPS intervention with a family. Hotline staff also attend conferences and other training offered by the Department and community, when available and funded.

The Child Abuse Hotline received technical assistance from the National Resource Center on Child Protective Services (NRCCPS) to better align the current report acceptance and prioritization procedures with the Division’s Child Safety Assessment (CSA) and Strength and Risk Assessment (SRA) model and decision-making processes. New Hotline cue questions were developed to assist Hotline staff in the collection of more relevant and comprehensive information about the circumstances surrounding the maltreatment and family dynamics that impact child safety. Revised report prioritization procedures allow for the assignment of an initial response timeframe based on an assessment of child safety, rather than the severity of the reported incident. Implementation of the new procedures occurred on July 2010. During SFY 2011 technical assistance was received to evaluate implementation of the new procedures and the effects on Division outcomes. The Division will continue to monitor implementation of the

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report acceptance and prioritization procedures to ensure consistency in the decision-making process. More information about this project is located in Section III, Part 1, C.

***Comprehensive Child Safety Assessment and Strengths and Risk Assessment***

Arizona law identifies the primary purposes of CPS as (1) to protect children by investigating allegations of abuse and neglect; (2) to promote the well-being of children in a permanent home; (3) to coordinate services to strengthen the family; and (4) to prevent, intervene in and treat child abuse and neglect. To achieve these purposes, CPS Specialists investigate maltreatment allegations and conduct family assessments, including assessments of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the report allegations or the investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a felony offense. Such allegations include death of a child, physical abuse, sexual abuse, neglect and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies.

The Division, in conjunction with the NRCCPS and the NRC for Family Centered Practice and Permanency Planning (NRCFCPPP), developed an integrated CSA-SRA-Case Planning and clinical supervision process, which was implemented statewide by June 2006. An automated version of this process was implemented statewide between November 2007 and February 2008. The assessment and case planning process was designed to provide CPS Specialists with a mechanism for assessing present and impending danger of serious or severe harm to children and determining the need to take action to ensure child safety. The integrated process includes documentation requirements and on-line instructions to prompt detailed information collection, analysis and critical decision making. The process includes concepts such as the six fundamental questions and safety threshold analysis, which result in a thorough safety assessment. Use of the CSA-SRA-Case Planning and clinical supervision process has a direct impact on achievement of all CFSR safety goals, including prevention of repeat maltreatment, protection of children in-home to prevent removal and re-entry, quality of risk assessment and safety management.

The Division's CSA and SRA tools assist CPS Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future maltreatment. The initial CSA is completed within 24 hours of seeing each child in the family, and again prior to case closure. If a child in the case is removed for any period of time or the case is opened for ongoing services, the SRA is completed within 45 days of case opening or prior to case closure, whichever occurs first. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the CSA and SRA, the Division determines the level of intervention required, including whether to close the case, offer voluntary child protective services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the existence or absence of present or impending danger and future risk of harm to any child in the family unit, the ability of the family unit to manage identified child safety threats, the protective capacities of the family unit to mitigate identified risks, and/or the ability of services and supports to mitigate the identified risks. The CPS Specialist considers the family's

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recognition of the problem and motivation to participate in services without CPS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention and the agency's knowledge of the family's whereabouts. In-home services are offered to families with high risk of future maltreatment, whose needs can not be sufficiently met through referral to community resources. If there are safety threats to the child in the home, a safety plan must be implemented, which may include out-of-home care. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

***In-Home Children Services***

In-home children services focus on families where unresolved problems have produced visible signs of existing or imminent child abuse, neglect or dependency; and the home situation presents actual or potential risk to the physical or emotional well-being of a child. In-home children services seek to prevent further dependency or child abuse and neglect through provision of social services to stabilize family life and preserve the family unit. These services are available statewide and include voluntary services without court involvement and court-ordered in-home intervention. Services can include parenting skills training, counseling, self-help and skill building activities. Families can also receive referrals for services provided by other Divisions within the Department or other state agencies, including behavioral health services and other community resources.

Services provided through the Division's Family Support, Preservation and Reunification Services contract, known as the "in-home service program," are available statewide. This integrated services model includes intensive and moderate level family support and reunification services, provided in accordance with the needs of the child and family. The model is provided through collaborative partnerships between CPS, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination, and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible and culturally responsive.

Services include, but are not limited to: crisis intervention counseling; family assessment, goal setting and case planning in accordance with the results of the CSA-SRA; individual, family and marital therapy; conflict resolution and anger management skill development; communication and negotiation skill development; problem solving and stress management skill development; home management and nutrition education; job readiness training; development of linkages with community resources to serve a variety of social needs; behavioral management/modification; and facilitation of family meetings. The in-home service program also assists families to access services such as substance abuse treatment, housing, child care and many others. Services may be provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives. The following elements are fundamental to the in-home service program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Services are crisis-oriented, thus initial client contact is made within four to twelve hours of receipt of the referral for an intensive case and within two business days for a moderate case.

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- In-home services are available to clients twenty-four hours per day, seven days per week, for emergencies.
- The assessment and treatment approach is based on the family systems theory.
- Emergency assistance may be available through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place when permanency is established.

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

Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that although the Division's in-home caseload size has been affected by the state's budget crisis, families have continued to receive in-home services throughout this period of budget crisis and the number of families receiving services has recently increased. In response to renewed funding and outreach to staff, in-home caseloads increased from their lowest level of 3,371 in July 2009 to monthly levels ranging from 4,381 to 5,980 in CY 2010. In-home service caseloads in CY 2010 were consistently higher than they were in the months of May through December 2009.

The Division has several methods to monitor in-home service quality and outcomes. Data reports that measure in-home service outcomes continue to be given to the providers quarterly. Providers are responsible for achieving the following outcomes:

- 90% of families receiving in-home services will not have a report of abuse or neglect during program participation,
- 90% of families will not have a child enter into the Department's custody during program participation,
- 80% of families that successfully completed services will have no new CPS reports made within six months of closure, and
- 85% of families that successfully completed services will not have a child placed in custody within six months of closure.

In-home service outcomes are exceeding these performance goals. In CY 2010, 92.4% of families receiving in-home services did not have a new CPS report during program participation, and 91.8% of families did not have a child enter the Department's custody. From January through August 2010, 90.9% of families that received in-home services did not have a new report within six months of service closure and 96.5% did not have a child placed in custody within six months.

Family client and CPS Specialist satisfaction surveys also give the providers feedback about service quality. Every family that receives in-home services is given a satisfaction survey at the time of program closure. The survey measures the family's level of agreement with questions such as "My ideas were included when deciding what my family needed," "This program helped my situation improve," and "Overall, my family is satisfied with the services we received from the In-Home Service Program." The

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survey also provides an opportunity for families to comment on what they liked or disliked about the program, and what the family felt was most helpful. Each provider reports family client survey results annually to the Division. The CPS Specialist satisfaction survey is administered annually to measure satisfaction with the responsiveness of the provider to CPS and the family, the provider's ability to meet the needs of the family while addressing the safety and risk factors identified by CPS, and overall service delivery. This survey also provides an opportunity for CPS to give qualitative feedback to the providers.

Quality assurance visits with each of the providers are another means to monitor the quality of service delivery. The Division held an on-site visit with each provider during October through November 2010, and January through June 2011. Cases were reviewed using a tool developed by a workgroup of Central Office and regional staff with input from in-home service providers. The on-site case reviews were opportunities for continued collaboration between CPS and the providers, and immediate feedback to the providers on service quality and delivery. In Maricopa County, provider agency staff helped to review the cases. The reviews allowed the Division to identify the specific strengths and needs of each provider agency and share information to improve services.

The information from the data reports, surveys and case reviews continues to be used by the Division to identify enhancements to the in-home model and service array. A new in-home contract model will become effective August 1, 2011. The new program design includes more clearly defined timeframes for initial contact and service duration, and expectations for frequency and type of provider contact. The redesigned program also allows and encourages peer mentoring by parents who have successfully completed CPS services and achieved reunification. The new model includes the following service levels or types:

- *Intensive* - This service level provides crisis-oriented service activities to families whose child(ren) are at significant or high risk of out-of-home placement due to abuse and/or neglect. Through the CSA-SRA assessment, child(ren) in these families have been determined unsafe or at high risk. Families without court involvement or those with a court-ordered in-home dependency or intervention may be referred to this level of service.
- *Reunification and placement stabilization* – This service level provides activities to (1) expedite reunification from out-of-home care within thirty days of referral, (2) assist in placement transition of child(ren) moving to a kinship placement, and (3) assist in stabilization of child(ren) who are at risk of disrupting from their current out-of-home placement and being placed in a more restrictive placement. Families served may be those with an open CPS case with court involvement or families whose child(ren) are in voluntary foster care.
- *Moderate* – This level provides supportive service activities to families whose child(ren) are safe with high to moderate risk of abuse and/or neglect. Families served may have an open CPS case with no court involvement.
- *Family support* – This service level provides short-term supportive services to families with potential or low risk of abuse and/or neglect. Families served may have an open CPS case with no court involvement or a closed CPS case, or be a self-referred community-based family.
- *Clinical family assessment* - The service level provides an assessment by a master's level clinician consisting of a record review and an interview with the child(ren) and family, to assist in identifying the family functioning level, protective factors and service needs. Families with any type of CPS case can be referred to this service level.

## B. Outcomes, Goals and Measures

To integrate the CFSR process and the Child and Family Services Plan, most of the Department’s CFSP outcomes and measures match those used to determine substantial conformity during the CFSR. Baseline and progress data for Arizona’s safety outcomes and measures is obtained from CHILDS and the Practice Improvement Case Review (PICR). The target percentage for the goals measured through the PICR is the standard for substantial conformity during a CFSR On-site Review (95% or more cases rated strength), and is therefore a long-range goal representing a very high standard of practice. More information about the PICR is located in Section III, Part 4, A.3. *Quality Assurance System*.

**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**

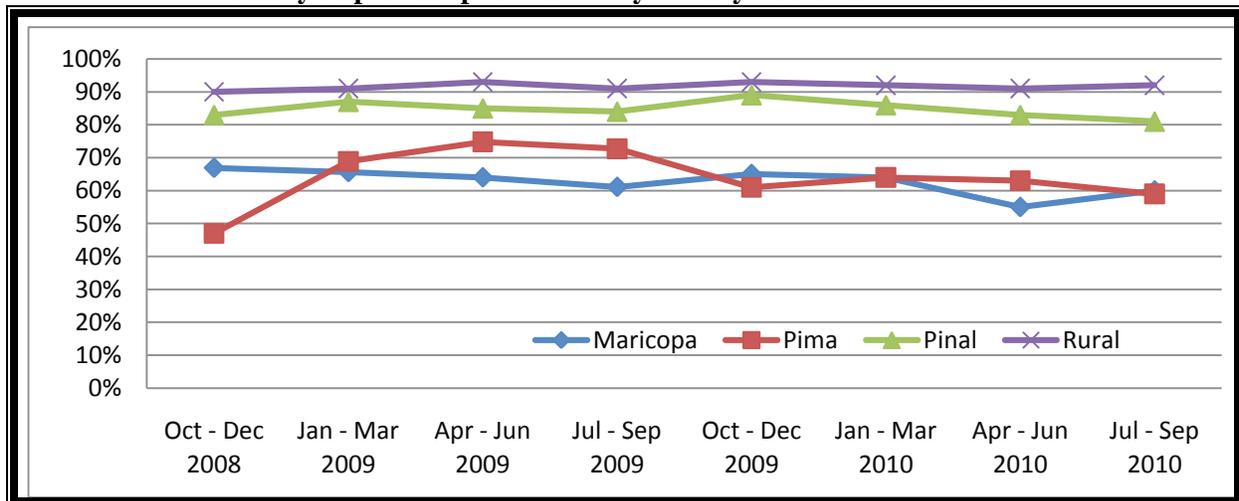
**Safety Goal 1:** The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, 4-30-11)

FFY 2008:	68.6%
FFY 2009:	70.3%
FFY 2010:	67.4%

The Business Intelligence Dashboard provides the percentage of reports to which CPS responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel responded and confirmed a mitigated factor was present. There has been little change in the timely response rate. In some cases where CPS responded late, the child was seen and confirmed to be safe by law enforcement or other emergency personnel within the required initial response timeframe, but CPS did not respond within the mitigated response timeframe. This data does not account for the length of a delay, which could be minutes, hours, days or weeks.

Dashboard data current as of April 30, 2011 shows that Arizona’s rural counties achieved on-time response rates of 90% or higher in all quarters during FFYs 2009 and 2010. Maricopa and Pima counties have the highest report volume and the lowest timely response rates. Pinal County has a mix of urban and rural communities, and performs between the rural and urban counties.

**Timely Report Response Rates by County - FFYs 2009 and 2010**



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The Division's performance is strong in the area of face-to-face contact with alleged child victims. PICR data from CYs 2008, 2009 and 2010 indicates that the alleged victims are seen in more than nine of every ten initial assessments (investigations). In some of the initial assessments in which a child was not seen, the family could not be located and the efforts to locate were not completely sufficient.

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**Item 2: Repeat maltreatment**

Safety Goal 2: The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 94.6% or more (CFSR Data Profiles June 10, 2011 and March 29, 2011)

FFY 2008:	98.3%
FFY 2009:	98.5%
FFY 2010:	96.7%

Arizona achieved a rating of strength on repeat maltreatment during the 2007 CFSR, with 100% of case rated strength on the repeat maltreatment item. The CFSR national standard measure on absence of repeat maltreatment is defined as the percentage of unique children who were the subject of a substantiated report within the first six months of the year who were the subject of another substantiated report within six months of the first report. Data from the Arizona CFSR Data Profiles indicates Arizona has continuously performed above the national standard of 94.6% for absence of repeat maltreatment. Performance dropped 1.8 percentage points in FFY 2010, but remained above the national standard.

The Division also reviews data on the percentage of children who were the subject of a CPS report in the first half of the year and a second report within six months of the first, *regardless of the investigation finding*. All reports were considered, including those with unsubstantiated and propose substantiation findings. Following the federal syntax for the repeat maltreatment measure, the second report was not considered if it occurred within one day of the first report. Of children who were the subject of a report in the first half of the FFY, the percentage who did not have another report within a 6 month period was 95% in FFYs 2008, 2009 and 2010. More than 9 of 10 children reported to CPS for suspected abuse or neglect were *not* reported again for at least six months. In FFY 2010, of the children with two reports in six months, 6.5% had their second report within a week of the first, which suggests the second report is new information regarding the same family situation already being assessed by the Division. In some instances the second report is received before the initial response to the first report.

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

**CFSR Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**

Safety Goal 3: The number of children in out-of-home care under the age of 18 will decrease by approximately 2% annually (Child Welfare Reporting Requirements Semi-Annual Reports)

Statewide 9/30/08:	9,709
Statewide 9/30/09:	9,533 (1.8% decrease)

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Statewide 9/30/10: 9,923 (4.1% increase)

Safety Goal 4: Of reports assigned for investigation, the percentage where a removal occurred will be 10% or less (Child Welfare Reporting Requirements Semi-Annual Reports)

FFY 2008:	11.2%
FFY 2009:	11.0%
FFY 2010:	11.3%

In FFY 2010 the number of children in out-of-home care increased, reversing the reduction in FFY 2009. The increased out-of-home care population is the result of larger entry cohorts and smaller exit cohorts. The number of reports assigned for investigation increased from 32,316 to 33,455 between FFY 2009 and FFY 2010. The percentage of these reports that resulted in a removal remained at 11%. As a result, the number of removals increased from 7,708 in FFY 2009 to 7,973 in FFY 2010. At the same time, exits from out-of-home care decreased from 7,484 in FFY 2009 to 7,209 in FFY 2010.

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**CFSR Item 4: Risk assessment and safety management**

Safety Goal 5: The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.68% or more (CFSR Data Profile June 10, 2011 and March 29, 2011)

FFY 2008:	99.84%
FFY 2009:	99.85%
FFY 2010:	99.81%

Safety Goal 6: The number of child fatalities resulting from child abuse or neglect per year will be zero (CHILDS ad hoc report)

SFY 2008:	20
SFY 2009:	22
SFY 2010:	24

Safety Goal 7: The percentage of cases where sufficient comprehensive information about *every* parent, caregiver and child was gathered to determine whether *each* of the CSA's seventeen safety factors was present or absent will be 95% or more (Initial Assessment PICR Item 2.C.)

Quarter 1 2009:	16% <sup>2</sup>
CY 2009:	14%
CY 2010:	15%

Safety Goal 8: The percentage of cases in which the agency took sufficient and least intrusive actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 3.A.)

Quarter 1 2009:	70%
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<sup>2</sup> This data is generated through the Practice Improvement Case Review, which applies higher practice and rating standards than the CFSR. During the 2007 CFSR, 65% of cases were rated strength on CFSR Item 4, Risk of harm to child, which evaluates the sufficiency of initial and ongoing risk and safety assessment, and activity to address safety related concerns.

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CY 2009:	62%
CY 2010:	56%

Absence of maltreatment in foster care continued to be a strength for the state in FFY 2010. Arizona has continually excelled in this area and has surpassed the national standard of 99.68% since at least 2003.

The number of child fatalities in SFY 2010 that resulted from child abuse or neglect, as indicated by an after investigation substantiated finding of child death due to abuse or neglect, was 24 as compared to 22 in SFY 2009 and 20 in SFY 2008. There has been a decrease in the percentage of these cases in which the Division had received a prior report of child maltreatment, from 31.8% in SFY 2009 to 24.0% in SFY 2010. In cases with a prior report, the prior report sometimes involved a different child victim or perpetrator. In SFY 2010, 79.2% of the children were age two or younger, compared to 68.0% in SFY 2009 and 80.0% in SFY 2008. In SFY 2010, 16.7% of the children were ages three to five, and the one remaining child was 11 years old.

In SFY 2010, 37.5% (nine) of the deaths were due to physical abuse. This is a further decrease in the percentage of deaths from physical abuse, compared to 75.0% in SFY 2008 and 55.0% in SFY 2009. In SFY 2010, 8.3% (two) of the deaths were due to murder by shooting and 25.0% (six) were due to drowning in pools, bath tubs or a septic tank. In addition, 16.7% (four) of the deaths were due to neglect. In the neglect category, the child deaths were the result of being left in a hot car, being run over by a vehicle, dying shortly after birth due to the mother's substance abuse while pregnant, or being abandoned after birth in a trash can. The remaining 12.5% of child deaths (three) were from asphyxia for reasons such as an intoxicated parent unintentionally lying on the child in the bed.

The Division has observed improvement in the overall quality of safety and risk assessments, but this area continues to require improvement. The Division's PICR evaluates performance on a sample of cases that had a report of maltreatment during the review period, including cases closed at investigation that are not eligible for review during the CFSR. The Division applies a rating standard based on the state's initial assessment policies and its CSA and SRA procedures, which exceed the federal practice standards. In addition to the 15% of cases that fully met the practice standards on comprehensive information collection, another 6% had sufficient information collected about the circumstances surrounding the maltreatment, child functioning, adult functioning, parenting practices and disciplinary practices; but did not have sufficient information about the extent of current maltreatment. Generally these cases did have sufficient information about the current allegations, but the CPSS did not ask questions to rule out sexual abuse. During feedback meetings, staff are reminded that they must gather information to rule out all types of potential maltreatment, including those that are not alleged in the current report. Other cases have comprehensive information about the children and parents, but insufficient information about a non-parent who sometimes serves as the child's caregiver, such as the custodial parent's boyfriend or girlfriend.

The Division has been working to improve the percentage of initial assessments in which all required interviews occur and all required documents are reviewed, recognizing that these activities are a prerequisite of comprehensive assessment. There has been significant improvement observed in the PICR results from CY 2009 to CY 2010. Of the 14 interview and document review requirements, 10 improved between CY 2009 and CY 2010, one remained at 92%, and three decreased one to three percentage points. The percentage of cases in which all child victims were interviewed in-person and alone and in which all custodial parents were interviewed in-person remained above 90%. Interview and document review requirements that showed the greatest improvement include the following: interview of the non-custodial parent increased 11 percentage points, interview of other adults in the home where the

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maltreatment occurred increased 14 percentage points, review of medical records increased 29 percentage points, review of educational records increased 21 percentage points, and review of criminal history of the parents and other adults in the home increased 18 percentage points. The Division is building on these improvements by increasing the breadth and depth of information collected during interviews, so that more families receive a fully comprehensive assessment.

The Division is also working to increase the percentage of cases in which the safety plan is both sufficient and least intrusive. In CY 2010, 52 of the 213 initial assessment cases reviewed during the Practice Improvement Case Review had or required a short-term protective action plan or a longer-term safety plan.

- In 56% of these 52 cases (29), the protective action or safety plan was sufficient to control the safety threats and least intrusive to the family.
- In 23% of the cases (12), the protective action or safety plan was sufficient to control safety threats, but was not least intrusive. In some cases, the activity in the case was appropriate (such as a parent's voluntary placement of the child temporarily with a relative), but because there was no indication of present danger the activity should not have been documented as a protective action plan. By definition, development of a protective action plan in the absence of present danger is not least intrusive. These cases demonstrate a need to clarify the definition of present danger. In other cases the parents of a substance exposed newborn were required to identify a safety monitor to supervise their contact with the baby, but the information did not indicate that the baby would be unsafe in the parents' care; or prior to placing the child in non-relative foster care there was insufficient exploration of options to control the safety threats in-home or place with the non-custodial parent or a relative.
- In 21% of the applicable 52 cases (11), the protective action or safety plan was not sufficient to control safety threats. In some of these cases the reviewer found that the case documentation supported a conclusion that the child was unsafe, but no written protective action or safety plan had been developed. In other cases the safety plan did not contain actions sufficient to control the safety threats, or the safety monitor was not reliable. In two cases the child was to remain with relatives under a power of attorney, but the children would be unsafe with the parents and the power of attorney did not give the caregivers sufficient means to prevent the children from returning to the parents' care.

### **C. Accomplishments and Factors Affecting Performance**

The Division's ability to achieve safety outcomes is affected by many factors with complex relationships, including report volume, report prioritization, sufficiency of staff resources, coordination with law enforcement, staff competency with the CSA-SRA safety assessment and safety planning process, availability of family team meetings, and access to in-home services. The Division's primary practice improvement activities during this period developed staff competency in foundational practices such as gathering comprehensive information during initial assessments, analysis of information to inform safety decisions, and development of least intrusive safety plans that control safety threats. Much of this work was accomplished through the Division's quality improvement system and training activities. The Division continues to observe improvements in the quality of initial assessments, with some assessments meeting all or nearly all of the many practice standards measured during the PICR. However, the ability of staff to meet the Division's safety goals is deeply affected by high workload. In SFY 2011 the

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Division continued its recruitment and retention activities, the Workforce Planning initiative and other activities to increase the number of filled positions and reduce workload.

Information about each of the primary factors affecting safety outcomes and the Division's most significant improvement activities and accomplishments in SFY 2011 is provided in the remainder of this section.

***Workload and the Workforce Planning Initiative***

Staff and stakeholders frequently cite workload as the factor most directly impacting report response rates. Workload also affects the amount of time staff can spend with families to hear their stories, engage them in comprehensive assessment, and motivate them to make changes that will prevent repeat maltreatment, removal and re-entry. CPS Specialist workload has exceeded the Arizona caseload standard during the last many years, reaching 65.6% above standards in January through June 2010, and 61% above standards in June through December 2010. In SFY 2011, the effects of staff vacancies and turnover on caseload size were compounded by increases in report volume and the out-of-home care population. Communications identified as "actions" also take significant staff time and are not included in the number of reports for investigation. Actions include communications such as that a child is being released from detention and the parent is unable to come get the child or cannot be reached, requests from border patrol to shelter a child until he or she can be returned to the country of origin, or requests from another state to assess the safety of a child visiting Arizona.

Data from the *Child Protective Services Bi-Annual Financial and Program Accountability Reports* provides evidence that high caseloads reduce the rate of timely initial response. The data shows that in CYs 2008, 2009 and 2010 the former Districts 1 and 2 (which included Maricopa and Pima Counties) had lower ratios of filled CPS Specialist positions to the number required to meet Arizona's caseload standards. Maricopa and Pima Counties also had lower rates of timely initial response. Rural counties have had the highest ratios of filled to required positions and generally have the best rates of timely response.

Regions continually evaluate the assignments of existing staff to ensure children are, first and foremost, protected from abuse and neglect. Qualified staff with other job assignments (such as supervisor-level Program Specialists) will respond to reports when there is not a CPS Specialist available. After Hours Units in Maricopa, Pima and Pinal Counties provide vital assistance for timely report response. Staff in these units respond to reports on nights and weekends, and may respond to an overflow of reports during the week.

The Workforce Planning initiative is the Division's primary strategy to retain and support competent staff so they are available to respond to reports and conduct comprehensive safety and risk assessments. The Division is hopeful that workforce planning activities to recruit new employees, retain existing employees, and strengthen the role of the supervisor will improve safety related practices and outcomes. More information on the Division's staff resources and workforce planning activities to improve staff retention and staff competency with safety related practices is located in Section I, *Introduction*.

***Alignment of Hotline Procedures with the Child Safety Assessment***

The Division's CFSR Program Improvement Plan (PIP) and Child and Family Services Plan 2010 - 2014 (CFSP) included a strategy to align Child Abuse report acceptance and prioritization procedures with the Division's CSA and SRA tools and decision-making processes. This project was supported by technical

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assistance from the National Resource Center on Child Protective Services (NRCCPS). The project's purposes were to (1) improve the quality of information collected at the Hotline so that Hotline staff have a better understanding of family dynamics and threats to child safety, and can thereby identify those children who are likely unsafe and require an urgent response; and (2) to improve the accuracy and consistency of decision making at the Hotline. The Division expected that these improvements in Hotline process would produce more comprehensive safety assessments and increase timely initial response rates.

In March 2009, the NRCCPS produced an initial evaluation of the Arizona Child Abuse Hotline. This report followed a comprehensive review of the Hotline practices and processes in place at that time and a series of focus groups with Hotline supervisors, CPS Specialists, other Division staff and community stakeholders. Following the evaluation, a workgroup facilitated by the NRCCPS developed new cue questions and a new priority system, which were implemented in July 2010.

The new cue questions assist Hotline staff to collect more relevant and comprehensive information about the circumstances surrounding the maltreatment and family dynamics that impact child safety. In some circumstances Hotline staff may initiate collateral contact with a mandated reporter known to be working with the child, to gather missing information that is critical to the report prioritization decision. All the information gathered at the Hotline is available to the CPS Specialist who conducts the initial assessment, thereby assisting the CPS Specialist with the collection of sufficient information to accurately assess safety and risk.

The revised report prioritization procedures assign an initial response timeframe based on an assessment of present or impending danger. Children in situations that have resulted in or are likely to result in serious or severe harm at any moment require an immediate response. An initial response is required in 48 hours if serious or severe harm is not occurring in the present, but is likely to occur in the near future. Reports that do not describe an unsafe child require an initial response within 72 hours or seven days, depending on whether the report describes an actual incident of abuse or neglect versus risk, and the length of time since the reported incident.

These new procedures improve safety outcomes by assigning a response timeframe that is most suited to the child's needs, but have not resulting in higher rates of initial response within required timeframes. The Hotline realignment minimally increased the percentage of reports assigned as priority one or priority three, significantly decreased the percentage of reports assigned as priority two, and substantially increased the percentage of report assigned as priority four. The shift from priority two to priority four reports gives the Division several additional days to respond to a percentage of the reports received. It is likely that the Division's timely response rate has been unable to benefit from this shift because caseloads have persistently been well above acceptable standards.

In SFY 2011, the NRCCPS provided technical assistance to evaluate the new system's implementation and its affects on Division goals. In November 2010, initial assessment unit supervisors were surveyed to obtain feedback on the usefulness and implementation of the new Hotline procedures, and a workgroup reviewed roughly 500 reports received between July and October 2010 to evaluate the new procedures' implementation. The results of this evaluation were published in a report by the NRCCPS in February 2011. The evaluation concluded that the quality of information collection was "sufficient at reasonable levels" at this early implementation phase, and "provided a better understanding of family dynamics that represent possible safety threats to children." The evaluation further found that the changes to the response priority system had "been implemented with a high degree of fidelity." As intended, the new response system resulted in report assignment based on indication of present or

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impending danger. According to the report: “This is a positive change as the initial evaluation of the hotline showed that many reports were classified for urgent response based on incident type, even though there was no indication of a safety threat to the child.” Reviewers had a high degree of agreement with the decision to accept the report and with the response times assigned. The evaluation found that timeliness of response to calls and abandoned call rates were negatively affected by the realignment, and identified these as areas needing improvement.

***Joint Investigations with Law Enforcement***

Joint CPS-law enforcement investigation requirements can be a factor affecting response timeliness and safety assessment. Response is occasionally delayed because the law enforcement agency does not have sufficient staff resources to respond within the Division’s required timeframes, and response by Division staff is somewhat limited by county specific joint investigation protocols. This is especially true in sexual abuse and other cases where the quality of the interview can substantially impact the criminal investigation and potential for prosecution. To address this issue, the Division’s policy and training directs staff to make the initial response to ensure child safety, then follow-up with law enforcement to jointly complete the assessment of the specific allegations. The Division’s *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* includes questions that can be asked by the CPS Specialist to explore sexual abuse allegations and child safety prior to law enforcement involvement. Training also occurs as a result of the feedback given to staff through the PICR process. For example, case reviewers have observed that the interviews conducted by law enforcement often fully address the current alleged maltreatment, but do not provide sufficient information about adult and child functioning, general parenting practices or disciplinary practices to comprehensively assess impending danger. During PICR feedback sessions, staff are informed about the necessity of conducting follow-up interviews to gather sufficient information.

Advocacy centers, such as Maricopa County’s Childhelp, are available in many counties for conducting forensic interviews and/or obtaining medical examinations. Co-location of law enforcement and CPS staff at these sites makes it easier to coordinate a joint response, and can therefore increase timeliness in cases requiring joint investigation. There are four advocacy centers in Maricopa County, two in Mohave County and one each in Pima, Pinal, Coconino, Yavapai and Yuma Counties. Three of the centers have a full initial assessment unit co-located at the facility. One or two CPS Specialists are co-located at some of the other centers.

***Comprehensive Child Safety Assessment, Risk Assessment and Safety Planning***

The Division’s PIP and CFSP included a strategy of providing training, supervision and oversight to increase staff and stakeholder knowledge about, and competency applying, the integrated CSA-SRA-Case planning process. Consistent application of the CSA-SRA-Case planning process is a primary factor affecting the achievement of child safety outcomes, including safety and risk assessment, safety management, prevention of repeat maltreatment, and prevention of removal and re-entry. Effective in-home safety planning based on a comprehensive safety assessment can achieve the Division’s goal of reducing the number of children in out-of-home care while maintaining child safety. The CSA-SRA-Case planning process also includes aftercare planning to identify services and supports that address current or anticipated needs and prevent repeat maltreatment and foster care re-entry. Dependent on the current level of risks and needs, the agency or in-home service provider gives the family contact information and other assistance to link with ongoing supportive programs in the community prior to reunification or case closure. Team Decision Making meetings also support aftercare planning by

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including community partners who can provide or link the family to aftercare services. A detailed description of the CSA-SRA-Case planning process is located in Section III, Part 1, A.

Activities to improve application of the CSA-SRA-Case planning process in SFY 2011 included the following:

- Interviews and document review are a prerequisite for comprehensive safety and risk assessment. Therefore, the Division chose to focus on these practice areas first. Policy reminders and practice tips on interviews and document review were distributed and discussed with staff in all regions during early CY 2010. In addition to general policy reminders, detailed tips were provided on areas needing the most improvement. In SFY 2011 detailed tips were published on obtaining and reviewing criminal history information, and determining if orders exist that restrict or deny custody, visitation or contact. From CY 2009 to CY 2010, there was substantial improvement in initial assessment interview and document review practices.
- The Division's practice improvement-policy-training team also developed several guides and examples to help staff gather sufficient information during initial child safety and risk assessments. An interview guide was developed that provides a list of essential questions recommended for most initial assessment interviews with children and parents. This guide covers all areas that must be explored in order to gather comprehensive information as defined by the Division's safety and risk assessment model and the PICR rating standards.
- Examples of CSA documentation were published and distributed, including documentation of the safety-related analysis of the information gathered.
- During SFY 2011, the Division continued to use the PICR process to provide individualized feedback to staff on these practice areas. Practice Improvement Specialists distribute and discuss the practice tips, interview guide and documentation examples when a case review indicates a need. The PICRs also allow the Division to and to monitor performance levels and the effectiveness of its improvement strategies.
- The Division views supervisor competency as pivotal to achievement of positive outcomes. To strengthen supervisor competency, the Division held a conference for direct service supervisors and managers in July 2010. This conference included workshops on supervisory skills and tools for fostering consistent high quality practice, including change management, personnel rules, self-care and other topics. All conference participants attended a workshop on safety planning and safety management, facilitated by national safety assessment expert, Emily Hutchinson. This workshop provided a review of the CSA model's safety planning and safety management requirements, to enhance the supervisors' ability to direct the safety planning process and teach essential safety planning skills to staff. The workshop was funded through the Governor's Office for Children, Youth and Families.
- Transfer of learning from the workshops to field practice has also been supported through the Grand Rounds initiative, which borrows a clinical teaching practice of the medical community. This initiative is sponsored by Casey Family Programs with additional funding through the Governor's Office for Children, Youth and Families. The Grand Rounds bring in experts to lead a dialogue with supervisors around specific clinical practice areas, using actual cases to facilitate an educated discussion. The first set of Grand Rounds regional

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trainings was held in September 2010. This set of Grand Rounds was facilitated by national safety assessment expert, Emily Hutchinson, who presented an overview of key issues and barriers related to safety planning and used actual case presentations as a framework for discussion of sufficient safety plans.

- Supervision circles continue to be active in some regions, and provide another avenue to transfer learning to field practice. During supervision circles, managers and supervisors model critical thinking, strengths-based and family-centered supervision, and integration of the CSA-SRA-Case planning model into supervisory decision-making. Each supervision circle consists of a group of supervisors and their Assistant Program Manager, who hold clinical case discussions and discuss new policies, practice tips, resources, local practice or systemic issues, progress and successes.
- In the third quarter of CY 2010, the Division focused on gathering sufficient information about each of the six fundamental questions: extent of current maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting practices and disciplinary practices. A practice guide covering all of the six fundamental questions was distributed for discussion in July 2010. In February 2011, a practice guide was distributed on the safety threshold: is the child vulnerable and is the safety threat out-of-control, observable and specific, and likely to have a severe harmful effect in the immediate or near future? These practice guides provide definitions for each of the six fundamental questions and safety threshold factors, along with examples to demonstrate application of the concepts and sufficient documentation. The practice guides were discussed with staff at the time of distribution and are routinely provided to staff by the regional Practice Improvement Specialists.
- A four-part CSA-SRA-Case planning refresher series is available to staff on demand as computer-based training. The CWTI is also able to provide refresher training on any aspect of the CSA-SRA-Case planning process upon request. Training can be provided in-person or via i-linc. When refresher training is requested, CWTI staff consult with the region's Practice Improvement Specialist to learn about the PICR findings and other performance data, so they can tailor the training content to the needs of the requesting region or unit.
- The Division's Assessment and Case Planning Specialist position was created to provide intensive on-site support and individual and group mentoring to staff needing assistance with the CSA-SRA-Case planning process. The specialist travels the state to provide training and answer questions. This position had been vacant because of the hiring freeze, but the Division hired a new Assessment and Case Planning Specialist in March 2010. Staff feedback about the assistance provided by the Assessment and Case Planning Specialist has been very positive. As a result, the Division has created a second Assessment and Case Planning Specialist and is in the process of hiring.

***Chronic Neglect Project***

Chronic child neglect is one of the most persistent and intractable challenges facing the nation's child welfare system, contributing to repeat maltreatment and repeat report rates, child fatalities, and the number of children in out-of-home care. Chronic neglect is an enduring pattern in which a child's basic physical, developmental and/or socio-emotional needs are repeatedly unmet by the child's parent or caregiver. Patterns of neglect present a challenge for CPS Specialists conducting safety assessments,

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because it is often the chronicity itself that is harmful to the child rather than a specific incident. In its 2008 report, the Arizona Citizen Review Panels recommended that “Child Protective Services develop protocols to identify, assess, and intervene in cases of chronic neglect. Cases of chronic neglect can extend over many years and involve multiple caregivers. These cases require complex strategies and a high level of coordination among many agencies and stakeholders.” The Division is determined to successfully address chronic neglect. As a first step, a team of Division staff has been reviewing literature provided by the Child Welfare Gateway Information Library and Arizona State University, and other longitudinal studies and professional journal articles. A Division team also participated in the Chronic Neglect Virtual Series, which was a web conference series and online community dialogue center hosted by American Humane in partnership with the National Association of Public Child Welfare Administrators. Topics of discussion included a chronic neglect definition, assessment, primary and secondary prevention and interventions, interagency sharing and systems of care and moving research into practice. The Division has convened practitioners, policymakers, researchers and other interested individuals who are building the Division’s knowledge about chronic neglect, and will inform the development or augmentation of relevant policy and procedures. To advance this initiative, the Division plans to enter into a contract with an entity with child welfare expertise to:

- Conduct a review of literature to identify theoretical and practice definitions of chronic neglect, evidenced-based practice for identifying and assessing chronic neglect, and interventions and treatment for chronically neglectful families;
- identify and review other states' policies and procedures for identifying, assessing, intervening with and treating chronically neglectful families; and
- make recommendations for policy development and a potential service contract scope of work to begin during within FFY 2012.

***Report Substantiation***

The state’s low substantiation rate continues to be a factor affecting the state’s low repeat maltreatment rate. According to Arizona’s *Child Welfare Reporting Requirements Semi-Annual Report*, substantiation rates remained between 8% and 10% from FFY 2006 through FFY 2009. Arizona’s substantiation rate increased to 13% in the first half of FFY 2010. Data for the second half of FFY 2010 is not yet final.

Arizona’s substantiation rate is affected by the state’s appeal process. Approximately 10% to 15% of proposed substantiated findings are appealed. The Division’s internal Protective Services Review Team (PSRT) reviews all cases where a timely and eligible appeal has been initiated. As in prior years, the PSRT overturns between 40% and 50% of the proposed substantiated findings. Reasons these are overturned include that the incident proposed for substantiation does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, unreasonable risk of harm is not present or clearly documented, or the alleged perpetrator is not the child’s parent, guardian or custodian. The Division’s proposal to substantiate has been upheld by an Administrative Law Judge and the Department’s Director’s Office at a high rate: 90% of appeals heard in SFY 2009, 87% of those heard in SFY 2010, and 88% to date in SFY 2011.

Changes to state statute and Division policy effective October 1, 2009 likely caused the increased substantiation rate in FFY 2010, which in turn likely accounts for the slight increase in Arizona’s repeat maltreatment rate. Revisions included the following:

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- The Division is now able to substantiate when the court adjudicates the child dependent based upon an allegation of abuse or neglect contained in the dependency petition. The dependency petition and court ordered findings of dependency serve as the necessary documentation to support this finding. It is now rare to have a dependent child without a substantiated report of maltreatment.
- The physical abuse definition was expanded to include unreasonable confinement and physical injury due to a child being permitted to enter or remain in a dangerous drug manufacturing structure or vehicle.
- The neglect definition was revised to include the following: “The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child’s health or welfare, except if the inability of the parent, guardian or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.” This new definition changed “substantial” risk of harm to “unreasonable” risk of harm. Taking into account the totality of the circumstances specific to the incident, unreasonable risk of harm means the behavior and/or action or inaction of the parent, guardian or custodian placed the child at a level of risk of harm to which a reasonable (ordinarily cautious) parent, guardian or custodian would not have subjected the child. This expansion of the neglect definition requires the agency to consider the severity of potential harm to the child, as opposed to only the likelihood of harm. The new definition also added “custodian” to the list of adults whose inability or unwillingness to provide for the child constitutes neglect. The Division is now able to substantiate when someone acting as a parent (such as a boyfriend or girlfriend of the parent) neglects the child.
- The neglect definition now requires substantiation when a health care professional determines a child was parentally exposed to drugs, regardless of whether the child was injured by this prenatal exposure; and when a health care professional diagnoses a child less than one year of age with fetal alcohol syndrome or fetal alcohol effects.
- The neglect definition was expanded to include deliberate exposure of a child to sexual activity and sexual acts committed by the parent, guardian or custodian with reckless disregard as to whether the child is physically present. The new definition allows substantiation in situations where the child was deliberately or recklessly exposed to sexual activity but not actually touched in a sexual manner.

The Practice Improvement Case Review Instrument assesses whether the agency made a concerted effort to gather sufficient information to determine whether maltreatment occurred, and whether the state’s substantiation guidelines were accurately applied to the information that was gathered. Reviewers have found that staff correctly apply the Division’s substantiation guidelines in more than 90% of cases, but in some cases additional interviews, observations or documents were necessary to accurately determine whether maltreatment occurred. The Division continues to address this practice area through case review feedback sessions and Professional Skill Building Plans with involved staff; ongoing activities to improve safety assessment, risk assessment and case documentation; and training. The PSRT and the Child Welfare Training Institute continue to train new and existing staff on the substantiation guidelines and related documentation requirements. Training on the revised abuse and neglect definitions was delivered to all regional Program Managers, Assistant Program Managers, CPS Unit Supervisors and

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CPS Specialists beginning in September 2009, and included a substantial amount of content on documentation requirements. Ongoing training methods include:

- Core Training for new staff;
- individualized training to staff or units upon request;
- written feedback from the PSRT to the CPS Specialist when the PSRT amends a propose substantiation finding, explaining why the propose substantiation finding could not be supported and what observations and documentation would support a substantiated finding in the case;
- maintenance of PSRT Tips on the Division's intranet site, where they can be accessed by staff at any time; and
- documentation training, including content on documentation to support investigation findings, available upon request.

Although the low substantiation rates affect repeat maltreatment rates, they have not hindered the Division's ability to ensure child safety. While the appeal process determines the report finding, the investigation finding does not dictate the level of CPS intervention with a family. The need for emergency intervention through voluntary or involuntary services is based on the assessment of safety and risk, and services may be provided even when legal definitions of child maltreatment or evidentiary requirements for substantiation are not met. On the other hand, Arizona law does not compel a family to accept services when no child in the family is at imminent risk of harm. While CPS may offer and encourage CPS or community services, the family has a legal right to refuse the services if grounds for a dependency petition do not exist. In some cases low to moderate level risks are known to be present but the family is unwilling to address them, resulting in repeated reports to CPS.

***Services to Safely Maintain Children In-Home***

Preventive services such as the Healthy Families Arizona program and Family Preservation programs have been instrumental in meeting the needs of children and families that do not require ongoing protective services, addressing risks early, and preventing maltreatment and out-of-home care. The Department continues to generate internal communications about its programs so that staff are aware of other Divisions' programs. The Department also maintains an intranet site so that staff can easily search for programs, learn about available services and eligibility criteria, and access applications and other forms. Prevention programs, including HFAz, have been reduced since the start of the current economic crisis. HFAz continues to be a viable program across Arizona despite the reduced funding, but the services are not available to as many families as they were before the funding reductions. Greater availability of this successful service could strengthen families, prevent safety threats from emerging, and thereby reduce report and removal rates for young children. The Division is hopeful that the funding for the HFAz program is sustainable at its new reduced level and that funding will increase following economic recovery.

The availability of in-home services is a factor affecting repeat maltreatment rates and the Division's ability to prevent removal and reduce the number of children in out-of-home care. Services provided through the Division's Family Support, Preservation and Reunification Services contract, known as the in-home service program, are available statewide. This integrated services model includes intensive and moderate level family support and reunification services, which are provided in accordance with the needs of the child and family. Data suggests these services successfully prevent repeat maltreatment and removal. In CY 2010, 92.4% of families receiving in-home services did not have a CPS report during program participation, and 91.8% of families did not have a child enter the Department's custody. From January through August 2010, 90.9% of families that received in-home services did not have a new report within six months of service closure and 96.5% did not have a child placed in custody within six months. The Division is hopeful that

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the new in-home contract model that will become effective August 1, 2011, will be even more effective at preventing removal, re-entry and repeat reports.

The availability of contracted in-home services decreased in SFY 2009 and the first half of SFY 2010 as a result of budget reductions. Decreased ability to serve families through the in-home service program may have been a barrier to achieving reductions in the out-of-home care population in FFY 2010. However, families have continued to receive in-home services throughout this period of budget crisis, and in-home caseloads have recently increased. In-home caseloads increased from their lowest level of 3,371 in July 2009 to monthly levels ranging from 4,381 to 5,980 in CY2010. In-home service caseloads in CY 2010 were consistently higher than they were in May through December 2009. The Division continues to encourage the use of in-home services when a sustainable safety plan can sufficiently control safety threats in the home. This program is an important component of the Division's strategies to reduce entry rates and the number of children in out-of-home care.

A detailed description of the in-home services program, Maricopa County's specialized Substance Exposed Newborn Safe Environment (S.E.N.S.E.) program, and the Division's activities to improve service quality and outcomes, is located in Section III, Part 1, A.

***Family Team Meetings***

The Division collaborates with mental health and community-based providers to deliver in-home services for children and their families to prevent removal and re-entry. When the family has multi-agency involvement, every effort is made to coordinate services to address the needs and mandates of all the parties involved. Service coordination may occur through Child and Family Team (CFT) meetings when the child is receiving services through the behavioral health system. The behavioral health service provider generally facilitates the CFT and include the parents, youth, caregivers, CPS Specialist, behavioral health providers, support persons invited by the family and other case participants. The CFT provides a facilitated process to identify the child's and family's strengths, needs and important cultural considerations. CFTs can be an effective means for identifying services to address safety threats and risks, and developing aftercare plans for families that have significant risks but are motivated to participate in services, particularly cases referred to CPS because of the behavioral health needs of a young adult. Therefore, CFT meetings help to achieve the Division's safety goals of reducing the number of children in out-of-home care and reducing repeat maltreatment.

Team Decision Making (TDM) meetings also provide a forum in which family, friends, natural supports, Division staff, community partners and providers discuss the strengths and needs of the family, and identify the best placement to keep the child safe and connected to family and community. The Division encourages staff to hold a TDM meeting prior to removal when the child's safety can be assured through a short-term protective action such as an in-home safety monitor. In other cases the TDM occurs within a few days of the child's removal. Trained TDM facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry, or to reunify with birth family as quickly as safely possible when removal is necessary. In some cases the family and team are able to identify a sufficient in-home safety plan. During SFY 2011, TDM meetings were held in all regions and counties. Statewide, 4,651 initial removal TDM meetings were held in CY 2010, impacting 8,822 children. This is a slight decrease from the 4,796 TDM meetings in CY 2009, but an increase from the 8,557 children impacted that year. Approximately 46% of these meetings were held prior to the child being removed. The team recommended in-home services for 43% of the children discussed.

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During SFY 2011, the Division integrated the CSA into TDM practice. New statewide TDM policy was drafted and all TDM forms were revised. Benefits of this integration include clarification that the final decision regarding the child's safety plan and safety monitors rests with the initial assessment CPSS and CPS Unit Supervisor, new protocols that will increase the consistency of practice statewide, and procedures and practice guidance to help TDM facilitators and CPS Specialists work hand-in-hand toward shared goals of child safety and selection of the best placement for the child. TDMs were temporarily suspended from April 14 through June 20, 2011, due to excessive initial assessment caseloads and to allow staff to be trained on the new TDM policy and forms. Staff training was completed in June 2011. The Division has also received approval to fill several TDM facilitator positions.

***Citizen Review Panels, Child Fatality Review Committees and Critical Incident Staffings***

Regional Citizen Review Panels (CRP) evaluate the extent to which the Division is effectively discharging its child protection responsibilities. In 2010, Citizen Review Panels met in the Central (Phoenix), Northern (Flagstaff) and Pima (Tucson) Regions to review child fatality, near-fatality, high risk child abuse or neglect cases, and other cases that demonstrate a specific practice theme such as immigration, chronic neglect or multi-systems coordination. In performing their functions, the CRPs evaluate the Division's child safety assessment and safety planning practices, and make recommendations to prevent repeat maltreatment, child fatalities and removals to out-of-home care. The panels are comprised of local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professions, legal advocates, medical providers, faith-based representatives and representatives from the Division. The Division's Practice Improvement Specialists and other Division representatives attend the meetings and use the information gained to improve practice in their areas. An annual report with recommendations is provided to the Division. More information about the Citizen Review Panels, their recommendations, and the Division's response to the most recent recommendations is located in Section V, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

The Arizona Child Fatality Review Program has been operating since 1994. The Child Fatality Review State Team studies the adequacy of existing statutes, ordinances, rules, training and services to determine what changes are needed to decrease the number of preventable child fatalities; educates the public about the number and causes of child fatalities; and produces an annual report to the Arizona Governor, the President of the Arizona State Senate and the Speaker of the Arizona State House of Representatives. Reviews of child deaths are conducted by twelve local Child Fatality Review Teams that meet as frequently as necessary to complete reviews of all child deaths in Arizona. Teams are located throughout the state and must include local representatives from CPS. The CPS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding CPS policy, protocol and practice; and provide information about prior CPS involvement with the family, when applicable to the case. Membership also includes representation from a county medical examiner's office, a county health department, law enforcement, a county prosecuting attorney's office, a pediatrician or family physician, a psychiatrist or psychologist, a domestic violence specialist and a parent.

When a local Child Fatality Review Team determines that abuse or neglect contributed to a child death, the team notifies CPS of the team's conclusion to ensure that a safety assessment of other children in the home was conducted. Notification about all such fatalities also allows the Division to identify child fatality trends and methods to prevent similar child deaths. In addition, CPS representatives attend an annual meeting to review child deaths that were determined by local teams to have been the result of maltreatment. The purpose of this review is to ensure that the local teams' determinations are as

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consistent as possible with the definition of maltreatment applied by CPS staff. These reviews also provide another opportunity to identify child fatality trends and prevention strategies.

The Division holds Critical Incident Review meetings to immediately evaluate critical incidents involving a child fatality or near fatality, serious injury of a child, or any significant event that would impact the safety or well-being of a child or other person involved in a CPS investigation or ongoing case. Information is presented and discussed at a Critical Incident Review Staffing, attended by the Division's Crisis Response Manager, the Regional Program Manager or designee, other appropriate staff from the involved region, the CPS Program Administrator or designee, the Division's Deputy Director or designee, an Assistant Attorney General, the DES Communications Director or designee, the Division's Policy Manager or designee, and a representative from DES Risk Management. The participants thoroughly review the case information, analyze the Division's prior involvement with the child and family and all facts of the critical incident, and identify:

- the relevance and sufficiency of the information gathered during current or prior CPS investigations and case planning;
- the outcome of safety assessments and safety planning;
- the outcome of the strengths and risks assessment, if applicable;
- the determination of the need for intervention;
- whether services offered and/or provided addressed the identified safety threats and risk factors;
- the outcome of services, if applicable;
- the case status;
- the applicable policy and procedures;
- clinical supervision at key decision points; and
- barriers or other systemic concerns.

Following the Critical Incident Review Staffing, the Crisis Response Manager or designee develops and monitors an action plan, if appropriate, that identifies corrective action steps and due dates. Some of the cases are selected for in-depth follow-up and review, which is most often conducted by a Division Policy Specialist and the management staff responsible for the case. Through the Critical Incident Review process, the Division has identified policies, processes and other issues that can be addressed to prevent future similar incidents.

***The Quality Improvement System and Practice Improvement Case Reviews***

The Division continues to impact timeliness of initial response, safety and risk assessment, safety management, and provision of in-home services to prevent removal and re-entry through its quality improvement system. Worker-level attention to practice is an effective means for improving outcomes. Data on timely initial response, refreshed weekly, continues to be available to management and all CPS Unit Supervisors on the Division's Business Intelligence Dashboard. Dashboard reports are used by supervisors and managers to quickly identify the highest and lowest performing staff, units, sections or regions. PICR feedback sessions and individual Professional Skill Building Plans have proven to be useful tools toward improving competency and outcome achievement. The PICRs allow the Division to identify and address policy clarification needs. Several detailed practice guides related to comprehensive initial assessment have been produced as a result of needs identified through the PICRs. More information about the Business Intelligence Dashboard, Practice Improvement Case Review and Professional Skill Building Plans is located in Section I, Part 4, A.3. *Quality Assurance System*.

See Section III, Part 4, A.8. *Foster and Adoptive Home Licensing, Approval, Recruitment and Retention* for information on the Department's process for selecting and monitoring out-of-home placements to

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ensure children in foster care are safe, and services to support caregivers to prevent maltreatment in out-of-home care.

***The Child Abuse Investigation Report Core Team***

In February 2011 the Division convened the Child Abuse Investigation Report Core Team, facilitated by the Change and Innovation Agency. This team consists primarily of CPS Unit Supervisors and a field section Assistant Program Manager. The team mapped the initial assessment process to identify areas where backlogs occur or efficiency could be improved. A series of focus groups was held with field staff and other stakeholders from across the state to gather more information about the initial assessment process. Based on this process map and analysis, the team made several recommendations to improve the initial assessment procedures, reduce workload and thereby increase timely completion of comprehensive assessments. In early SFY 2011, the Division will test some recommendations, such as a different safety assessment documentation format, in one Maricopa County office. Successful practices will be spread to other offices. Other changes will take longer to implement, but the implementation process will begin in SFY 2011. The Division anticipates that the team's recommendations will reduce workload and improve the Division's ability to reach its performance goals.

**D. Strategies and Action Steps for SFY 2012**

This section lists the state's primary strategies for improving safety outcomes. These strategies and the related action steps will expand upon the completed action steps and benchmarks from the state's CFSR PIP and those listed in the 2009 and 2010 Annual Progress and Services Reports (APSRs). These strategies and action steps do not describe all the activities that impact safety outcomes, such as routine work activities and smaller programmatic changes. These strategies are most directly linked to child safety, but they will also support permanency and well-being outcomes. Likewise, the Division's permanency, well-being and systemic strategies will support achievement of safety outcomes. For example, the systemic strategy of recruiting and retaining a competent workforce is expected to improve timely response to reports and comprehensive safety and risk assessment.

**Primary Strategy 1:** Improve communication screening procedures and implement differential or alternative methods for responding to communications about child abuse or neglect

**Goal:** Respond to reports about child abuse or neglect with a timely, least adversarial and comprehensive safety assessment

**Action Step 1.1:** Revise and improve communication screening procedures to ensure that communications accepted as reports are appropriate for CPS intervention

**Action Step 1.2:** Examine options for differential or alternative response to reports about child abuse or neglect

**Action Step 1.3:** Clarify policy about report mitigation and documentation of initial response

This strategy and the related action steps stem from recommendations of the Child Abuse Investigation Report Core Team, facilitated by the Change and Innovation Agency. The need to examine the report screening process was also identified in the February 2011 Arizona Child Abuse Hotline evaluation report published by the NRCCPS. During the Hotline evaluation, a team reviewed a stratified random

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sample of 507 reports. The Hotline evaluation report states that “Arizona currently accepts reports for investigation that child welfare experts generally do not think are appropriate for Child Protection intervention.” One example cited in the report is historical physical or sexual abuse with no current maltreatment and no contact with the abuser.

To implement action step 1.1, the Division will analyze current report screening and acceptance procedures to identify communications that are accepted as reports under current requirements but would be appropriate to screen out (such as communications that do not describe a current concern about child safety or unreasonable risk of harm). In conjunction, the Division will explore whether changes to legislative or regulatory mandates are necessary in order to adjust the communication screening procedures. The Division will also improve the Hotline’s quality assurance process so that CPS Unit Supervisors successfully advocate for communications to be screened out when they have been incorrectly categorized as reports by the Hotline. This process can improve by clarifying report acceptance procedures, training supervisors to know when QA is appropriate, encouraging supervisors to request a QA review when appropriate, and improving the timeliness of second and third level reviews of QA requests that were denied at the first level. The Division expects that better screening procedures will reduce the total number of reports so that CPS Specialists are better able to conduct timely and comprehensive assessments.

The Division will begin to implement action step 1.2 by reviewing information about differential or alternative response available from professional literature, national resource centers, state peers and Casey Family Programs. Following this review, the Division will identify the purpose and goals for implementing differential or alternative response methods in Arizona, analyze common report characteristics to identify report types that would be appropriate for a differential or alternative response method, and explore whether changes to legislative or regulatory mandates are necessary in order to implement a differential or alternative response. The Division expects that the long-term results of differential or alternative response methods will include reduced repeat report rates (thereby reducing total report volume) and reduced foster care entry rates (thereby reducing the total out-of-home care population).

In February 2011 the Division revised policy to clarify when a report can be “mitigated” and assigned a longer initial response timeframe. When a mitigating factor is present, the initial response must be made while that factor is still present and within 24 hours for a priority 1 report, or no later than 24 hours after the standard response time for a priority 2 or 3 report. Priority 4 reports cannot be mitigated. In SY 2012 the Division will further clarify initial response requirements by defining actions that meet the definition of an initial response when it is not possible to make in-person contact with the family within the initial response timeframes (such as when the family is known to be out of state and not returning during the required response timeframe). In addition, the Division will publish an initial response practice guide, including content on mitigation and documentation of initial response.

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**Primary Strategy 2: Strengthen supervision and oversight to increase staff knowledge about, and competency applying, the integrated CSA-SRA-Case planning process**

**Goal:** Improve the accuracy, consistency and documentation of decisions related to safety, risk and safety planning

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- Action Step 2.1:** Implement an improved process for clinical and administrative supervision throughout the life of a case
- Action Step 2.2:** Implement a process for Assistant Program Manager oversight of the clinical and administrative supervision processes
- Action Step 2.3:** Develop practice guides, training materials, case examples, or other tools and opportunities to support high quality initial assessments, including that staff:
- interview all required people,
  - review all required documents,
  - obtain sufficient information to conduct a thorough safety and risk assessment in relation to all required children and adults,
  - conduct and document accurate safety threshold analyses; and
  - accurately differentiate between present danger, impending danger and risk

The integrated CSA-SRA-Case plan has been used statewide since June 2006. A full description of this process is located in Section III, Part 1, A. In SFY 2012 the Division will strengthen supervision to extend and sustain the improvements achieved in SFYs 2009, 2010 and 2011. The decision to focus on supervision is supported by the Child Abuse Investigation Report Core Team, who recommended changes to the clinical supervision process. In SFY 2012 the Division will convene workgroups of CPS Unit Supervisors, Policy Specialists and other staff to develop supervision procedures for initial assessment and ongoing cases. These procedures will be piloted, evaluated, revised and re-evaluated until they can be finalized and rolled out statewide. The Division will also implement a process for Assistant Program Manager oversight of the clinical and administrative supervision processes, to monitor the quality of supervisory case reviews and case closure decisions and the frequency and quality of clinical supervision conferences with CPS Specialists.

To ensure staff have clearly defined practice standards, the Division will continue to develop practice guides and other materials that support high quality initial assessments. In SFY 2012 this will include an example of concise six fundamental question documentation in the CSA, clarification of policy to better define present danger versus impending danger, and hiring a second Assessment and Case Planning Specialist to provide individualized support to staff on use of the CSA-SRA-Case planning process.

The Division will also continue to use its quality improvement system to monitor and improve timely initial response and implementation of the CSA-SRA-Case planning process. Quality improvement activities will continue to include Practice Improvement Case Reviews, individualized case review feedback sessions and Professional Skill Building Plans as described in Section III, Part 4, A.3. and Section III, Part 4, B., Primary Strategy 11.

***Safety Related Training and Technical Assistance***

Arizona anticipates the following training or technical assistance (T/TA) will be received or requested in the remainder of FFY 2011 or in FFY 2012 in support of the CFSP/APSR safety goals:

- Arizona has two approved days remaining in the technical assistance project with the NRCCPS to evaluate implementation of the Arizona Child Abuse Hotline realignment and its effect on agency outcomes. The Division anticipates an onsite visit by NRCCPS will occur in July or August 2011, to evaluate a sample of reports, gather input from the field and identify areas that

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may need refinement.

- In FFY 2012, Arizona will request T/TA from the NRCCPS to evaluate the integration of the safety model and TDM.
- In FFY 2012, Arizona will request T/TA from the NRCCPS to assist Arizona's three Citizen Review Panels (CRP) to develop strategic plans, based on collaboratively identified priorities, which will guide the panels' future activities. The technical assistance request is for National CRP Advisory Panel Coordinator, Blake L. Jones, MSW, LCSW, PhD, to interview a subset of key stakeholders, provide training on the national perspective of CRPs, and facilitate a statewide strategic planning session. This T/TA will ensure that each panel has a clear vision, mission and three year strategic plan that are consistent with CAPTA expectations and move the panels toward even greater effectiveness.

## **PART 2: PERMANENCY**

### **A. Program or Service Descriptions**

#### **1. Time Limited Reunification Services**

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

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

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers, using modalities that include educational, outpatient, intensive outpatient, residential treatment and aftercare services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and an aftercare phase to manage relapse occurrences. More than 38,000 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 4,308 individuals were referred in SFY 2010 for substance abuse screenings or assessments and an estimated 3,680 clients received treatment and supportive services. Despite a continuing 9.1% funding reduction, the number of referrals in SFY 2010 was 9.2% higher than referrals in SFY 2009. AFF contractors made initial contact with families within an average of 1.4 days, a decrease from two days in SFY 2009. Additionally, the amount of time for clients to accept AFF services was cut in half during SFY 2010, to an average of five days, from 11 days in SFY 2010. There continue to be no waiting lists for AFF services and services continue to be available in all areas of Arizona.

The AFF contract will be re-solicited prior to SFY 2012. Several workgroups were established in 2010 to identify changes that would improve the AFF program's alignment with current substance abuse research. These workgroups have included representatives from Arizona State University's Center for Applied Behavioral Health (CABHP), the Governor's Office for Children, Youth and Families, and Division field staff and managers. Though the basic AFF Model will have few significant changes, a number of clarifications and additions are being provided to more thoroughly incorporate findings from an extensive review of literature and materials from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and of other state's substance abuse programs that have improved outcomes in the areas of engaging and retaining clients, assisting clients in maintaining long-term sobriety, and more-accurately reporting treatment progress to CPS field staff and Juvenile Court Judges.

Also during 2010, workgroups revised the process for data submission and compilation, to more fully and accurately report and track results from AFF program components and improve the utility of the annual AFF program evaluation. Significant changes were made to the contracted evaluators' database to reduce unnecessary entries and to maximize use of the submitted information. Interim quarterly reports have been modified to address current key outcome areas. Regular data meetings are scheduled with the contracted AFF providers to give technical assistance and ensure continued accurate data submission.

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AFF providers continue to integrate adult substance abuse services and child welfare services. For example:

- Maricopa County AFF providers continue to attend TDMs each month, and frequently attend CFTs and Adult Recovery Team meetings related to their clients. The ability to attend a majority of TDMs is enhanced by the AFF provider's commitment to co-location in almost half of CPS offices throughout Maricopa County. Co-location efforts now also include offering substance abuse recovery groups within four CPS offices.
- The Substance Exposed Newborn Safe Environment (SENSE) Program, which has been available in Maricopa County since 2006, is planning to expand into Yuma and La Paz Counties in SFY2012. This is a specialized, highly-coordinated and intensive response system for families of substance-exposed newborns. The program closely coordinates Family Preservation, AZ Families FIRST, professional nursing and Healthy Families services.
- The Parent to Parent Program, which was originally funded by a 3-year SAMHSA grant that ended in November 2010, has received a no-cost extension until September 2011. In addition, Parent to Parent has been incorporated into the current AFF contract in Maricopa County. The sustained program has upheld the integrity of the original project, including maintaining the four main goals, which are to: (1) engage parents into treatment; (2) encourage parents to remain in treatment; (3) assist parents in navigating through the child welfare system; and (4) guide parents through the process of their individual recovery. Parents of substance-exposed newborns continue to be the priority population for these services. The Parent to Parent Program data continues to demonstrate a 50% reduction in the time required to initially engage and assess clients compared with those who are not assigned to a Recovery Coach. Parents who work with a Recovery Coach engage into the substance abuse treatment process 84% of the time and attend an average of 50 days of treatment, while parents without a Recovery Coach only engage 59% of the time and attend 19 days in treatment. Due to the significant positive outcomes realized by this program, AFF is expanding use of these services statewide in the new AFF contracts beginning in SFY2012
- In Northern Arizona, the AFF providers routinely attend TDMs, CFTs and Adult Recovery Team Meetings. The AFF provider in Yavapai County continues to attend approximately 20 TDMs per year, the AFF provider in Coconino County attends 24, and the AFF provider in Apache and Navajo Counties attends an average of 15. In addition, Northern Region providers continue to coordinate services with CPS, the local RBHA providers and other community agencies. Weekly meetings with CPS and local RBHA providers throughout the Region enhance communication among providers to ensure families are receiving quality services.
- Staff from the Mohave County AFF provider, WestCare AZ, continue to attend about 30 CFTs or TDMs per month. WestCare continues to expand their range of available services. In addition to job skill and preparation classes, WestCare trains AFF clients in retail operations through the use of their thrift store. In the store, clients are able to complete community service hours and learn the value of volunteerism, while gaining a marketable skill and work experience. Domestic violence victims groups for females have been added, and more scheduling options have been provided for substance abuse treatment groups. Successfully-recovering male and female alumni manage several of West Care's halfway and sober-living homes, helping prior clients to transition to substance-free and recovery-supported employment. WestCare also

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organizes sober social and community events on a regular basis to help clients support each other in embracing and maintaining recovery.

- All Southeastern Arizona Behavioral Health Services (SEABHS) provider sites use integrated child and adult services based upon the CFT and Adult Recovery Team processes. Peer support providers, known as Recovery Support Specialists (RSS) and Family Support Partners (FSP), provide services at each provider location. Services include outreach to newly referred AFF clients, re-engagement for those who drop out of services, S.M.A.R.T. Recovery groups, Wellness Recovery Action Planning, and assistance in navigating the behavioral health system to assure necessary services are provided. SEABHS has also added ten Employment Specialist positions to provide supported employment, supported education, pre-vocational training, job-seeking and extended employment supports to individuals re-entering the job force. AFF participants are encouraged to use these services as a part of their recovery and aftercare planning.

***The Arizona Substance Abuse Partnership (ASAP)***

The Arizona Substance Abuse Partnership (ASAP) was established by Executive Order (EO) 2007-12 in June 2007. Staffed by the Governor's Office for Children, Youth and Families – Division for Substance Abuse Policy and chaired by the Governor's Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies, federal entities and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment and recovery efforts. It is ASAP's mission to ensure community-driven, agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment, recovery and enforcement professionals. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending.

In January 2008, *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)* was signed, which prioritized substance abuse treatment to families involved in the child welfare system. This executive order dictated that every effort be made to ensure appropriate and immediate substance abuse treatment for parents involved in the CPS system, in order to provide a safe and stable environment for children. ASAP's child welfare strategic focus area was tied to Executive Order 2008-01. The executive order's prioritization of substance abuse treatment services to families involved with CPS marked a systematic change in state planning and policy, and continues to impact the work of ASAP as an overarching paradigm. ASAP took this one step further by adopting drug endangered children as a strategic focus area, which has recently been expanded to include children of incarcerated parents and the child welfare population. This broad focus on drug endangered children, children of incarcerated parents and child welfare ensures that all children impacted by substance abuse receive the state's attention.

ASAP consists of four subcommittees, including a Community Advisory Board, and five strategic focus areas: prescription drugs, underage drinking, child welfare (focusing on treatment, drug-endangered children and children of incarcerated parents), law enforcement and prevention/community partnerships. Action steps carried out by the member agencies help to guide the body, its subcommittees and member agencies in focusing their efforts efficiently and effectively on selected priorities. The four subcommittees include:

- *Arizona Underage Drinking Committee* - The Underage Drinking Committee, along with substance abuse prevention coalitions, sent a letter to the Old Navy company requesting that they

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discontinue selling to youth merchandise that promotes binge drinking, including t-shirts being sold in their stores. As a result, the merchandise is no longer available online or in stores. The committee also planned trainings in the workplace on underage drinking, promoted the use of various training videos and presentations that can be used in “Lunch-and-Learn” sessions to raise awareness, and provided viewers with basic tools and resources related to prevention and intervention of underage drinking. Underage Drinking Committee members participated in a CBS Radio-Phoenix Sunday Sunrise program discussing the consequences of underage drinking and providing tips for parents and other adults to promote a safe prom and graduation season. This program was simultaneously broadcast on three Phoenix radio stations. This was followed by a Governor’s proclamation declaring the months of May and June as Safe Prom & Graduation Season. The Draw the Line campaign and website was updated with additional funding awarded in 2010 from the Parents Commission.

- *Community Advisory Board* – The Community Advisory Board (CAB) created a Facebook page to link communities and coalitions throughout the state. The CAB also completed an inventory of community coalitions across the state, of which there are roughly 100 in Arizona’s tribal and non-tribal communities. This information is included with the CAB Arizona Substance Abuse Prevention Coalition Guide.
- *Methamphetamine Task Force* – In SFY 2011, the Meth Task Force was restructured and merged with the Rural Law Enforcement Methamphetamine Initiative. The goals and focus of the group have shifted to address law enforcement issues in the rural communities of Arizona. Its primary objective is to carry out the goals of the Rural Law Enforcement Meth Initiative (RLEMI) grant, which was awarded to the Meth Task Force. RLEMI state plans address methamphetamine production, distribution and use in rural communities. The initiative completed a needs assessment capturing methamphetamine prevention, services for children affected by methamphetamine use or production, media-based public education efforts, and environmental hazards. Meth Task Force members attended the RLEMI national summit to enhance training and coordination of intelligence-led policing in rural and tribal communities.
- *Substance Abuse Epidemiology Work Group* - The Substance Abuse Epidemiology Workgroup works to ensure that a data-driven decision-making process is used to identify priorities, emerging trends and the state’s capacity to respond. Indeed, all strategic focus areas are addressed through data-driven policies that pay attention to emerging trends and recognize the importance of addressing the unique needs of individuals with co-occurring/morbid conditions.

In SFY 2011, the *Impact of Substance Abuse: A Snapshot of Arizona* report was released by the Substance Abuse Epidemiology Workgroup. This workgroup also disseminated the results from the 2009 Substance Abuse Epidemiology Profile via a poster session at Arizona State University’s Southwest Interdisciplinary Research Center’s 8<sup>th</sup> Annual Research Conference, *Health Disparities: A Global Challenge, A Local Response*.

The Substance Abuse Epidemiology Work Group, the Department and ADHS/DBHS continue to work collaboratively to share data and assess Arizona’s substance abuse treatment capacity. Beginning in late SFY 2010, the Substance Abuse Epidemiology Work Group combined efforts with the Statistical Analysis Center (SAC) of the Arizona Criminal Justice Commission (ACJC) to create and administer a Drug Data Clearinghouse to record substance abuse related data, referred to as the Community Data Project. The Community Data Project website was completed in September 2010. The website uses an interactive format to increase the use of data by policy

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makers, substance abuse prevention coalitions, and others making decisions about substance abuse prevention, treatment, enforcement and recovery. The website provides a variety of indicators, data sources and locales for the user to build a data report. It also has some ability to build a graphic report and/or map for the user. The website is located at: [www.bach-harrison.com/arizonadataproject/](http://www.bach-harrison.com/arizonadataproject/).

In addition, the Substance Abuse Epidemiology Work Group submitted questions to St. Luke's Health Initiative (SLHI) regarding adult illicit drug and prescription drug misuse and veteran status to be included in the Arizona Health Survey piloted by St. Luke's. This effort is intended to close a data gap in Arizona among the non-institutionalized adult population.

The Drug Endangered Child (DEC) Alliance, part of ASAP's connection with child welfare, has broadened its focus to include children of incarcerated parents. The DEC and the incarcerated parents initiative merged their training materials and created an exercise in which participants discuss the steps their agencies would take in a drug-endangered child scenario. The exercise sparks a group discussion about how treatment services would be determined and administered, and how systems could determine the presence of other children in the home and other reasons to report to CPS. The DEC Alliance established four work groups to create a Law Enforcement Risk Assessment Tool, created a Memo of Understanding between represented agencies and will revise the DEC protocols. New DEC protocols will include details about the behavioral health referral process and add questions to the meth lab investigation form about the behavioral health needs of the child. The DEC continues to conduct train-the-trainer sessions in rural counties. The National Guard provided the DEC Alliance with a full time employee to act as a DEC Coordinator.

The Division's Office of Prevention and Family Support continues to participate in the Governor's Arizona Substance Abuse Partnership and its Meth Task Force subcommittee. The following are additional efforts concerning the Division, DBHS and/or Governor's Office initiatives:

- The Access to Recovery (ATR) grant was due to expire in 2010. The Governor's Office Division of Substance Abuse Policy (DSAP) requested a carryover of unused funding to continue providing services through the Yavapai and Pima Counties Drug Courts and through COPE, Inc. in Tucson. This request was approved. Arizona made additional applications for funding from later phases of the ATR program, but these were not awarded in Arizona.
- According to data collected by DSAP from the Government Performance & Results Act Services & Accountability Improvement System website, as of August 31, 2010, there had been 1,267 ATR intakes completed. Of the ATR vouchers issued and redeemed, the top three categories were assessment/screening, housing and other case management services.
- Members of the Meth Task Force and the Arizona Drug Endangered Children (DEC) Alliance provided training to seven tribal communities to support the creation of DEC protocols in tribal communities. Several years ago, the DEC Coordinator secured a recreational vehicle (RV) that was customized to accommodate children who are found in a methamphetamine laboratory. The RV can be dispatched to any location in the state when law enforcement notifies DEC of a meth lab seizure or raid. During 2010, funding and donations were secured to update the RV with the new DEC logo and to provide necessary supplies (videos, games, snacks, diapers, formula, extra clothing) to maintain the children in the RV until CPS can arrive and take custody.

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- In early SFY 2011, ADHS/DBHS began statewide implementation of the American Society of Addiction Medicine's Placement Patient Criteria 2<sup>nd</sup> Edition Revised (ASAM-PPC 2R). Once adopted, this process will serve as the uniform criteria for assessing a client's addiction severity and determining the most appropriate level of care to effectively meet their clinical need. A Train-the-Trainer ASAM training was conducted by national ASAM expert, Dr. Mee-Lee, in July 2010. Throughout SFY 2011, the RBHAs have been provided the mandatory training necessary to ensure their staff are capable of using ASAM-PPC 2R proficiently. The RBHAs will then be required to provide ASAM training to their contracted agencies' staff. It is anticipated that the ASAM-PPC 2R will be uniformly used by early SFY 2012. In SFY 2011, there has been some discussion by ADHS/DBHS to expand the use of ASAM-PPC 2R to the title XIX adolescent population.
- In early SFY 2012, ADHS/DBHS will be eliminating the use of the mandated Behavioral Health Assessment and Service Plan tool due to barriers to clinical engagement, development of rapport and clinical flexibility caused by its length and cumbersome nature. In its place, DBHS will require submission of key demographic elements and identify standard clinical elements assessments should contain. DBHS will also work with stakeholders to develop minimum competency standards (known as Privileging and Clinical Supervision Guidelines) for those conducting behavioral health assessments and developing service plans under the new format.

***Housing Assistance***

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification or permanency. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits and utility arrearages. Housing assistance payments can only be made if other community resources are not available. Eligibility requirements include that at least one child in the family is involved in an open CPS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the U.S.

This program is available statewide, following verification of the applicant's citizenship. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. Due to the state's budget shortfalls, effective March 31, 2009, the maximum amount of money available to individual families through this program was reduced from \$1,800 to \$900. In March of 2010, the maximum benefit amount was restored to \$1,800. The temporary change to the maximum benefit amount resulted in a very significant reduction of monies expended in SFY 2009 and an even larger reduction in SFY 2010. In addition, the citizenship requirement likely contributed to a decrease in the number of eligible families. Reductions in SFY 2010 expenditures can also be attributed to the award of Family Unification Program (FUP) grants to three Arizona communities. The FUP housing grants were made available to families in open CPS cases, and 148 families were able to use the FUP as a resource to address their housing needs in SFY 2010. In SFY 2010:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 511 children within 206 families, statewide. This was a notable decrease from the 1,682 children and 661 families served in SFY 2009.
- The total amount expended statewide decreased from \$792,417.45 in SFY 2009 to \$193,176.89 in SFY 2010.

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- An estimated \$2,167,800 would have been expended by the Division for foster care maintenance if the 511 children who benefited from Housing Assistance during SFY 2010 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SFY 2010 Housing Assistance Program Expenditures of \$193,176.89, there is a cost avoidance of \$1,974,600.

**2. Out-of-Home Children Services**

***Permanency Planning***

Permanency planning services are provided for all families who are the subject of an ongoing services case with CPS. CPS 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 family, linked to the safety threats and risks identified through the CSA-SRA process, and written in behavioral language so the family clearly understands the changes and activities necessary to achieve reunification or another permanency goal.

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 Family Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by the Adoption and Safe Families Act. Arizona law also requires a permanency hearing within six months of the child's removal from the home, for children younger than three. At the time of the child's initial removal pursuant to court order, the parent(s) are also informed that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. Concurrent permanency planning is required in cases where there is a poor prognosis of reunification within twelve months of the child's removal. The Division conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Division involvement. Follow-up and support services are put in place to ensure a safe and successful reunification.

A permanency plan of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption second only to family reunification. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights shall not be initiated when it has been determined that such action is not in the child's best interests and this decision is approved by the District Program Manager or designee. All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living as another planning permanent living arrangement. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for CPS Specialists to ask families when gathering information to assess strengths and functioning in each risk domain. The recommended questions are open-ended, non-confrontational and phrased to engage family members in the identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support

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achievement of the permanency goal and address the child's educational, physical health and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. CPS Specialists arrange and monitor services to address risks within the home, maintain family relationships and support timely achievement of the permanency plan; facilitate information sharing among team members; and report progress and barriers to the Juvenile Court and Foster Care Review Board (FCRB).

***Placement and Placement Support***

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

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

Placement types include licensed or court approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers and independent living subsidy arrangements. By court order a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona Statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest. Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation. Within 30 days of a child's placement in out-of-home care, the Division must try to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the CPS 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 CPS Specialist can use the state's Parent/Relative Locate program for a professional search by a contracted agency.

The CSA-SRA-Case planning process, Team Decision Making (TDM) meetings and Child and Family Team (CFT) meetings are used to identify caregivers, services and supports to meet each child's needs. A TDM meeting is held for most removals or potential removals, during which parents, family members, CPS staff and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and proximity to the birth family.

Policy requires that the Division promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan

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specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys and CPS. Among other information, the written case plan identifies the child's educational, physical health and mental health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

- ensuring every child in out-of-home care has an individualized Out-of-Home Care Plan included in the case plan;
- providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;
- reviewing each case every 6 months, through the Foster Care Review Board process or the Department's Administrative Review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being and service needs – including visiting alone with the child if verbal.

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

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

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

The Division informs potential kinship caregivers of financial and non-financial services available to them, and offers a grievance process when placement of the child in the home is denied. The Division has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers. CPS Specialists are encouraged to discuss foster care licensing with kinship foster caregivers. Licensing enables kinship foster caregivers to receive the same foster care payment rate as non-kin licensed foster parents. Kinship caregivers are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure,

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kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. Select Home Recruitment, Supervision and Support (HRSS) contracted providers in Maricopa County provide targeted support and training to kinship families interested in licensure. The Division provides and facilitates other support and training to kinship families directly or in partnership with contracted agencies or community resources.

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. See Section III, Part 4 for more information on these services.

Kinship and resource family support centers that support permanency and placement stability are operating in Phoenix and Tucson. These centers are dedicated to the creation and preservation of adoptive, foster, kinship and guardianship families. The Centers provide a place for families to gain access to information, and community professionals who can help them build happy healthy families. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. The Pima County KARE Center exists entirely to support kinship caregivers, including kinship caregivers not associated with CPS. The KARE Center provides financial, legal, and emotional support and outreach, and advocacy training for kinship caregivers.

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

The Interstate Compact on the Placement of Children (ICPC) is a contract between and among the 50 states, which standardizes national procedures to ensure suitable placement and supervision for children placed across state lines. Any person, court, or public or private agency wishing to place an Arizona child for care in another state must proceed through the ICPC. Likewise, any person, court, public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona Deputy 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." Arizona received 1,326 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2010; significantly more than the 993 requests in FFY 2009. Arizona made 1,038 requests to other states for home studies.

**3. Adoption Promotion and Support Services**

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

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include: placement of the child on the Central Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services.

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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. Adoption promotion and support services also include post-adoption individual, group or family counseling services for adoptive children, adoptive parents and the adoptive parents' other children. These counseling services supplement the services that are available through the title XIX behavioral health system. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The adoptive placement preference order is (1) grandparents; (2) kinship care with another member of the child's extended family, including a person who has a significant relationship with the child (such as a foster parent); or (3) non-relatives without a prior relationship to the child. Contracts for foster care and adoption home study, recruitment and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system and children with special needs. The Division and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The agencies are also being requested to recruit homes in specific geographical areas.

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

Arizona was awarded \$584,582 in Adoption Incentive payments in FFY 2010. This money was used to support adoptive home recruitment resources and efforts.

***Adoption Subsidy***

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

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the Adoption Subsidy program grew from 12,992 on September 30, 2009 to 14,559 on September 30, 2010. In FFY 2009, 1,567 new special needs adoptions were subsidized and the Department reimbursed \$1,701,431.91 of nonrecurring adoption expenses.

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

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- Adoption subsidy policy continues to be included in the Children's Services Policy Manual, which is available on the Division's internet and intranet sites.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children.
- Adoption subsidy staff participated in the November National Adoption Day celebrations.
- The Lodestar Family Connections Center in Phoenix and the KARE Family Centers in Tucson, Phoenix and Yuma continue to be valuable post-adoption resources used by families. The Division continues to identify new community resources for all children eligible for adoption subsidy.

More information on the Division's programs and activities to promote and support adoption is located in Section III, Part 4, A.8. *Foster and Adoption Home Licensing, Approval, Recruitment and Retention.*

***Inter-country Adoption Act of 2000 (ICCA)***

The ICCA seeks to ensure that inter-country adoptions are in the child's best interests and protect the rights of children, birth families and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system receive the same services as any other child in out-of-home care.

Case information was reviewed for each child who entered out-of-home care during FFY 2010 and was identified in CHILDS as having been previously adopted. This review identified two children who entered out-of-home care in FFY 2010 and were the subject of an inter-country adoption ending in dissolution.

- One child was previously adopted from Ethiopia. That adoption was dissolved and the child was adopted by a single mother in Arizona. The child entered the Department's custody from this second adoption in January 2010 because her adoptive mother was concerned for the safety of her other child. The adoptive mother signed relinquishments in May 2010 and her parental rights were terminated in June 2010. The child's current permanency goal is adoption.
- Another child was adopted from Russia at age two by a married couple. The adoption agency was Child Help International. The couple divorced and the child resided primarily with the mother. The child was placed in a therapeutic foster home and his mother refused to have him return home due to his behavior problems. The Department took custody in June 2010. The mother relinquished her parental rights and efforts were made to reunify with the father. Reunification efforts were not successful and current plans are to find a permanent placement for the child.

Two other children who were previously adopted from outside the United States entered out-of-home care in FFY 2010, however these adoptions did not end in dissolution. These children are receiving behavioral health services and the plan is Long Term Foster Care.

#### **4. Subsidized Guardianship and Independent Living Services**

##### ***Subsidized Guardianship***

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody and control of the Department. These are children for whom reunification and adoption has been ruled out as unachievable or contrary to the child's best interest. Medical services are provided to title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of services. Many of the permanent homes supported by the Subsidized Guardianship program are kinship placements.

This program is available statewide to children exiting out-of-home care to permanent guardianship. The average number of children per month receiving guardianship subsidy benefits during FFY 2010 was 2,367, which was a 3.4% increase over the average of 2,289 children per month in FFY 2009 and a 9.6% increase over the average of 2,159 children per month in FFY 2008.

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

Youth and Division staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood; and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age 16 and older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age 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 Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Just over 10% of children in out-of-home care on September 30, 2010 had a permanency goal of independent living. This percentage has remained stable at 10% to 13% over the last several years. The number of youth served by Arizona's Young Adult Program has decreased slightly, from 1,502 in CY 2009 to 1,343 in CY 2010.

State policy allows youth to continue to receive Division services and supports to age 21 through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, ages 18 through 20, who were in out-of-home care and in the custody of the Department while age 16, 17 or 18. 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 2010, 201 former foster youth were served by this program – a slight increase from the 197 former foster youth served in CY 2009.

##### ***Young Adult Transitional Insurance (YATI)***

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are

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Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 21, regardless of income. Approximately 500 additional youth who reached the age of 18 while in foster care during the last year will benefit from this program.

***Education and Training Vouchers***

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

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2011*.

**B. Outcomes, Goals and Measures**

To integrate the CFSR process and the Child and Family State Plan, most of the Department's CFSP outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's permanency outcomes and goals is measured using the state's Practice Improvement Case Review and the CFSR permanency composite data, which is generated from the state's Adoption and Foster Care Analysis and Reporting System (AFCARS) files. The FFY 2008, FFY 2009 and FFY 2010 CFSR permanency composite data included in this report is from the CFSR Data Profile generated by the U. S. DHHS on March 29, 2011.

Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data that serves as the baseline for many of the Division's goals. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and measures progress on many of the permanency goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. CHILDS and the PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. More information on the Practice Improvement Case Review is located in Section III, Part 4, A.3. *Quality Assurance System*.

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

**CFSR Item 5: Foster Care Re-entries**

Permanency Goal 1: The percentage of all children who discharged to reunification in the 12 months prior to the year shown who *do not* re-enter out-of-home care in less

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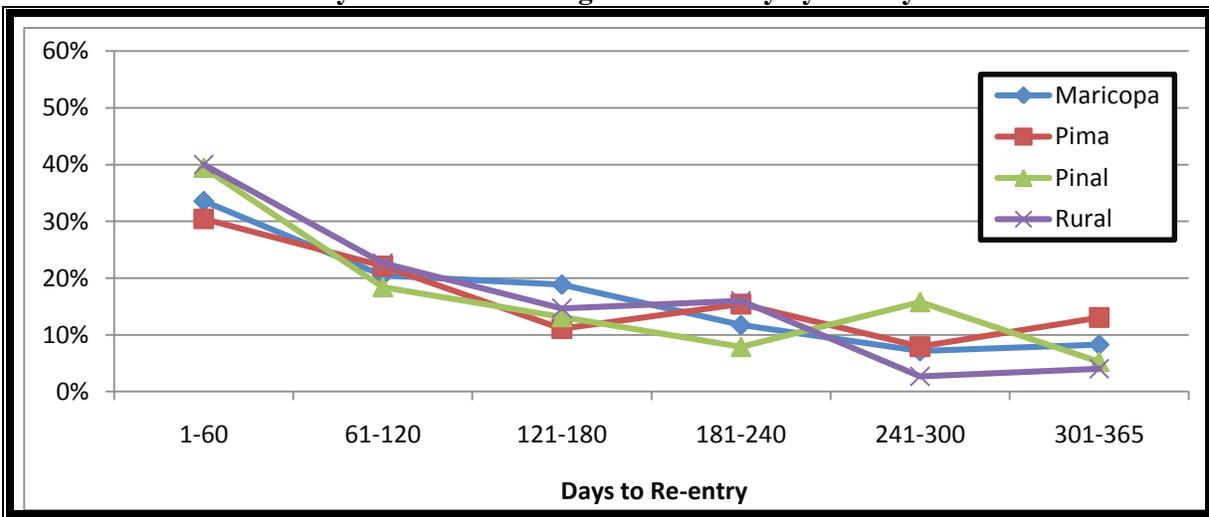
than 12 months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

FFY 2008	79.1%
FFY 2009:	80.7%
FFY 2010:	82.2%

Arizona continues to prevent re-entry for more than eight of every ten children who exit to reunification. However, the state's performance has remained below the CFSR national target of 90.1% and the national median of 85.0%. Arizona did improve the prevention of re-entry in FFYs 2009 and 2010.

Data from the last few years has consistently shown that children are most likely to re-enter care within the first 60 days after discharge. Statewide, of the children who entered care in FFY 2010 and within 365 days of a prior exit (the CFSR Round 1 re-entry measure), 33% re-entered within 60 days of the prior exit and 21% re-entered within 61 to 120 days. The percentage continues to drop, lowering to 7% within 241 to 300 days and 9% within 301 to 365 days of the prior exit. The following chart shows the days to re-entry for children who entered care in FFY 2010 and within 365 days of the prior exit, for each of the three most populous counties and the combined rural counties. This data excludes young adults who were 18 or older at the time of re-entry and includes re-entries from any prior exit reason.

**Days between Discharge and Re-entry by County**



**CFSR Item 6: Placement Stability**

Permanency Goal 2: Of children served in out-of-home care for at least 8 days but less than 12 months, the percentage who had two or fewer placement settings will be 86.0% or more (CFSR Data Profile, C4-1)

FFY 2008:	85.8%
FFY 2009:	85.7%
FFY 2010:	86.1%

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Permanency Goal 3: Of children served in out-of-home care for at least 12 months but less than 24 months, the percentage who had two or fewer placement settings will be 65.4% or more (CFSR Data Profile, C4-2)

FFY 2008:	63.0%
FFY 2009:	66.8%
FFY 2010:	69.9%

Permanency Goal 4: Of children served in out-of-home care for at least 24 months, the percentage who had two or fewer placement settings will be 41.8% or more (CFSR Data Profile, C4-3)

FFY 2008:	31.6%
FFY 2009:	32.0%
FFY 2010:	37.2%

Placement stability is an area of strength for Arizona. Placement stability improved for all three CFSR measure populations between FFY 2008 and FFY 2010. In FFY 2010, Arizona exceeded the national 75<sup>th</sup> percentile for permanency goals 2 and 3 (CFSR measures C4-1 and C4-2), and achieved significant improvement on permanency goal 4 (CFSR measure C4-3). Arizona exceeded the CFSR national standard composite score on placement stability during FFY 2010. The following data further indicates that the vast majority of children experience placement stability while in out-of-home care:

- The median number of placements for children who exited care has maintained at one since FFY 2002. The average number of placements for children who exited has been between 2.3 and 2.5 in FFYs 2008, 2009 and 2010 (*Child Welfare Reporting Requirements Semi-Annual Report*).
- In FFYs 2008, 2009 and 2010, 73% to 75% of children who exited care had experienced two or fewer placements (*Child Welfare Reporting Requirements Semi-Annual Report*).
- Arizona's performance on CFSR Round 2 measure C4-1 is affected by the large percentage of children exiting care within 7 days of removal, which was 23% in FFY 2008, 20% in FFY 2009 and 18% in FFY 2010 (CFSR Data Profile). These children commonly have only one placement while in care, but are excluded from the placement stability measure on children in care less than 12 months. Of children served during the year who have been in foster care less than twelve months (including those in care 7 days or less), the percentage who experienced no more than two placement settings has remained at 88% to 89% in FFYs 2008, 2009 and 2010 (Division report based on AFCARS, Report 43). This exceeds the Round 1 CFSR national standard of 86.7%.
- The percentage of children in the first-time entry cohort who entered care in the first half of the year and had experienced two or fewer placements by the last day of the year or their date of exit has been increasing, from 84.3% in FFY 2008, 85.3% in FFY 2009 and 86.1% in FFY 2010 (CFSR Data Profile).
- Placement stability has continually improved since FFY 2004. The state's composite score increased in all years, from 85.2 in FFY 2004 to 95.9 in FFY 2008, 97.9 in FFY 2009 and 101.6 in FFY 2010. Arizona's score in FFY 2010 exceeded the national standard of 101.5 (CFSR Data Profile).

**CFSR Item 7: Permanency Goal for the Child**

Permanency Goal 5: The percentage of cases where the child's permanency goal is appropriately matched to the child's needs and established in a timely manner, and ASFA TPR requirements are met will be 95% or more (Out-of-Home PICR Item 2)

CFSR On-Site 2007:	80%
PICR CY 2009:	78%
PICR CY 2010:	82%

In 87% of cases reviewed, the permanency goal being pursued for the child was appropriate and had been established timely in the case plan or with the court. However, some cases were rated as needing improvement on PICR Item 2, *Permanency Goal for the Child*, because a motion for TPR had not been filed within required timeframes and a compelling reason to not file a TPR motion was not documented in the case plan or court documents. In some of these cases there did appear to be a compelling reason, but that reason was not clearly documented in the record.

Of children in care on September 30, 2010, 53% had a permanency goal of reunification, 23% had a goal of adoption, 10% independent living, 2% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 3% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). A goal was not yet established for the remaining 9% of children because they had recently entered out-of-home care. There has been very little change in these percentages since FFY 2009 (*Child Welfare Reporting Requirement Semi-Annual Report*).

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**CFSR Item 8: Reunification, guardianship, or permanent placement with relatives.**

***Goals and Measures***

Permanency Goal 6: Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less will be 75.2% or more (CFSR Data Profile, C1-1)

FFY 2008:	64.6%
FFY 2009:	68.4%
FFY 2010:	65.9%

Permanency Goal 7: Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the median length of stay will be 5.4 months or less (CFSR Data Profile, C1-2)

FFY 2008:	8.4 months
FFY 2009:	8.3 months
FFY 2010:	9.0 months

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Permanency Goal 8: Of children who entered care for the first time in the 6 months prior to the year shown and remained in care for 8 days or longer, the percentage who discharge to reunification within 12 months of removal will be 48.4% or more (CFSR Data Profile, C1-3)

FFY 2008:	33.4%
FFY 2009:	31.7%
FFY 2010:	30.2%

More than half of all children served in out-of-home care by the Division discharge to reunification, and reunification is being achieved within twelve months for the large majority of these children. From FFY 2005 through FFY 2010, 78% to 82% of children who exited to reunification (including those who exited in less than eight days) did so within twelve months of their most recent removal (*Child Welfare Reporting Requirement Semi-Annual Report*). CFSR measures C1-1, C1-2 and C1-3 exclude children who reunified in less than eight days. In FFY 2010, 18% of children exited in one week or less after removal. Most of these children exited to reunification (CFSR Data Profile).

The average months in care for all children exiting to reunification was 7.0 in the last half of FFY 2008, 7.3 in the last half of FFY 2009 and 8.0 in the last half of FFY 2010. The median months in care for these children increased from 2.1 months in the last half of FFY 2008, to 4.4 months in the last half of FFY 2009 and 5.8 in the last half of FFY 2010 (*Child Welfare Reporting Requirements Semi-Annual Report*). In other words, half of all children who exited to reunification in the last half of the FFY 2010 spent less than six months in out-of-home care. The percentage of children served who exited in one week or less decreased from 23% in FFY 2008, to 20% in FFY 2009 and 18% in FFY 2010 (CFSR Data Profile). It may be that some short stays were avoided altogether, thus increasing the median time in care for those who did enter care.

Although timely reunification is achieved for many children, Arizona has not yet reached the CFSR national standard composite score of 122.6 for Timeliness and Permanency of Reunification. In FFY 2010, Arizona's score was 98.5. The composite score improved to 100.5 in CY 2010 and 100.2 in the twelve months ending March 2010. Arizona's PIP target goal is a composite score of 104.4.

Performance on CFSR measures C1-1, C1-2 and C1-3 declined in FFY 2010, following some improvement on measures C1-1 and C1-3 in FFY 2009. Other reunification data confirms that time to achieve reunification increased in FFY 2010 (CFSR Data Profile).

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**CFSR Item 9: Adoption**

***Goals and Measures***

Permanency Goal 9: Of children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 36.6% or more (CFSR Data Profile, C2-1)

FFY 2008:	38.5%
FFY 2009:	40.7%
FFY 2010:	47.6%

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Permanency Goal 10: Of all children who exited out-of-home care to adoption, the median length of stay will be 27.3 months or less (CFSR Data Profile, C2-2)

FFY 2008:	26.4 months
FFY 2009:	26.1 months
FFY 2010:	24.5 months

Permanency Goal 11: Of all children in care on the first day of the year who were in care for 17 continuous months or longer (and by the last day of the year had not exited to live with relative, reunify or guardianship), the percentage that exited to adoption by the last day of the year will be 22.7% or more (CFSR Data Profile, C2-3)

FFY 2008:	36.0%
FFY 2009:	37.0%
FFY 2010:	41.2%

Permanency Goal 12: Of all children in care on the first day of the year who were in care for 17 continuous months or longer and were not legally free for adoption prior to that day (and by the end of the first six months had not exited to live with relative, reunify or guardianship), the percentage that became legally free for adoption during the first six months of the year will be 10.9% or more (CFSR Data Profile, C2-4)

FFY 2008:	15.6%
FFY 2009:	18.2%
FFY 2010:	21.4%

Permanency Goal 13: Of all children who became legally free for adoption in the 12 months prior to the year shown, the percentage that exited to adoption in less than 12 months of becoming legally free will be 53.7% or more (CFSR Data Profile, C2-5)

FFY 2008:	59.8%
FFY 2009:	65.0%
FFY 2010:	66.9%

Arizona is exceeding the national standard composite score of 106.4 on CFSR Permanency Composite 2: Timeliness of Adoptions. The state's score has been improving for the last several years, from 110.8 in FFY 2004 to 166.5 in FFY 2010. For all five adoption measures, Arizona has performed better than the national median and the national target goal in FFYs 2008, 2009 and 2010. Improvement since FFY 2000 has been dramatic. The percentage of children exiting to adoption who did so within 24 months of removal increased from 18.4% in FFY 2000 to 47.6% in FFY 2010, and the median length of stay for children exiting to adoption decreased from 37.4 months in FFY 2000 to 24.5 months in FFY 2010.

The *Child Welfare Reporting Requirements Semi-Annual Report* provides additional data related to adoption, including the following:

- The percentage of children in care on the last day of the FFY with a goal of adoption ranged from 21% to 23% between FFY 2004 and FFY 2007; decreased to 18% in FFY 2008; but increased again to 25% in FFY 2009 and 23% in FFY 2010.

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- An increasing percentage of children are exiting out-of-home care to adoption. Adoption was the exit reason for 19.9% (1,468) of exits from out-of-home care in FFY 2007, 21.4% (1,562) of exits in FFY 2008, 22.1% (1,655) of exits in FFY 2009, and 28.9% (2,025) of exits in FFY 2010.
- Of children in care with a goal of adoption on September 30, 2010, 50% were age five or younger, 18% were age 6 to 8, 19% were age 9 to 12, and 14% were age 13 to 17.
- Of children in care with a goal of adoption on September 30, 2010, 73% were legally free for adoption (up from 68% in FFY 2009); and 86% were placed in an adoptive home.
- Of the 991 children who exited to adoption during the last half of FFY 2010, 71% experienced two or fewer placements, 21% were in three or four placements, and 8% had five or more placements. This data indicates increased placement stability for children exiting to adoption, compared to the six month period ending September 30, 2009. Of children who exited to adoption during the last half of FFY 2009, 63% experienced two or fewer placements, 25% were in three or four placements, and 12% had five or more placements.
- In FFYs 2007 through 2009, more than one-third of children who exited to adoption were in their adoptive placement for at least two years at the time of adoption. In FFY 2010, this percentage was 32%. This data suggests that identification of an adoptive placement is *not* a barrier to the adoption of many of the children who exit in more than 24 months from removal.

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**CFSR Item 10: Other planned permanent living arrangement**

***Goals and Measures***

Permanency Goal 14: Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship or live with other relatives) prior to their 18<sup>th</sup> birthday and by the end of the year will be 29.1% or more (CFSR Data Profile, C3-1)

FFY 2008:	36.3%
FFY 2009:	36.7%
FFY 2010:	39.8%

Permanency Goal 15: Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home (reunification, adoption, guardianship or live with other relatives) prior to their 18<sup>th</sup> birthday will be 98.0% or more (CFSR Data Profile, C3-2)

FFY 2008:	93.8%
FFY 2009:	93.7%
FFY 2010:	95.7%

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Permanency Goal 16: Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their 18<sup>th</sup> birthday while in out-of-home care, the percentage that was in out-of-home care for 3 years or more will be 37.5% or lower (CFSR Data Profile, C3-3)

FFY 2008:	35.1%
FFY 2009:	36.2%
FFY 2010:	31.4%

Permanency Goal 17 Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage in which concerted efforts were made to provide services to prepare the child for independent living and to place the child in a permanent living arrangement will be 95% or more (CFSR On-site; Out-of-Home PICR Item 4)

CFSR On-Site 2007:	36% (of 11 cases)
PICR CY 2009:	71% (of 17 cases)
PICR CY 2010:	81% (of 21 cases)

The CFSR Data Profiles indicate that Arizona has achieved the national standard of 121.7 on Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time. Arizona's score improved from 118.7 in FFY 2005 to 136.0 by FFY 2008, 136.1 in FFY 2009, and 144.9 in FFY 2010.

In FFY 2010 Arizona was performing much better than the national target on measure C3-1, and just 2.3 percentage points below the target for measure C3-2. This data demonstrates that the Division is successfully achieving permanency for youth whose length of time in care or legal status of free for adoption suggests the child is ready to reach permanency. Both measures are affected by the Division's termination of parental rights and adoption practices. Of children who had been in care for 24 months at the start of the year (the denominator for measure C3-1), 56% had a most recent goal of adoption at the end of the year, which indicates it is the intent of the Division to achieve adoption for more than half of these children. Adoption was in fact the exit reason for 61% of the children who had been in care for 24 months or more at the start of the year and exited during the year.

Arizona is also performing better than the target on measure C3-3. Of youth who turned 18 in care or exited before age 18 to a reason of age of majority in FFY 2010, 68.6% had been in care for three years or less. That is, 68.6% of these youth were age 15 or older when they entered out-of-home care.

For children exiting to age of majority in the last six months of the year, the average time in care continued to increase, from 38.8 months in the last half of FFY 2008, to 41.1 months in the last half of FFY 2009, and 45.7 months in the last half of FFY 2010. The median time in care also increased, from 28.2 months in the last half of FFY 2008, to 30.7 months in the last half of FFY 2009 and 30.9 months in the last half of FFY 2010 (*Child Welfare Reporting Requirements Semi-Annual Report*). This data includes youth that choose to remain in care after their eighteenth birthday, which is a positive outcome encouraged by the Division while the youth is obtaining an educational degree or other milestones in the transition to adulthood.

Youth who exited to age of majority had less placement stability than other youth who left care. In the last half of FFYs 2009 and 2010, more than half of the youth who exited to age of majority experienced five or more placements in the current removal episode. In the last half of FFY 2010, 20% experienced just one or two placements. Of all children exiting care, to any exit reason, in the last half of FFY 2010,

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7% experienced five or more placements and 74% had just one or two placements (*Child Welfare Reporting Requirements Semi-Annual Report*).

Current and former foster youth continue to benefit from services designed to assist youth ages 16 or older. Data on participation in services includes the following:

- AYAP or transitional living support services continue to serve many current and former foster youth. Between CY 2009 and CY 2010, the number of youth receiving these services decreased slightly, from 1,699 to 1,544. Youth served are primarily age 16 or older, and may have a goal of independent living or another goal.
- From CY 2009 to CY 2010 the total number of youth who elected to remain in voluntary care after their 18<sup>th</sup> birthday decreased from 909 to 849. While this number decreased, other data shows that more youth who chose to remain in care past age 18 also chose to remain to age 21. In CY 2009, 11% of youth who remained in care past age 18 stayed to age 21, and this percentage increased to 28% in CY 2010. This data demonstrates the success of the Division's efforts to spread the word about the availability of continued care, encourage youth to take the option and provide positive experiences so youth want to stay in care.
- The Independent Living Subsidy Program (ILSP) provides financial assistance and supportive services to assist older youth in care to maintain a stable living arrangement and permanent connections with caring adults up to age 21. In the past year, 36% of eligible youth participated in ILSP services, which was below the Division's goal of 40%. This decrease may be attributed to an increased need for supervised placements for older youth who have significant mental health problems.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) decreased very slightly between SFY 2009 and 2010, from 369 to 360 students.

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

**CFSR Item 11: Proximity of foster care placement**

This area was identified as a strength in 97% of applicable cases reviewed in Arizona's 2007 CFSR On-Site Review. The 2007 CFSR Final Report states that "in 97 percent of the cases, reviewers determined that DCYF had made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives, or that were necessary to meet special needs."

Of children in care and placed in Arizona on September 31, 2010, for which the removal and current zip codes are available, 28% were placed within their removal zip code, 56% were placed within their removal city and 89% were placed within their removal county. The remaining 11% of children were placed within Arizona, but in a different county than the one in which they were living at removal. Children placed out of state are excluded from this data because it is assumed they have been placed via an ICPC agreement with a relative or have been placed out of state to meet their therapeutic needs.

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**CFSR Item 12: Placement with siblings**

Permanency Goal 19: Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 85% or more.

9/30/08:	63%
9/30/09:	63%
9/30/10:	65%

Permanency Goal 20: Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 95% or more.<sup>3</sup>

9/30/08:	84%
9/30/09:	77%
9/30/10:	78%

This area was identified as a strength in the 2001 and 2007 CFSR on-site reviews. The 2007 CFSR Final Report stated that “in 95 percent of the applicable cases, reviewers determined that the agency placed siblings together in foster care whenever possible and appropriate,” and “Stakeholders ... expressed the opinion that the agency makes concerted efforts to place siblings together. They noted that when siblings cannot be placed together, usually because of the size of the sibling group, the agency makes concerted efforts to place them in close proximity so that they can have frequent visitation.” The number of cases with a sibling group in care on the last day of the year increased from 1,901 on the last day of FFY 2008 to 2,057 on the last day of FFY 2009 and 2,190 on the last day of FFY 2010. In FFY 2010, 78% of these cases had at least two siblings placed together, and in more than six of ten cases all siblings were placed together. This measure provides an indicator of change, but is limited in its ability to describe the experience of children in out-of-home care. The data can not account for the reasons for separation. Furthermore, a case is identified as “siblings placed together” if two children are placed together on the given day, even if the children spent other days in separate placements.

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**CFSR Item 13: Visiting with parents and siblings in foster care**

Permanency Goal 21: The percentage of cases where children in out-of-home care 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 (CFSR On-site; Out-of-Home PICR Item 5)

CFSR On-Site 2007:	69%
PICR CY 2009:	68%
PICR CY 2010:	54%

In CY 2010, 82% of cases reviewed through the PICR were rated strength in relation to visitation frequency between the child and mother, 62% were rated strength in relation to visitation frequency between the child and father, and 70% were rated strength in relation to visitation frequency between the child and siblings.

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<sup>3</sup> This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.

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**CFSR Item 14: Preserving Connections.**

Permanency Goal 22: Of all American Indian children who exited care during the year, the percentage who exit to permanency before age 18 (do not exit to *age of majority* or *runaway*) will be 95% or more (Report 43 flat file)

FFY 2008:	90%
FFY 2009:	89%
FFY 2010:	90%

Permanency Goal 23: Of all American Indian children served during the year, the percentage whose most recent placement is/was with a relative foster family or on a trial home visit with a parent will be 50% or more (Report 43 flat file)

FFY 2008:	28%
FFY 2009:	33%
FFY 2010:	33%

Preservation of connections was found to be a strength in 84% of cases reviewed during the 2007 CFSR On-site Review. The Division is currently monitoring data on maintenance of family connections for American Indian children. The Division has maintained its performance in relation to exits of American Indian children to permanency before age 18 and the percentage of American Indian youth living with a relative or parent. Further improvement is needed in order to reach the Division's target performance level.

See Section III, Part 2, CFSR Items 11, 12, 13, 15 and 16 for information on the state's effectiveness at placing children in close proximity to the parent(s); placing with siblings; visitation with parents and siblings, placing with relatives, and promoting shared parenting and parental involvement in child related activities other than visits. Achievement of these outcomes is closely linked to the state's ability to maintain connections to neighborhood, community, faith, family, tribe, school and friends.

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**CFSR Item 15: Relative Placement**

Permanency Goal 24: The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (CFSR On-site; Out-of-Home PICR Item 6)

CFSR On-site 2007:	73%
PICR CY 2009:	76%
PICR CY 2010:	74%

Of children in out-of-home care on September 30, 2010, 35% were placed with a relative, up from 33% on September 30, 2008, and 34% on September 30, 2009 (*Child Welfare Reporting Requirements Semi-Annual Report*). This data underestimates to an unknown degree the percentage of children placed with relatives, because identification of licensed relative placements requires an additional documentation step that is not consistently completed. In addition, many families are served voluntarily while the children temporarily reside with relatives, preventing removal and dependency. These children are not in the state's out-of-home care population and therefore are not included in this statistic.

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The child was placed in a stable relative placement in 44% of the cases reviewed during the Practice Improvement Case Review in 2010. In 57% of the remaining 65 applicable cases a sufficient search for maternal and paternal relatives was conducted during the period under review.

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**CFSR Item 16: Relationship of child in care with parents.**

During the 2007 CFSR On-site review, 61% of cases were rated strength on Relationship of child in care with parents. This area is not currently evaluated through the Division's Practice Improvement Case Reviews.

**C. Accomplishments and Factors Affecting Performance**

The Division has strong performance in relation to several permanency outcomes, particularly placement stability, assignment of appropriate and timely permanency goals, timely adoption and provision of services to young adults. Despite high caseloads, in FFY 2010 the Division improved outcomes or maintained outstanding performance in the following permanency areas:

- The percentage of children that did not re-enter care within twelve months of reunification improved from 80.7% in FFY 2009 to 82.2% in FFY 2010.
- Performance improved in all three CFSR placement stability measures and Arizona achieved the placement stability national composite score target goal for the first time in FFY 2010.
- The percentage of cases in which reviewers found that timely and appropriate permanency goals had been assigned and ASFA TPR requirements were met increased from 78% of cases reviewed in CY 2009 to 82% of cases reviewed in CY 2010.
- Arizona continued to perform well above the national target goals on all five measures within the timeliness of adoption CFSR composite. Arizona's adoption outcomes are among the best in the nation.
- Arizona's performance improved in all three of the CFSR measures on permanency for children and youth in care for long periods of time. Arizona's performance is better than the national goal for two of the three measures, and Arizona is exceeding the national composite score target goal.

The Division's achievement of permanency outcomes is affected by interrelated factors such as staff competency with assessment and case planning practices; the frequency and quality of CPS specialist contacts with children, parents and out-of-home caregivers; availability and coordination of family meetings, such as case plan staffings, TDMs and CFTs; access to reunification, behavioral health and visitation services; and foster, kinship and adoptive parent recruitment and retention rates. The Division's ability to meet its permanency goals is also deeply affected by high workload.

The Division's primary practice improvement activities during this period developed staff competency in foundational practices that support permanency outcomes, such as behavioral case planning, concurrent planning, and CPS Specialist contacts with children and their caregivers. Much of this work was accomplished through training activities and the Division's quality improvement system. In SFY 2011

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the Division also continued its staff recruitment and retention efforts, the Workforce Planning initiative and other activities to increase the number of filled positions and reduce workload.

Information about each of the primary factors affecting permanency outcomes and the Division's most significant improvement activities and accomplishments in SFY 2011 is provided in the remainder of this section.

***The CSA-SRA-Case Planning Process***

Staff competency with comprehensive ongoing assessment and behavioral case planning improves services to parents, children and caregivers; resulting in timely permanency and continuity of family relationships and connections. The CSA-SRA-Case planning process includes safety plan, out-of-home care plan and aftercare plan components that support timely reunification, improve placement stability and prevent foster care re-entry. The process also requires identification of kin and other connections for the children and development of a visitation plan to ensure sufficient frequency of contact between children in care and their parents and siblings. CSA and SRA reassessments are required at least every six months while a case is open, prior to beginning unsupervised visitation, prior to reunification and whenever there is a change in the parents' household composition or a concern about the safety of a child in the family. These requirements ensure safety threats, risks and protective capacities are understood throughout the case, and that the case plan and safety plan are updated at key decision points. For example, reassessment prior to unsupervised visitation and reunification prompts the CPSS to develop visitation arrangements that control potential safety threats, update the safety plan to control threats in the home if needed, and develop a schedule of visitation that increases in frequency and duration as reunification approaches.

A full description of the Division's CSA-SRA-Case planning process is located in Section III, Part 1, A. A description of recent activities to improve staff competency and consistent application of the model is located in Section III, Part 1, C.

***Permanency Planning and Concurrent Planning***

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Division's clear policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification. The Division has clearly communicated statewide that long-term foster care is a goal of last resort. Division policy requires management approval of the long-term foster care goal, which is the state's version of Alternative Planned Permanent Living Arrangement (APPLA) for children younger than sixteen. Many regions also require management approval for a goal of independent living, which is the Division's APPLA goal for youth age 16 or older. The Division's PICR results indicate that appropriate permanency goals are identified in a timely manner in 90% of cases.

Improvements to the CSA-SRA-Case planning process have assisted family and team members to establish appropriate permanency goals for children involved in the child welfare system. Timely permanency hearings also support practice by requiring review and discussion of the permanency plan within twelve months of a child's removal, and within six months if the child was younger than three at the time of removal. At the time of the child's initial removal pursuant to court order, the parent(s) are informed that if they substantially neglect or willfully refuse to participate in reunification services, this may result in a court order to terminate parental rights at the permanency hearing.

Case planning, including requirements for development of the written case plan in a staffing to which all family and team members are invited to participate, was a practice improvement focus area in CY 2010. The Division's practice improvement-policy-training team produced a series of practice tips and training

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materials on case plan development timeframes, case plan staffing requirements, behavioral case planning and the written case plan. These were the focus of discussion and administrative communications during the quarters in which they were issued. The Division also monitors data on timely case plan reassessment to remind staff that all cases must have a current case plan.

Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within 12 months is poor. Concurrent planning focuses the family and team on permanency from the outset of the case, so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The family and service team work together to increase the likelihood of reunification while simultaneously identifying and readying a permanent placement in case reunification is not successful. The Division's policy and training emphasizes the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

Concurrent planning is a strategy included in the State's CFSR PIP and CFSP. In SFY 2011 the Division continued its work to improve concurrent planning practices. Concurrent planning was the focus of a primary work session in the July 2010 CPS Supervisors' conference, titled: *Teaming with the Courts to Achieve Permanency*. This session highlighted best practice points along the continuum of permanency, including case plan development, case plan staffings and concurrent permanency planning. Following the best practice presentation, a panel of judges, assistant attorneys general and CPS experts answered questions about the ways in which the courts and CPS can work together to improve permanency planning and outcomes for children. The last segment of the session was a small group activity on application of concurrent case planning to sample cases.

The Division also continues to evaluate concurrent planning practice via the PICR process. The regional Practice Improvement Specialists give case-specific feedback to the involved CPS Specialists and Unit Supervisors, based on the case review findings. The Practice Improvement Specialists also distribute the Division's concurrent planning practice guides to staff. Case reviewers have observed an increased awareness of concurrent planning policy among field staff, and more frequent use of the Reunification Prognosis Assessment Guide. The percentage of cases in which a Reunification Prognosis Guide had been completed increased from 7% of cases reviewed in CY 2009 to 28% of cases reviewed in CY 2010.

***Team Decision Making and Ice Breaker Meetings***

Team Decision Making meetings provide a forum for family, friends, natural supports, Division staff, community partners and providers to discuss the strengths and needs of the family, and identify the best placement for the child that will keep him or her safe and connected to family and community. By engaging family members, friends and natural supports in decision making and the identification of safe placement options, TDMs achieve permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, and preservation of the child's important connections.

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Team Decision Making is also a primary strategy to improve child and parent involvement in case planning, including contact with fathers, which can also lead to the identification of paternal relatives for placement or support of the child. In CY 2010, mothers attended approximately 82% of TDMs and fathers attended approximately 51%, up from 77% for mothers and 46% for fathers in CY 2009. Youth age twelve and older participated in 48% of the meetings, down from 68% in CY 2009. Increasing fathers' attendance at TDM meetings is a statewide focus and has been formally added into the TDM forms and procedures. Data on father attendance continues to be collected and monitored.

TDM meetings are being held in all of the Division's regions. Statewide, 4,651 initial removal TDM meetings were held in CY 2010, impacting 8,822 children. This is a decrease from the 4,796 TDM meetings held in CY 2009, but a slight increase from the 8,557 children impacted in CY 2009. In CY 2010, Maricopa and Pima counties also conducted 592 TDM meetings for 910 children who had disrupted from their out of home placement or where at risk of disruption, and Maricopa County held 986 TDM meetings for 1,291 children and youth whose permanency goal was being considered for change or were soon to be aging out of the foster care system. TDMs were temporarily suspended from April 14 through June 20, 2011, due to excessive initial assessment caseloads and to allow staff to be trained on the new TDM policy and forms. Staff training was completed in June 2011. The Division has also received approval to fill fifteen new TDM facilitator positions.

Ice Breaker meetings encourage shared parenting between birth and resource families, which improves the team's ability to maintain important connections for the child and achieve positive well-being outcomes. These meetings involve the birth parent, placement resource and the CPS Specialist. The birth parent shares information about the child's likes, dislikes, bed and play habits, illnesses, allergies, etc. A visitation schedule, phone schedule and other forms of communication between visits are identified. The meeting is expected to ease the transition for all parties, change perceptions and myths about birth parents that can make some resource parents reluctant to have contact with them, and reduce placement disruptions. Icebreaker meetings occur throughout all of the Division's regions.

***Reunification Services***

Access to effective services to support families before and after reunification is an important factor affecting reunification timeliness and prevention of re-entry. Services provided through the Division's Family Support, Preservation and Reunification Services contract, known as the in-home service program, are available statewide. Data suggests these services successfully prevent foster care re-entry. In CY 2010, 92.4% of families receiving in-home services did not have a CPS report during program participation, and 91.8% of families did not have a child enter the Department's custody. From January through August 2010, 90.9% of families that received in-home services did not have a new report within six months of service closure and 96.5% did not have a child placed in custody within six months.

The availability of contracted in-home services decreased in SFY 2009 and the first half of SFY 2010 as a result of budget reductions. Decreased ability to serve families through the in-home service program affected the Division's ability to improve timeliness of reunification and reach its reunification composite score CFSR PIP goal. The program continues to experience waiting lists in some areas and field staff report that this sometimes delays reunification.

The Division has redesigned the in-home services program contract to include a range of service levels designed to prevent removal, facilitate reunification and stabilize placements. The program design includes more clearly defined timeframes for initial contact and service duration, and expectations for frequency and type of provider contact. The contract also requires that the provider agency hold a meeting prior to service closure to discuss aftercare needs and planning. This new in-home contract model will become effective August 1, 2011. The Division is hopeful these changes will make the

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program even more effective at supporting early reunification, preventing re-entry and stabilizing out-of-home placements.

More information about the Division's in-home services program is located in Section III, Part 1, A.

***Reunification Clinical Case Discussions***

In November 2010, the Division instituted statewide clinical discussions of cases in which the child(ren) could potentially achieve safe and permanent reunification within twelve months of removal. The goals are to reduce length of stay for children who exit to reunification, reduce the percentage who re-enter care within twelve months of reunification, and achieve the CFSR PIP goal on timely and permanent reunification.

Each month, the regions develop lists of children who have been in care less than twelve months and have a permanency goal of reunification. Staff review these lists to ensure accurate removal end dates have been entered for children who already exited to reunification or another outcome. Using a discussion guide, clinical discussions are held for the remaining children on the list, to identify and assign tasks that will move the case toward reunification within twelve months of removal when that can safely occur. These clinical discussions involve the assigned CPS Specialist and CPS Unit Supervisor, and are facilitated by an Assistant Program Manager, Deputy Program Manager or the region's Program Manager.

Regional staff report that this process has been valuable and that they intend to continue the practice when it is no longer required to reach the reunification composite CFSR PIP goal. Staff report that the process has allowed them to identify and address barriers to timely reunification such as delays transferring cases from initial assessment to ongoing CPS Specialists, waiting lists for contracted in-home services, misunderstandings about the availability of child care services and lack of purposeful progressive visitation.

County-level data on the percentage of exits to reunification that occur within twelve months of removal is distributed to the regions and the Division's state level executive team. Data is provided for single month rather than twelve month exit cohorts so that the Division can view improvements from month to month and easily compare outcomes from before and after the clinical discussions began. This data confirms that the discussions have increased the percentage of reunifications that occur within twelve months of removal. Of exits to reunification following more than seven days in care, the percentage that occurred in less than twelve months from removal increased from 63.8% in the period of April through October 2010 to 72.5% in the period of November through March 2010, following the start of the clinical discussions.

***Child and Family Teams and Behavioral Health Services***

Behavioral health services are especially important to achievement of permanency outcomes, particularly reunification, prevention of re-entry and placement stability. The behavioral health system's Urgent Response system and Child and Family Team (CFT) meetings are frequently identified by stakeholders and in case reviews as being effective methods to support families and address risks. CFTs are particularly helpful with young adults, who often re-enter out-of-home care because of their behavioral health issues. These meetings provide an opportunity for the youth, the parents, supportive kin and friends, CPS staff, behavioral health providers and any other involved agencies (such as juvenile justice or the child's school) to jointly develop a plan to support the family in-home. Discussion at CFTs also

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includes pre-reunification transition planning, and aftercare planning to identify services and supports that will sustain the family after CPS case closure.

CFTs and behavioral health services support placement stability by giving opportunities for information sharing, problem solving and supportive contact with professionals. These services improve the likelihood that issues affecting placement stability are identified early, children and out-of-home caregivers receive services to preserve the placement, and the child is placed in a care setting that meets his or her needs. Unless the child is unsafe in the out-of-home placement, an emergency CFT meeting can be requested to discuss threats to placement stability and identify supportive services to prevent the potential removal of a child. Stabilization teams in Maricopa County and intensive teams in the Southeast region are available through the behavioral health system to families with a child at risk of removal or placement disruption. These services are particularly helpful to families with young adults, and can serve biological, adoptive or foster families.

More information on collaborations with the state's behavioral health system to improve access to high quality services that support reunification and placement stability is located in Section III, Part 3, A.2., *Services to Address Children's Educational, Physical Health and Mental Health Needs* and Section III, Part 3, C.

The prevalence of substance abuse and addiction problems among parents involved with the Division is often cited by stakeholders as a factor affecting timely reunification and re-entry prevention. Re-entry rates may be affected by substance abuse relapse, which can sometimes be addressed through relapse prevention services and development of in-home safety plans to prevent removal if relapse occurs. Relapse prevention services are available through the Arizona Families F.I.R.S.T. program, which includes an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services and an aftercare phase to manage relapse occurrences. Data from the program's most recent evaluation indicates that 4,308 individuals were referred in SFY 2010 for substance abuse screenings or assessments and an estimated 3,680 clients received treatment and supportive services. Despite a continuing 9.1% funding reduction, the number of referrals in SFY 2010 was 9.2% higher than referrals in SFY 2009. The AFF contract will be re-solicited prior to the beginning of SFY 2012. Several workgroups were established throughout 2010 to identify changes that would improve the AFF program's alignment with current substance abuse research. More information about AFF services is located in Section III, Part 2, A.

***Visitation Service Capacity***

Visitation frequency and quality affects timeliness of reunification and preservation of the child's important connections. Despite the Division's efforts to place children in-home, with kin and with siblings, the demand for visitation services remains high. Nearly 10,000 children were in out-of-home care on the last day of FFY 2010 and many more were served during the year. The majority of these children required visitation services to support reunification with a parent, and 35% of siblings groups in out-of-home care had at least one sibling placed separately.

Contracted parent aides provide transportation, supervision and parenting instruction to support family visitation. When the need for these services exceeded contract availability, field staff and regional leadership worked with stakeholders to ensure visitation occurred between parents and children. For example, foster parents and kinship providers are encouraged to provide transportation and monitor visits that do not require close supervision, especially sibling visitation. In addition, the Pima Region uses a contracted visitation center to provide transportation, supervision, opportunities for visits on evenings and weekends, and documentation of the visits to the CPS Specialist.

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Out-of-home caregivers, especially relatives, provide excellent resources for facilitation of visits; including opportunities for frequent in-person and telephone contact with siblings and parents in a relaxed and natural environment. State and federal requirements to identify and provide notice to all the adult relatives of the child may improve identification of relatives who can assist with visitation, if not serve as a placement for the child. One of the core elements of PS-MAPP training for licensed foster parents is the expectation that foster and birth parents support visitation and share parenting. Shared parenting increases parent-child contact when parents attend the child's educational meetings, medical appointments, extracurricular activities and other special events. The Division has also set expectations for shared parenting and resource family support of family visitation via the HRSS contract. Foster parents are expected to transport children to and from visits, and the contract includes performance measures related to contact with parents and facilitation of sibling contact. Foster parents are also expected to have contact with birth parents so both can receive and share information about the child, and to support the child's connections to the family. More information about PS-MAPP training, shared parenting and the HRSS contract is located in Section III, Part 4, A.8. *Foster and Adoptive Parent Licensing, Approval, Recruitment and Retention.*

***Adoption Support Services***

Specialized adoption units in Maricopa and Pima Counties also support permanency planning and timely adoption. Staff in these units are experts in their area and not distracted by blended responsibilities. They are therefore able to manage a higher adoption case volume and move cases quickly to finalization. The Division also has a well established, high quality adoption subsidy program. Case management and special services are available, and adoption subsidy rates are similar to the foster care rates. These services encourage adoption, particularly in situations where the caregiver anticipates services and support will be needed to provide care for a child with special needs.

***Resource Family Recruitment, Retention and Support***

Resource family recruitment, retention and support activities allow the Division to maintain a pool of qualified experienced foster and adoptive parents in the neighborhoods from which children are removed, which is essential to achieving permanency outcomes such as placement stability, timely reunification, timely adoption, proximity of foster care placement to the parents' home, placement of siblings together, parent-child and sibling visitation, preservation of the child's important connections and maintenance of the parent-child relationship. Although the number of licensed foster homes decreased in FFY 2010, the number of bed spaces available to CPS increased slightly, from 8,625 on September 30, 2009, to 8,693 on September 30, 2010. There was a 22% increase in the number of bed spaces from September 30, 2008 to September 30, 2010. This may account for some of Arizona's improvement in placement stability outcomes.

The Division's HRSS contract is an important component of the Division's services to recruit, retain and support resource families. The contract includes outcomes and performance measures that align with the Division's permanency outcomes. The following are some of the ways in which this contract is designed to promote permanency, placement stability, and continuity of family relationships and connections:

- The HRSS contract achieves timely adoptions through child specific recruitment and targeted recruitment for sibling groups, teens, children whose ethnicity is over-represented in the foster care system and children with special needs.

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- The HRSS contract allows agencies to jointly recruit and prepare homes for foster care licensure and adoption certification. Foster families wishing to adopt a child in their care who becomes legally free for adoption do not need to change to an adoption agency to be certified to adopt. Because the contracted agencies provide standardized pre-service training for foster care and adoption, foster families wishing to adopt are not required to take additional training to become adoption certified. Contracted agencies may also request that the court certify their families for adoption at the time of initial foster care licensing, in the event the family is open to both foster care and adoption.
- The HRSS contract identifies permanency outcomes such as “siblings in foster care shall be placed together as an intact group (all siblings).”
- Placement of children in their own neighborhoods is an outcome identified in the HRSS contract. Placement within the home neighborhood provides natural opportunities for parental involvement in the day to day lives of their children. To support the goal of keeping children connected to their families and neighborhoods, all contracted HRSS providers receive semi-annual data on the number of removals occurring within their assigned zip codes, along with Geographical Information System (GIS) maps providing the locations of child removals and placements. The maps also include data on the number of available resource homes so that providers and community partners can target recruitment efforts in communities where higher numbers of children enter out of home care and resource homes are not sufficiently available. In SFY 2009 maps continued to be distributed twice per year to regional Recruitment Liaisons, who assist stakeholders to use the data. GIS Maps have been enhanced to reflect the unique needs of each region.
- The HRSS contract and Division policy require a team meeting if a foster parent requests a child be removed from the home and there is not a safety concern requiring immediate removal. The HRSS contract states that the contractor must “arrange a one-to-one meeting with the foster family wishing to have a child removed, prior to placement disruption or adoption disruption. When removal is being considered, the Contractor and Child Case Manager shall request a CFT or TDM meeting prior to the child’s removal whenever possible.”
- The HRSS contract requires that foster and adoptive parent pre-service training be provided using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting*). The PS-MAPP curriculum educates foster parents about family-centered practice and requirements for shared parenting and maintenance of each child’s important connections. For example, the *Criteria for Mutual Selection* document, which is used in PS-MAPP training, informs potential foster and adoptive parents that to be successful they must be able to: “Build connections - Help children and youth maintain and develop relationships that keep them connected to their pasts;” and “Build self-esteem - Help children and youth build on positive self-concept and positive family, cultural and racial identity.” This training has resulted in significant role and practice changes within the Department’s foster care and adoption programs that support permanency outcomes such as visitation with siblings and parents, parent involvement in their children’s lives, and maintenance of the child’s important connections. Additional content on resource parent involvement in visitation with biological parents was recently added, including content to help resource parents differentiate between safety concerns and discomfort with visitation. This training is supported by foster home licensing rules, which require that foster parents support the child’s and the

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family's cultural and ethnic heritage and language and not compel a child to participate in cultural and ethnic activities against the child's or the family's wishes.

More information about the Divisions' recruitment activities, the HRSS contract and other ways in which the Division recruits, retains and supports resource parents is located in Section III, Part 4, A.8. *Foster and Adoptive Parent Licensing, Approval, Recruitment and Retention.*

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

The Division and its child welfare partners continue to communicate with staff, out-of-home caregivers and service providers about the importance of maintaining the child's connections to neighborhood, community, faith, family, tribe, school and friends; and to develop systems and resources that support maintenance of those connections. Much of this work has focused on increasing the percentage of children placed with kin by identifying and engaging kin as early as possible in the life of the case. Although preference is given to placement with relatives, staff are reminded that kinship relationships are not necessarily blood relationships and are required to identify all of the child's important emotional connections. Kinship placements provide the best possible method for maintaining relationships with family and friends, placement with siblings, and ongoing participation in family, faith, and cultural events and traditions. Kinship placements typically provide homes for entire sibling groups. This reduces the number of sibling groups needing non-related foster homes, giving the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed.

Division policies require that within 30 days of a child's placement in out-of-home care, the Division exercise due diligence to identify and notify all adult relatives and persons who have a significant relationship with the child of the child's out-of-home placement and of their option for being considered as a placement for the child. Two forms are sent to each relative. The first provides notification of the child's removal, information about the Division's child placement policies, and instructions for contacting the CPS Specialist. The second form is completed and returned by the relative, to request consideration as a placement for the child now or in the future, involvement with the child in other ways (such as visits) and/or contact by the CPS Specialist to discuss the child. This form also requests the relative provide information about the identity or location of other relatives.

The assessment of a relative or significant person who expresses an interest in being a placement option must be initiated within ten working days of their request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated.

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

- Policy requires that the relatives' names and contact information be gathered from the parents and children, as well as any other potential sources (such as each located relative). Arizona Juvenile Court Rules also require that at the preliminary protective hearing the court order the parent or guardian to provide the names, type of relationship and all available information necessary to locate persons related to the child or who have a significant relationship with the

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child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

- The integrated CSA-SRA-Case planning process guides staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. A tab within the CSA-SRA-Case plan tool has been provided to document such efforts and information. A case note type of Relative Contact is also available in CHILDS, so that staff can easily locate information about kin and assessments of kin as placement resources.
- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Division to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin. In addition, the Kinship Specialist reviews random samples of cases to monitor whether staff are searching for, identifying, assessing and supporting prospective and actual kinship foster caregivers. These electronic and hard copy file reviews are done quarterly. Seventy-six cases were reviewed from July 2010 through April 2011.
- If a relative cannot be located, the CPS Specialist may make a referral to the Parent Locate Service, a contracted provider who conducts professional searches for relatives. Three new staff were added to this unit in SFY 2011 to better meet service demand.
- TDM meetings are a helpful resource for locating kin. In SFY 2010, a relative attended 87% of emergency removal TDMs, and 88% of TDMs where removal was being considered.
- Exhibit 12 of the Division's on-line policy manual, *Relative Search Best Practice Guide*, provides theoretical information about the importance of finding and involving relatives in child welfare cases, and describes practice standards for conducting diligent and comprehensive relative searches.

The Division 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 CPS Specialists and service providers. The Division continues to develop the knowledge and skills of staff in relation to these special needs, and to identify services and supports to promote permanency and stability with kinship foster caregivers. SFY 2011 activity included the following:

- Relatives report that they are committed to caring for the children regardless of financial compensation, but placement of children can put significant financial strain on the kinship families, particularly given the current economic crisis and cuts to Temporary Assistance to Needy Families (TANF). In SFY 2011 the Division continued to actively encourage kinship caregivers to become licensed so they can receive financial benefits, the support of a licensing worker, and the greater perception of legitimacy afforded by completion of the home study and training processes. Staff are required to discuss licensure and encourage kinship caregivers to become licensed in situations where it appears that the placement will not be of short duration. Policy requires staff to review with the kinship caregiver a form that provides information about all the benefits available to kinship caregivers, including TANF benefits and licensing.
- For those kinship families where licensing is not appropriate or possible, it is recommended that the kinship caregivers apply for TANF benefits for the child(ren). In July 2010 there were

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significant changes to the general TANF eligibility requirements. CPS cases are exempt from these changes, however a number of kinship families caring for dependent children were mistakenly denied TANF because their income exceeded the financial means test or the 36-month maximum eligibility timeframe had been reached. CPS Specialists were given instructions on how to assist the relatives in these cases and a streamlined trouble shooting process was established at Central Office to address the cases as expediently as possible.

- On a case-by-case basis, the Division works with the OLCR and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. These waivers are possible because of the federal Fostering Connections to Success and Increasing Adoptions Act. From July 2010 through March 2011, 71 kinship foster families were able to become licensed due to a waiver for non-safety related standards. This represents a significant increase over the initial year of the availability of this option for kinship caregivers. The waivers most often relate to some aspect of the sleeping arrangements. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. Many sibling groups are placed in these homes.
- The Division's HRSS contract providers assist the Division to train and license relatives as resource families. Two providers in the greater Phoenix area have developed specialized units dedicated to licensing kinship foster caregivers. Staff from these units give specialized supports in consideration of the unique needs of kinship caregivers. Child care is offered during class times and specially trained licensing workers assist the kinship caregivers to complete necessary paperwork. Services are offered in both English and Spanish and licensing workers accommodate each family's preferred meeting time and place for most appointments. In SFY 2011, two agencies had staff dedicated solely to working through the licensing process with kinship caregivers. Their outreach and support have contributed to a substantial increase in the number of licensed kin. From July 2009 through May 2011, these two agencies combined to complete the licensure intake and orientation for 301 families. Of that, 250 families completed the training to become licensed. Currently, the providers have a total of 180 licensed homes where 315 children are placed, an increase from 76 licensed homes in which 130 children are placed at the end of SFY 2010.
- The Division's Kinship Foster Care pamphlet was updated and expanded into a booklet in December 2010. The new *Kinship Foster Care for Relatives Caring for Children in CPS Custody* booklet is available in English and Spanish, and provides more extensive information for kinship caregivers, including information about:
  - the benefits provided to children in care;
  - financial and non-financial benefits available to kinship caregivers;
  - the benefits of becoming licensed;
  - the licensing process and licensing requirements, including standards related to criminal history;
  - licensing waivers;
  - the Division's expectations for the care and supervision of children, provision of transportation, and communication about the child's medical, dental, educational and behavioral health status and needs;
  - medications or therapies for children;
  - approved discipline techniques;
  - visitation with parents and siblings;
  - caregiver participation in meetings and court hearings; and

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- case plans and permanency plans.
- The Division is close to finalizing a series of practice guides for field staff that will provide detailed information on (1) documenting relatives searches, notifications and assessments; (2) procedures for relative search, notification and assessment; and (3) the value of involving relatives in out-of-home cases, including the perspective of youth, the likelihood of improved outcomes for the family and the benefits to the CPS Specialist. These practice guides will be distributed in early SFY 2012.
- Three of the state's regions have staff designated to provide additional support to kinship caregivers. These supports often include in-person contacts to identify and resolve unmet needs, and provision of information about local services and supports.
- A 90 minute kinship module, updated annually to reflect current information and resources, is provided during CPS Specialist core training. Community professionals, kinship caregivers and the DCYF Kinship Specialist co-facilitate the training to educate new CPS Specialists on topics specific to kinship care, including support services and resources for kin, role and boundary issues, permanency for children placed with kinship families and feelings associated with kinship caregiving. From July 2010 through April 2011, 155 CPS Specialists were trained in the kinship module at initial CPS Specialist Core.
- The Kinship Care Specialist has developed and provided a version of the kinship training module within CPS Supervisor core training and to CPS field units. From July 2010 through April 2011, 65 CPS Specialists and Supervisors have been trained in three regions.
- The Division is a member of the Central Arizona Kinship Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events and education subcommittees that address issues of importance to kinship families. Division staff serve on the Coalition's training and education team, which assisted to update and deliver the core training kinship module and developed and delivered training on the CPS system for kinship caregivers. The Coalition publishes an informational pamphlet for kinship caregivers, including those who are caring for children who are not involved with CPS. This pamphlet provides essential information to help kinship caregivers access services and supports. The Coalition also developed a client-led and client-only Board of Directors. The Coalition has identified four priority goals for CY 2011: (1) use the schools to get information to kinship caregivers who are not connected to services, (2) develop or piggyback on a warm line for kinship caregivers, (3) develop a strong advocacy component for the Coalition and its individual and agency members to support measures beneficial to kinship caregivers and to oppose measures detrimental to kinship caregivers, and (4) sponsor an educational and social event for kinship caregivers during the year.
- Arizona's Children Association continues to provide two strong and multi-dimensional programs for kinship caregivers in Phoenix and Tucson. The AzCA kinship programs offer information, education and resource referrals for kinship foster caregivers and adoptive families. On-site services include assistance completing guardianship packets for probate court, a legal clinic with access to an attorney, support groups for caregivers, case management, advocacy for caregivers dealing with system issues, senior support services for caregivers over 55, adoption or guardianship training, youth activities, social activities for caregivers, skill building classes and parenting class referrals. Many of these services are offered in both English and Spanish and free or low cost child care is often available.

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- The *Arizona Statewide* newsletter for foster parents and adoptive parents continues to include kinship foster caregivers in their mailings and in some of their articles.

***Reduced Use of Congregate Care***

Improvements in placement stability over the last several years coincided with reductions in the number of children placed in congregate care settings and increased use of family-like placements. The Division's limited use of congregate care also increases the percentage of children placed in their home communities. Regions have avoided initial temporary shelter placements and other placement changes by increasing relative placements, increasing the availability of emergency placement foster homes, and using in-home supports to support reunification. Children are increasingly likely to be placed in a foster home initially, as opposed to a shelter or group home. The number of children under four years old in shelter care dropped from 108 in March 2005 to 21 in September 2008, 22 in September 2009, and 20 in September 2010. The number of children under seven years old placed in group homes dropped from 36 in March 2006 to 14 in September 2008, ten in September 2009 and two in September 2010. The percentage of children in out-of-home care and placed either with relatives or foster parents has been above 70% since March 2005, reaching 82% of children in care on the last day of FFYs 2009 and 2010. On September 30, 2010, an additional 3% of youth in out-of-home care were residing in independent living settings. (*Child Welfare Reporting Requirements Semi-Annual Report*)

Although the Division discourages the use of congregate care settings, the Division does use group care facilities to keep sibling groups intact when kinship and other family settings cannot be located. Also, when safe and otherwise appropriate, Division staff may request to exceed a foster home's current license capacity in order to prevent separation of siblings. The Division does expect that some children will continue to be placed separately from siblings or away from their home communities to be placed with relatives that they do not share with their half-siblings or relatives that live outside of their home community, or to be placed in a therapeutic setting to meet their behavioral health, physical health or other special needs.

***CPS Specialist Contacts with Children and Out-of-Home Caregivers***

Foster parents often mention in-person contacts from the child's assigned CPS Specialist as an important support service. These contacts have been linked to positive permanency outcomes. The Division is working to increase the percentage of children and caregivers who have monthly in-person contact with their assigned CPS Specialist, and the quality of those contacts. Additional contact and support is provided by the Division's Case Aides and District Foster Care Recruitment Specialists. Information on efforts to improve CPS Specialist contacts with children and out-of-home caregivers is located in Section III, Part 3.

***Youth Involvement and Services for Young Adults***

Provision of services to support young adults is most directly related to the percentage of cases rated strength during the PICR on Other Planned Permanent Living Arrangement (Division Permanency Goal 18), but effective services also improve placement stability, reduce foster care re-entry, increase the percentage of youth placed with siblings and relatives, reduce the number of youth in out-of-home care, and increase the number and percentage of youth who exit to permanency rather than at age of majority. The Division continues to serve young adults through Young Adult Program Units, CPS Specialists and contracted providers that have specialized knowledge about the needs of young adults and services available to meet those needs. During the 2007 CFSR On-site Review, stakeholders praised the state's Young Adult Program as effective in meeting the needs of transitioning youth. A statewide Independent

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

Stakeholders have reported the need for more timely and accessible services to address the unique needs of families with teenagers. The Division and the Department of Health Services continue to provide and develop services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood services assist children who will be moving from the children's behavioral health system into the adult system. A representative from the adult behavioral health system is required to attend the youth's CFT beginning when the youth is 17 years and 6 months, to provide information on available services and facilitate transition into the adult system.
- The ACEC Clinical Subcommittee is developing a training for system partners, youth and parents about DBHS' Transition to Adulthood Practice Protocol, so that everyone understands DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority. This training is being developed with the participation of the local RBHAs, child welfare, DDD, AOC and behavioral health.
- Some child services continue to age 21, when appropriate. This is supported by a special capitation rate for youth ages 18 to 21 years old, which helps the RBHAs cover the cost of these services, although budget reductions and a five percent rate decrease have constrained the providers' ability to offer services.
- Support and Rehabilitation Services are available for children, adolescents and young adults, including a variety of home-based and community services with a goal of keeping children in their homes.
- The *Child and Adolescent Service Intensity Instrument (CASII)*, is used for all children ages six through seventeen to identify the need level and recommended service intensity. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. Recent changes to the CFT process mandate a crisis plan for youth with a CASII score of four, five or six and eliminate the requirement that a Strengths, Needs and Cultural Discovery (SNCD) be completed on all children. The SNCD is only required for youth with a CASII score of four, five or six.
- The *Risky Youth Behavior Screening Guide* on substance abuse, alcohol and problem gambling continues to be distributed by the Division of Behavioral Health Services to schools and Medicaid health plans across the state. This guide uses the CRAFFT substance abuse screening guide and the South Oaks Gambling Screen.

Involvement of youth in the development of their own case plans is necessary to achievement of permanency goals, aside from being a Division goal and a PICR item in itself. Young adults attend TDM meetings, CFT meetings and court hearings to give input into case planning. Youth of all ages have opportunity for input during contacts with their CPS Specialists. In addition, the Division consults with young adults to identify system improvement needs. The Division's state and local Youth Advisory Boards identify system improvement goals and related activities. The Division also consults with the behavioral health and juvenile justice systems that jointly serve young adults in out-of-home care. Much of the Arizona Young Adult Program's success can be attributed to the involvement of youth, alumni and

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stakeholders (including caregivers, family members, faith communities, service providers, child welfare advocates and professional experts) in the continuous evaluation and growth of the program and services.

More information about youth and stakeholder involvement in program evaluation and development, the Division's activities to improve outcomes for young adults, services and systems to support young adults, and related accomplishments is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2010*.

***Collaboration with the Courts***

Collaboration with the courts and court improvement activities are important avenues to identify and resolve points of delay along the path to permanency. The Division continues to work with county juvenile courts and the state's Court Improvement Program (CI) to improve permanency outcomes. More information about the Division's collaborations with the courts is located in Section III, Part 4, A.6. *Agency Responsiveness to the Community*. Examples from SFY 2011 that are most directly related to permanency outcomes include the following:

- Court Improvement and the statewide CASA Program planned and implemented five regional trainings in 2010 that engaged team members in a highly interactive training entitled *Knowing Who You Are*. This training focused on exploring participants' attitudes and overall system practices related to the race and ethnicity of the children and families involved in the juvenile dependency system.
- Division management and other staff continue to attend the monthly Pima County Model Court working Committee meetings, which provide opportunities to share information about Division trends, changes and areas for practice improvement focus. Recent areas of discussion have included county level CFSR Permanency Composite outcome data, compelling reasons for not filing for termination of parental rights, parent and relative searches and available community services.
- A new Pima County Model Court Working Committee goal was established for 2011 entitled "Back to Basics." Three Pima Region staff are members of this committee, which is focused on gathering "basic" data regarding the courts and children in out-of-home care in the areas of safety, permanency and well-being.
- The Pima County Courts Catalyzing Change Model Court committee continues to be active. The committee has four subcommittees, each with Division representation. The African American subcommittee and the American Indian subcommittee are exploring data that suggests less favorable outcomes are experienced by African American and Native American youth in out-of-home care in Pima County. The family support subcommittee is implementing strategies to identify and engage kin to provide a placement, visit with the child, or support the child and case goals by facilitating and monitoring visitation with parents or siblings, providing transportation or meeting other needs. Tools and training have been provided to staff, attorneys and judges to improve the collection of information about kin from the parents, including tools to help judges and attorneys collect this information. The Engaging Refugees subcommittee was recently added.
- Reduction in appellate delay of dependency related appeals continues to be an area of priority for the courts and the Division. Court rules allow counsel representing an appellant to file an

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affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule was enacted to reduce delays to finalized adoption. The state's two appellate divisions have also changed the way they process dependency related appeals, and are tracking data on timeliness of TPR rulings. The statewide average time from filing to decision dropped from 267 days in SFY 2007 to 164 days by the end of SFY 2010 (data provided by the Administrative Office of the Courts, Court Improvement Program).

- In May and December 2010, the Pima County Juvenile Court added a second day to the time set aside for adoption finalization hearings. This was prompted by a private attorney who observed that the Division was experiencing a backlog of adoption cases that were ready for finalization but waiting for time in the court's schedule. The private attorney approached the judge who hears these cases, who readily set aside extra time for adoptions and offered to do so whenever a backlog develops. As a result of this simple example of teamwork, Pima County was able to finalize many more adoptions, eliminate the backlog, and achieve more timely adoption for many children. The Division is checking on the need for extra adoption days in CY 2011.
- The Division worked with the CI Program on the planning and implementation of the July 2010 Supervisors Conference. This conference featured a panel of judges that included the presiding Juvenile Court Judges from Maricopa, Pima and Yavapai Counties and addressed recent changes in the use of concurrent case planning.

***Activities to Reduce Disproportionality and Improve Cultural Responsiveness***

The Division's regions continue to examine issues of racial disparity and disproportionality. Some regions that include large rural areas have not found evidence of racial disproportionality within their small out-of-home care populations. Racial disparity and disproportionality are most prevalent, and therefore receiving the most attention, in Maricopa and Pima counties. Activities in SFY 2011 included the following:

- In October of 2010 Maricopa County completed its staff training regarding *Knowing Who You Are...Helping Youth in Care Develop Their Racial and Ethnic Identity*. This program gives staff the tools they need to begin courageous conversations to help youth on their ethnic and cultural journey.
- Maricopa County continues to track removal data by race and discuss this data with managers and supervisors.
- The Pima County Courts Catalyzing Change (CCC) Model Court workgroup continues to explore data that suggests less favorable outcomes are experienced by African American and Native American youth in out-of-home care in Pima County. There are two subgroups exploring this data:
  - African American youth in Pima County are aging out of care at a higher rate and are more likely to be dually adjudicated than youth of other races. The African American subgroup continues to collect data for a targeted review to explore the trends and factors associated with these less favorable outcomes. Data collection is well under way and should be complete in the next few months. At that time, the research analyst at the Pima County Juvenile Court will analyze the data and present the results to the

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workgroup for discussion and identification of next steps. The *National Council of Juvenile and Family Court Judges* is eagerly awaiting the results of the study, as it appears to be the first one of its kind.

- American Indian youth in Pima County are in out-of-home care at a disproportionate rate, reunified at a lower rate, and tend to be younger than children of other races in out-of-home care. The American Indian subgroup was created to examine data related to American Indian children in care. The subgroup goals include exploring options for the coordination of home studies for families on the reservation and increasing community supports for American Indian families. One recent activity has been the development of a process to distribute American Indian event flyers, to increase the number of American Indian children in out-of-home care attending the events and thereby increasing their exposure to their culture. The flyers are sent to committee members who then distribute the flyers to CPS staff and licensing agencies.

The Division is also actively involved in collaborations with Arizona's Native American tribes to improve outcomes for Native American children, including preservation of connections to tribe and culture. More information about these activities is located in Section III, Part 4, A.6. *Agency Responsiveness to the Community*.

***Workload and the Workforce Planning Initiative***

Out-of-home care population growth, staff shortages and staff turnover inhibit the Division's ability to persistently pursue reunification or another permanency option; and the time available for contact with children, parents and out-of-home caregivers to support reunification, placement stability, and other permanency outcomes. Reassignment of cases due to staff vacancies and turnover is especially troubling as service and progress may stall while the new CPS Specialist becomes acquainted with the family and case history. Through the Workforce Planning Initiative, the Division continues to pursue systemic improvements to increase staff retention and strengthen staff competency. See Section I, *Introduction* for more information on caseload growth, staff resources and the Division's Workforce Planning Initiative to recruit and retain competent staff.

***The Child Abuse Investigation Report Core Team***

In February 2011 the Division convened the Child Abuse Investigation Report Core Team, facilitated by the Change and Innovation Agency. This team consists primarily of CPS Unit Supervisors and a field section Assistant Program Manager. The team mapped the initial assessment process to identify areas where backlogs occur or efficiency could be improved. A series of focus groups was held with field staff and other stakeholders from across the state to gather more information about the initial assessment process. Based on this process map and analysis, the team made several recommendations to improve initial assessment procedures, reduce workload and thereby increase timely completion of comprehensive assessments. It is anticipated that reduced initial assessment workload will result in more comprehensive assessments, better assessment documentation, and more timely transfer of cases opened for in-home or out-of-home services – all of which should improve permanency outcomes. Several of the recommendations are also directly related to workload for ongoing CPS Specialists. For example, the team recommended that the Division's SRA be incorporated into the CSA template to eliminate the time consuming task of completing separate SRA windows in CHILDS. The SRA is most often completed by ongoing CPS Specialists. The team also recommended improvements to the case plan windows in

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CHILDS and that the CPS case plan format be revised so it is easier for families to understand, easier for staff to use and meets the courts' needs.

In early SFY 2011, the Division will test some recommendations, such as a different initial assessment documentation format, in one Maricopa County office. Successful practices will be spread to other offices. Other changes will take longer to implement but the implementation process will begin in SFY 2011. The Division anticipates that the Team's recommendations will reduce workload and improve the Division's ability to reach its performance goals.

***The Quality Improvement System***

The quality improvement process uses case reviews and CHILDS data to encourage individual competency and systemic improvement of practices and programs affecting permanency outcomes. Information is gathered, analyzed and monitored on all the Division's permanency outcomes. Aggregate and worker-specific feedback is provided to management and field staff, to guide systemic improvement and skill development. An important aspect of the quality improvement system is communication of values and clarification of practice standards. Case reviews, data presentations and individualized feedback meetings are opportunities to repeatedly communicate to staff and stakeholders the Division's priorities, values and expectations. Clear communication of these values, expectations and preferences is especially important to achievement of permanency outcomes that can require difficult choices or extra effort by the CPS Specialist, such as placement with kin and siblings. For example, CPS Specialists who understand the Division's values and expectations are more likely to advocate for a child's transition from a non-related home to a kinship home in order to maintain lifelong family connections, despite the temporary disruption to the child's stability. Communication of values and practice expectations also occurs through publication and discussion of the Division's goals, and via best practice tips throughout the Division's policy manual.

Data monitoring is another component of the quality improvement system that has assisted the Division to achieve permanency outcomes. The CFSR Manager regularly distributes CFSR permanency composite data and related information to Regional Program Managers, Central Office Managers and external stakeholders. Presentations by the CFSR Manager to the Central Office executive staff and regional Program Managers provide more detail, to guide improvement efforts. For example, in SFY 2011 the CFSR Manager presented an analysis of performance related to timely initial response, timely entry of investigation findings, timely reunification, timely adoption and CPS Specialist contacts with children.

The CFSR county-level permanency composite spreadsheets are distributed to all regions at least quarterly and this data is included in the regions' quarterly quality improvement reports. The data is discussed at regional leadership meetings so that managers and supervisors are aware of their local performance in relation to reunification, adoption, permanency for youth in care for long periods of time and placement stability. The CFSR Manager also distributes charts that show statewide and county-level distinct month rates of reunification within twelve months of removal. These charts allow the regions and state to monitor progress improving timely reunification, which is the one unresolved area of Arizona's PIP. New AFCARS files are made available to the regions each month. These files contain additional fields, such as the unit number and CHILDS case number for each child, so that regions can analyze performance at the unit level or conduct targeted reviews of a sample of cases. This data is especially useful to regional self-evaluation teams.

The Division continues to distribute case level adoption data in a monthly report to each region. This report identifies children with an adoption goal, and each child's legal status and adoptive home

identification and placement status. The report allows regions to identify children who may be experiencing delays to finalized adoption. For example, the report is used to identify children who do not have an identified placement resource and require child specific recruitment, and to identify legally free children with a plan of adoption who require case transfer to the adoption unit.

## **D. Strategies and Action Steps for SFY 2012**

This section lists the state's primary strategies for improving permanency outcomes. Activities in SFY 2012 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFYs 2010 and 2011. These strategies and action steps do not describe all the activities that may improve permanency outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to permanency, but will also support safety and well-being outcomes. Likewise, the Division's safety, well-being and systemic strategies will support achievement of permanency outcomes. For example, improved competency with the CSA-SRA-Case planning process will result in more accurate assessments and more individualized case plans, which can increase the likelihood of earlier permanent reunification.

**Primary Strategy 3: Collaborate with internal and external stakeholders to explore root causes for the higher entry rates and longer lengths of stay among babies, and to identify potential strategies to safely reduce entry rates and length of stay for babies**

**Goal:** While maintaining child safety, reduce out-of-home care entry rates and length of stay for babies

**Action Step 3.1:** Gather and analyze information about entry rates and length of stay for babies

This strategy was identified as a result of analysis of Arizona's reunification and re-entry data. Arizona is working to reduce length of stay for children exiting to reunification and reduce the percentage of children who re-enter care within twelve months of exit to reunification. Arizona is focusing on children who were under one year old at the time of initial entry into out-of-home care because the state's data shows that entry rates, length of stay and re-entry rates are higher for these children than children of other ages. In July 2011, the Division will hold a summit of agency staff and external stakeholders to share data on permanency outcomes for babies and obtain input about root causes. The Division has also arranged for Arizona State University to conduct a literature review of research about foster care entry, re-entry and length of stay for babies, and promising practices for preventing entry and re-entry and reducing length of stay for babies.

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**Primary Strategy 4: Develop in-home safety plans and deliver effective in-home services in cases where maintaining the children in-home is a safe and sustainable alternative to out-of-home care**

**Goal:** While maintaining child safety, increase the percentage of children served in out-of-home care who exit to reunification, reduce length of stay for children exiting to reunification, and reduce the percentage of children who re-enter following an exit to reunification

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- Action Step 4.1:** Review the cases of children currently in care for less than 12 months to identify those where the children can safely reunify within twelve months of removal, and implement action steps to achieve reunification as soon as safely possible
- Action Step 4.2:** Develop practice tools, training materials, case examples, or other tools and opportunities to improve staff skill using the CSA-SRA to guide decisions about visitation and reunification
- Action Step 4.3:** Implement a new in-home services contract and service quality improvement activities

Arizona is working to reduce length of stay for children exiting to reunification and reduce the percentage of children who re-enter care within twelve months of exit to reunification. Division staff are holding clinical discussions of cases involving children who have been in care less than twelve months and have a goal of reunification, to develop plans for reunification in twelve months whenever that can safely occur. Staff report these discussions have been beneficial. Since these reviews began, an increased percentage of children exiting to reunification have done so within 12 months of removal. The Division will also pursue activities to raise awareness about how the CSA should guide decisions about when visitation can progress to unsupervised and when reunification can and should occur. Using the CSA to guide these decisions will increase the likelihood that reunifications are both timely and safe.

The Division is also implementing a newly designed in-home services contract. When in-home services are immediately accessible and staff are confident in their ability to develop in-home safety plans that are sufficient to control safety threats, children can remain in home, reunify more quickly and not re-enter care. In addition to reducing length of stay, these services should prevent removals and reduce the number of children in out-of-home care.

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**Primary Strategy 5: Implement the Arizona Fostering Readiness and Permanency Project under the Permanency Innovations Initiative**

**Goal:** Achieve permanency for children who have been in care for long periods of time and reduce length of stay for children who are at risk of remaining in care for long periods

**Action Step 5.1:** Develop Fostering Readiness Project teams and the implementation work plan

This project, now known as the Permanency Innovations Initiative (PII), funded through the Children's Bureau, aims to improve outcomes for the subgroups of children that have the most serious set of barriers to permanency. Arizona is one of six grantees for this five year demonstration project. Year one of the project grant is the assessment and planning phase, during which Arizona will define the target population, research and select interventions, and develop a detailed implementation plan.

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**Primary Strategy 6: Conduct staff training and stakeholder outreach to increase awareness about the benefits of father involvement and methods to involve fathers**

**Goal:** Maximize father involvement in the lives of their children in out-of-home care

**Action Step 6.1:** Provide staff training on reasons and practices for involving fathers

**Action Step 6.2:** At case related meetings, determine what efforts have been made and what additional efforts are needed to identify, locate, contact and engage the father

Pima County has been actively working to improve father involvement. In SFY 2012, the Division will continue to support Pima County's work and will spread successful practices to the rest of the state. Pima County will complete production of a staff and stakeholder training video on engaging fathers, which will include interviews with fathers who were involved in the child welfare system; deliver information about father involvement at the 2011 statewide Supervisor's Conference, and distribute a brochure on father friendly services in Pima County.

The Division will also use case related meetings to ensure that efforts are made to identify, locate, contact and engage the father. A new TDM summary report that includes a question about efforts to involve the father will begin to be used, statewide. In addition, during reviews of reunification cases (see Action Step 4.1) the discussion will include an assessment of the efforts to identify and involve the father.

***Permanency Related Training and Technical Assistance***

Arizona anticipates the following training or technical assistance (T/TA) will be requested in FFY 2012 in support of the CFSP/APSR permanency goals:

- The Division's new in-home services contract requires that providers use the Protective Factors Survey, which was developed by the FRIENDS National Resource Center. Upon implementation of the new contract, the Division will request T/TA from FRIENDS to train in-home providers and others, via one or more webinars, on the purpose of the survey, practice points and how to use the tool.
- The Division's new in-home services contract redefines the in-home services delivery model to incorporate evidence-informed practices across a continuum of services for low to high risk families. T/TA might be requested to help the Division and providers implement the new service model. Areas of assistance could include identifying evidence-based or evidence-informed interventions, training providers on best practices and/or T/TA on administration of the program.

## PART 3: CHILD AND FAMILY WELL-BEING

### A. Program or Service Descriptions

#### 1. Case Planning and Case Manager Visits with Children and Parents

##### *Family-Centered Child Protective Services Case Management*

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

The Division's current case planning process was implemented along with the changes to the CSA-SRA, and shifted practice from compliance-based to behavior-based case planning. Family members are encouraged to participate in the development of a family intervention plan that identifies strengths that will help them achieve the goals in their case plan, behaviors that need to change to reduce or eliminate the identified risks and threats to child safety, and services and supports to achieve the behavioral changes. The case plan communicates to all parties the permanency goal, the required behavior changes, and the services and supports necessary to achieve behavioral changes. When applicable, the document includes an out-of-home care plan; child specific health, education and independent living plans; a concurrent permanency goal and plan; and a contact and visitation plan. The case plan includes documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. The family intervention plan can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families.

The need for concurrent permanency planning is assessed for all children in out-of-home care within 45 days from the child's initial removal. Concurrent permanency planning occurs for all children in out-of-home care with a permanency goal of family reunification where the prognosis of achieving family reunification is poor and unlikely to occur within 12 months of the child's initial removal. Once the need for concurrent planning is identified, the Department simultaneously and actively pursues family reunification while implementing a set of concurrent planning activities. Within six months of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established. The parents, children and identified family supports (including extended family members) are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Arizona law enacted in 2008 expedites permanency for children under the age of three. For children under the age three at the time of initial removal pursuant to court order, the Department is to inform the parents that a permanency hearing will be held within six months of the child's removal from the home, and that substantially neglecting or willfully refusing to participate in reunification services may result in a court order terminating parental rights at the permanency hearing. CPS Specialists are to ensure that the parents are engaged in services, and that the services and supports identified in the case plan are

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bringing the desired behavioral changes. Reassessment of the supports and services is to occur at least every 90 days in these cases.

Engaging family members in the continual evaluation of their strengths and risks 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 Division. Family-centered practice principles and techniques are trained to new staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs and activities. For example:

- Family-centered approaches are provided throughout the state policy. Many of these focus on areas evaluated during the CFSR, such as tips related to preservation of connections to family and culture.
- Arizona's case planning policies require full disclosure about the reasons for CPS involvement, the reason for a child's removal, the permanency planning process and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her; to provide a response to the allegation; to have any verbal, written or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve or older are to be included at critical decision points in the life of their case to ensure each child is: (1) informed of his or her role and rights in participating in the case plan and court proceedings; (2) informed about the Department's goal of achieving permanency for the child in a safe home; (3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship and adoption through termination of parental rights; (4) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; (6) helped to identify significant adults with whom relationships can be maintained; and (7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Division policy require an exhaustive search for all adult relatives of each child in care, and notification that the relatives can request to be considered for placement of the child or to otherwise be involved in the child's life.
- The Division partners with the family to create a family support team. The family's team may include relatives, neighbors, community leaders, clergy, public agencies, out-of-home care providers, mental health providers, juvenile probation officers, educational providers and other individuals. Parents, children age 12 or older, and other team members are encouraged to attend

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all case plan staffings, CFT meetings, TDM meetings, court hearings and Foster Care Review Board hearings to provide ongoing input into the case plan.

- Strategies for tracking the father's inclusion in the TDM process and through the life of a case have been developed and incorporated. The TDM referral form used to initiate a TDM has been changed to a statewide format that prompts the CPS Specialist to include information on all alleged fathers, so that the TDM facilitator can make concerted efforts to include fathers in these meetings.
- The statewide *Engaging and Assessing Families – A Guide to Comprehensive Family Assessment* training was first delivered to staff statewide in 2008, by national consultants through the Family to Family initiative. The training develops engagement skills for conducting comprehensive family assessments using the integrated CSA-SRA process. Concepts from this and previous engagement trainings are now embedded in CPS Specialist Core Training.
- In SFY 2011 the Division continued to put substantial effort into developing staff competency with the family-centered CSA-SRA-Case planning process. The Division continued to provide refresher training on the concepts and use of the CSA-SRA-Case planning process. Training can be delivered in-person and via internet, on both the concepts and the automation of the CSA-SRA-Case planning process. A computer-based course is available on demand to all staff. Refresher trainings can also be delivered in-person to units that request additional individualized assistance to increase competency with the CSA-SRA-Case planning process.
- In September 2010 the Division conducted a statewide supervisor conference. This conference included a keynote speaker and other content that supported family-centered supervision.
- The Division's Supervisor Core training includes a two day course on clinical supervision. The session includes coursework on best practices in group and individual clinical supervision, modeling strengths-based family-centered practice and use of the parallel process during supervision.
- The Division continues to promote shared birth and resource family parenting of children in out-of-home care. Requirements are defined in the resource family HRSS contract and trained through the PS-MAPP training for resource parents.

***Case Manager Contacts with Children and Parents***

Frequent contacts by the CPS Specialist improve ongoing assessment; provide opportunities to inform, support and engage children and parents; and give parents, out-of-home care providers and children (including children younger than 12) opportunities to identify their strengths, needs, progress, goals and services. Division policy requires that face-to-face visits between the CPS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. The majority of contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any verbal child must be seen alone for part of each visit. CPS Specialists are required to consult with the out-of-home caregiver, the child (if verbal) and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits. Division policy and an extensive policy exhibit provide guidance on the content of contacts with children and out-of-home caregivers.

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If the permanency goal is remain with family or family reunification, the CPS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home and incarcerated parents. If the child's permanency goal is *not* family reunification or remain with family, the CPS Specialist consults with the CPS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. At minimum, the CPS Specialist is to have telephone contact or written correspondence with these parents once every three months. 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. Ongoing exceptions are reviewed with the parents, team members and the supervisor at the time the case plan is developed and revised.

The Division's June 2010 *Child and Family Services Annual Progress Report* identified strategies and action steps to achieve the child visitation target goals. These strategies have not changed for SFY 2011 and are listed below. A description of the Division's SFY 2010 accomplishments related to these strategies, and activities planned for SFY 2012, is located in Section III, Parts 3 and 4, C and D.

- Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases
- Implement the DCYF Workforce Planning Initiative to strengthen staff recruitment, retention, training and supports
- Align Division management, policy, training and practice

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

Each child's CPS Specialist cooperates with the child's parents, out-of-home care providers, school, health care providers and others to identify the child's needs and obtain or advocate for services. The Division 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 Division's CSA-SRA-Case planning process and tools guide the CPS Specialist to gather information about the children's educational, physical health and behavioral health strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health and mental health needs; and services to address those needs. CPS Specialists advocate for service provision through agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services (DBHS).

***Educational Services***

CPS Specialists collaborate with parents, out-of-home care providers and schools to ensure children are provided services to achieve their educational potential. Education case plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, informal meetings between the CPS Specialist and parent, and special education meetings initiated by the child's school. The case plan for children in out-of-home care includes an education case plan, and education related tasks may be included in the case plan for children served in-home. The case plan for every child in out-of-home care specifies: (1) the child's educational status, (2) services provided to the child or out-of-home caregiver to address the child's educational needs and (3) indication of whether the child is attending the home school district. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS Specialists coordinate with

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parents, school officials, teachers, out-of-home care providers and others to monitor each child's educational needs and plan, and modify services as necessary. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

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

The Educational Case Management Unit employs two full-time case managers to serve youth, statewide. The purpose of the educational case management unit is to help youth: (1) graduate from high school; (2) pass the Arizona Instrument to Measure Standards (AIMS) test; (3) apply for postsecondary financial assistance; and (4) apply for post secondary education. The Education Specialists provide general technical assistance to assigned case managers. To identify and meet the educational needs of youth in the Young Adult Program, the Education Specialists complete education assessments during in-person interviews with the identified youth. The information from the assessments assists the Education Specialists and assigned case managers in preparing effective education case plans for graduation from high school and transition to post-secondary education and training programs. Information on high school attainment can be found in the Section IV, 2011 Chafee Progress Report. The Department partners with the Arizona Department of Education, school districts and individual school personnel to identify educational barriers for youth in foster care and to assist youth to complete educational assessments that help CPS Specialists ensure each youth's educational needs are met.

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

The majority of children in Arizona's foster care system receive health care coverage through the Division's Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Division, the Arizona Department of Juvenile Corrections or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state. CMDP, in partnership with legal guardians and foster care providers, ensures the provision of appropriate and quality health care services for the well being of Arizona's children in foster care. Statewide, CMDP uses just under 13,000 physicians and other appropriate medical and dental professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

CMDP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. Services include Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, inpatient and outpatient hospital care, laboratory services, vision care, dental care, drug prescription

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services, and necessary services of physicians or other specialty providers. For most children, behavioral health services are covered through a statewide Medicaid carve-out.

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines) and semi-annual dental exams. The CPS Specialist and out-of-home caregiver are responsible for ensuring necessary follow up of recommended care. Each child's health and medical needs are to be reviewed as part of the case planning process, and the case plan includes a health care plan with outcomes and tasks to meet the child's medical needs.

Division policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is then included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The CPS Specialist is then able to provide medical history information to the out-of-home caregivers through the medical summary report.

No changes are anticipated in the population and geographic areas served by CMDP. In CY 2010, 18,327 children in foster care were enrolled in CMDP, down slightly from 18,818 in CY 2009.

The Division's CMDP Health Care Services Plan Update 2011 is located in Section VI.

***Child Behavioral Health Services***

Meeting the behavioral health needs of children served by the Division is the shared responsibility of the Division of Children, Youth and Families and the Department of Health Services' Division of Behavioral Health Services (DBHS). DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for title XIX eligible clients. In addition, five Tribal Regional Behavioral Health Authorities have Inter-Governmental Agreements (IGAs) with the Department of Health Services: the Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation and the Pascua Yaqui Tribe each have an IGA for both title XIX (Medicaid) and State Subvention Services. The Colorado River Indian Tribe has an IGA for State Subvention Services. For children in foster care who are not title XIX eligible, or for those children who are title XIX eligible but are denied a behavioral health service by the RBHA, the Division's Comprehensive Medical and Dental Program (CMDP) provides coverage for psychiatric and medication services. Other behavioral health services may be covered through regional office funds.

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

CPS Specialists refer children who have been removed from their homes to the RBHA's statewide Urgent Response system to receive a comprehensive assessment of strengths and needs. The Urgent Response includes enrollment in behavioral health services and face-to-face evaluation. The evaluation results and recommendations are provided to the CPS Specialist to present to the Court at the Preliminary Protective

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Hearing. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment. The Urgent Response assessment is followed by a more in-depth “Birth-to-Five Assessment” for younger children that is first completed within 45 days and can continue as an ongoing assessment process. If the RBHA’s initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child’s CPS Specialist and primary care physician of the screening results and referral to AzEIP, and includes AzEIP in the child’s CFT meetings. If no developmental concern is noted, the RBHA notifies the child’s CPS Specialist and provides any necessary behavioral health services to the child, the child’s family and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are referred by CPS to AzEIP for a developmental screening.

The Urgent Response begins the development of the child’s CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. The following 12 principals serve as a foundation for the model and the ISPs, which seek to involve the entire family in the child’s treatment, as well as neighbors, community organizations and community members identified by the family (such as members of faith-based communities, educational agencies, or youth organizations):

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

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and children are encouraged to articulate their own strengths and needs, the goals they are seeking and what services they think are required to meet these goals.

- **Stability** – Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.
- **Respect for the Child and Family's Unique Cultural Heritage** – Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- **Independence** – Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- **Connection to Natural Supports** – The behavioral health system identifies and appropriately utilizes natural supports available from the child's and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

CFTs provide a family-centered, individualized and strength-based “wraparound” process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a behavioral health service provider, who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include “informal supports,” such as friends, relatives and community supports; as well as professionals and other practitioners from involved agencies. The behavioral health service provider facilitates development of an ISP by the Team, which by nature is family-focused. The team reviews the plan, approves/authorizes most services, makes recommendations and gives feedback to the behavioral health service provider. The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. When funds are available, ADHS/DBHS flexible funding of up to \$1,525 per child per year is available to achieve one or more of the following outcomes: (1) success in school or work; (2) living at the person's own home or with family; (3) development and maintenance of personally satisfying relationships; (4) prevention or reduction in adverse outcomes, including arrests, delinquency, victimization and exploitation; and/or (5) becoming or remaining a stable and productive member of the community. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and helps facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts and logistics.

The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families. The CFT explores all opportunities to maintain the child in the most appropriate setting, including a variety of wraparound services.

## **B. Outcomes, Goals and Measures**

To integrate the CFSR process and the Child and Family State Plan, most of the Department's CFSP outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's well-being outcomes and goals is measured using the state's Practice Improvement Case Review. Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's well-being goals. The

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Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and measures progress on many of the well-being goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. The PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. More information on the Practice Improvement Case Review is located in Section III, Part 4, A.3. *Quality Assurance System*.

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

**CFSR Item 17: Needs and services of child, parents, foster parents**

Well-Being Goal 1: The percentage of cases in which the needs of the child(ren), parents and foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 7)

CFSR On-Site 2007:	46%
PICR CY 2009:	58%
PICR CY 2010:	61%

CY 2010 data shows that the Division is continually assessing and providing services to address the needs of children and their foster or kinship caregivers. Nearly 90% of cases reviewed were rated strength in relation to children and more than 90% were rated strength in relation to out-of-home caregivers. Note that this item does not include assessments and services to meet children's educational, physical health and mental health needs, which are assessed in other PICR items. Foster and kinship parents interviewed during PICRs often reported that they were very pleased with the support they received and that their needs were promptly addressed by the CPS Specialist.

The mother's needs were thoroughly and continually assessed in 74% of cases reviewed in CY 2010, and sufficient services were provided to address the mother's identified needs in 84% of the cases reviewed. Assessment and services to address the needs of fathers is an area needing improvement. Father's needs were thoroughly and continuously assessed in 58% of cases, and sufficient services were provided to address the father's identified needs in 64% of cases.

Assessment and service provision, and ratings of strength on out-of-home PICR Item 7, are correlated with goal achievement and strength ratings on the caseworker visits with child and caseworker visits with parents PICR items. For example, if a parent or child is not receiving monthly visits by the CPS Specialist that sufficiently address outcomes and achievement of case goals, it is also probable that the agency did not conduct a sufficient ongoing assessment. Because of these clear correlations, the Division expects that performance on Well-Being Goal 1 will increase when performance on Well-Being Goals 6, 7 and 8 increase.

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**CFSR Item 18: Child and family involvement in case planning**

Well-Being Goal 2:	The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, B.)
	CFSR On-site 2007: 75%
	PICR CY 2009: 67%
	PICR CY 2010: 64%
Well-Being Goal 3:	The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (In-Home and Out-of-Home PICR Item 8, C.)
	CFSR On-site 2007: 44%
	PICR CY 2009: 38%
	PICR CY 2010: 45%
Well-Being Goal 4:	The percentage of cases in which concerted efforts to include the child(ren)'s father in TDM or CFT meetings will be 95% or more (In-Home and Out-of-Home PICR Item 8, C1.)
	PICR CY 2009 <sup>4</sup> : 57%
	PICR CY 2010: 56%
Well-Being Goal 5:	The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 8, A.)
	CFSR On-site 2007: 69%
	PICR CY 2009: 55%
	PICR CY 2010: 70%

During the 2010 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child contained evidence that the mother, father, and/or child participated in CFT and TDM meetings held during the period under review, and had periodic substantive conversation with the assigned CPS Specialist.

Father involvement in case planning improved significantly from CY 2009 to CY 2010. Still, fathers are less likely than mothers to be involved in case planning. The lower rate of father involvement is a result of cases in which sufficient efforts to locate and remain in contact with a non-custodial father were not made. Often these are fathers who have not had recent contact with the child, or incarcerated fathers. Some cases had evidence of contact with the mother or father, but there was not sufficient effort during these contacts to elicit the parent's thoughts and feelings about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).

Youth involvement in case planning also improved between CY 2009 and CY 2010. Generally, older youth are more involved in case planning. In some cases involving young children, the CPS Specialist visited with the child each month, but did not ask for the child's input into case planning issues.

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<sup>4</sup> Baseline data for this measure was generated from the in-home and out-of-home Practice Improvement Case Reviews, reinstated in CY 2009. This is a new item in the case review instrument and is not an item in the Child and Family Services Review On-site Review Instrument. Therefore, earlier data is not available.

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Statewide, 4,796 initial removal TDM meetings were held in CY 2009, impacting 8,557 children. Approximately 23% of these meetings were held prior to the child being removed. Data indicates that mothers attend approximately 77% of TDMs and fathers attend approximately 46%. This is an increase from 65% for mothers and 34% for fathers in CY 2008.

Involvement of parents and youth in case planning, and ratings of strength on out-of-home PICR Item 8, are correlated with goal achievement and strength ratings on the caseworker visits with child and caseworker visits with parents PICR items. For example, if a parent or child is not receiving monthly visits by the CPS Specialist that sufficiently address outcomes and achievement of case goals, it is also probable that the agency did not sufficiently involve the parent or child in case planning, since monthly contacts are one of the best opportunities to seek input into case plan decisions. Because of these clear correlations, the Division expects that performance on Well-Being Goal 2 will increase when performance on Well-Being Goals 6, 7 and 8 increase.

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**CFSR Item 19: Caseworker visits with children**

Well-Being Goal 6: The percentage of cases in which the assigned CPS Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 9, A.1.)

CFSR On-site 2007:	77%
PICR CY 2009:	72%
PICR CY 2010:	78%

Well-Being Goal 7: The percentage of cases in which the quality of visits between the CPS Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit will be 95% or more (In-Home and Out-of-Home PICR Item 9, B.)

CFSR On-site 2007:	66%
PICR CY 2009:	35%
PICR CY 2010:	51%

The majority of children in out-of-home care and those served in-home receive monthly in-person contact from the assigned CPS Specialist. CY 2010 case review data shows an increased percentage of children that received a contact *each* month during the period under review. There has also been substantial improvement in the quality of CPSS contacts with children. CPS Specialists are more likely to see the child alone for part of each monthly contact than they were in prior years. It is possible that the lower rate of cases rated strength in CY 2009 compared to the 2007 On-site Review is indicative of variation in the rating standards applied by CFSR and PICR case reviewers rather than decreased performance.

The state's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the percentage of children in care on the last day of the month that received a documented in-person contact during the month (by the assigned CPSS, another CPSS, a case aide, or another person documenting contacts in CHILDS) was roughly 75% in September 2007, March 2008 and September 2008. The percentage decreased to 70% in March 2009, but increased to 81% in September 2009 and 88% in March 2010. In September 2010 the percentage was 85%.

Data retrieved from the Division's Business Intelligence Dashboard (CY 2008, 2009 and 2010 data current as of June 8, 2011) demonstrates improvement in the percentage of children in out-of-home care who had a documented in-person contact during the month by the assigned CPSS or another person (such

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as the supervisor or case aide). The statewide average of monthly contact rates was 81% in CY 2008, 84% in CY 2009, and 89% in CY 2010. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian or runaway.

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**CFSR item 20: Caseworker visits with parents**

Well-Being Goal 8: The percentage of cases in which the assigned CPS Specialist makes concerted efforts to have sufficient frequency and quality of contact with the mother and father will be 95% or more (In-Home and Out-of-Home PICR Item 10)

CFSR on-site 2007:	43%
PICR CY 2009:	25%
PICR CY 2010:	28%

PICR data reveals higher performance in relation to contact with mothers than contact with fathers. Mothers received sufficiently frequent contact in 62% of cases reviewed (up from 54% in CY 2009), while fathers received sufficiently frequent contact in 30% of cases. In some cases, greater and continual efforts to locate a missing parent were needed, or there was insufficient contact with a parent who was detained or incarcerated. The quality of contacts was also better with mothers (65%) than fathers (56%).

Data retrieved from the Division's Business Intelligence Dashboard current as of June 8, 2011, shows no change in the percentage of cases with in-person parent contact between CY 2008 and CY 2010. The dashboard shows performance on the following measure: Of all children in out-of-home care during the month who had a goal of family reunification, what percentage had at least one parent with whom in-person contact was documented during the month? This data *does not* exclude cases where the parents' whereabouts are unknown, the parents reside out-of-state, or the parents are successfully avoiding contact with the CPS Specialist; therefore, the Division does not expect to ever achieve 100% on this measure. The statewide average of monthly contact rates was 59% in CYs 2008, 2009 and 2010.

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

**CFSR Item 21: Educational needs of the child**

Well-Being Goal 9: The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 11)

CFSR On-Site 2007:	77%
PICR CY 2009:	90%
PICR CY 2010:	95%

Cases are rated strength in the CFSR On-site Review and the Division's 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 Division is performing well in this area, achieving the standards in 95% of cases reviewed. The lower performance in the CFSR On-Site review may be due to small sample size or different rating standards. CFSR reviewers were more likely

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than the Division's practice improvement case reviewers to identify this area as applicable to in-home cases, and were less likely to rate in-home cases as strength on this item.

Data on the effectiveness of the Independent Living Program and Educational and Training Voucher Program on educational outcomes for young adults is located in Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2010*.

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

**CFSR Item 22: Physical health of the child**

Well-Being Goal 10: The percentage of cases in which the physical health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 12)

CFSR On-site 2007:	75%
PICR CY 2009:	61%
PICR CY 2010:	55%

Arizona's PICR applies a higher rating standard than the CFSR On-site Review. The PICR evaluates whether the Division's specific practice standards for physical and dental health assessments were met (for example, that the child have a comprehensive physical examination within 30 days of entering care and at least annually thereafter). Case reviewers found that 88% of children who had been in care for more than 12 months had a comprehensive physical health examination in the most recent 12 months, but only 59% of the children who had been in care for less than 12 months had an examination within 30 days of removal. In other words, nearly all children are receiving physical health examinations, but the initial examination is not always timely. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule, although Arizona still maintains a high rate of dental service provision. Of applicable cases reviewed in CY 2010, 75% of children who had been in care more than six months had received a dental examination within the most recent 6 months.

CMDP continues to do well in all AHCCCS performance and health measures for children and adolescents (AHCCCS is Arizona's Medicaid Program). CMDP was the only AHCCCS program that met the Minimum Performance Standard (MPS) for all seven pediatric and adolescent measures for contract year 2010. CMDP had the highest rates, statewide, for the following measures: access to PCPs for all age groups combined (88.0%), adolescent well care visits (65.7%), and annual dental visits (69.8%). In addition, CMDP exceeded the national Medicaid and commercial insurance means for children's access to PCPs (12 to 19 years of age) and dental visits. CMDP was one of six contractors that met the MPS for well-child visits, ages three through six. The following chart provides the percentage of children who received EPSDT visits, dental visits and access to a primary care physician.

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Performance Indicator	AHCCCS Statewide Average	National Medicaid Mean	Commercial Mean	CY 2008 CMDP	CY 2009 CMDP	CY 2010
EPSDT Visits 3 – 6 Years	69.4%	65.3%	67.8%	66%	63%	67.3%
Adolescent Well-Care Visits	43.0%	4.0%	41.8%	61%	64%	65.7%
Children’s Access to PCPs	N/A	N/A	88%	91%	N/A	88.0%
12–24 months	87.5%	93.4%	96.9%	N/A	89%	88.9%
25 months – 6 years	84.0%	84.3%	89.4%	N/A	84%	85.0%
7 – 11 years	82.8%	85.8%	89.5%	N/A	86%	86.6%
12–19 years	83.5%	82.6%	86.9%	N/A	93%	93.3%
Dental Visit (2 – 21 years)	64.0%	43.5%	61.3%	72%	75%	69.8%*

\* Due to dental claims encounter issues, these data are artificially low. Results from internal monitoring of all measures are much higher.

A formal immunization audit is performed every other year, most recently in the fall of 2009. CMDP performed very well in all measures for the 2009 Immunization Audit and exceeded the AHCCCS average for six of the nine immunization measures. The next immunization audit is scheduled for the fall of 2011.

**CFSR Item 23: Mental health of the child**

Well-Being Goal 11: The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 13)

CFSR On-site 2007: 72%  
 PICR CY 2009: 88%  
 PICR CY 2010: 87%

Arizona’s PICR data indicates that behavioral health care is an area of strength for nearly nine of ten children served in-home or in out-of-home care. This is consistent with data on RBHA activities, which indicates access to children’s behavioral health services has improved. Staff and stakeholders continue to identify DBHS’s Urgent Response system and CFTs as systemic strengths. These services are available statewide.

The Urgent Response process starts with a referral at the time of a child’s removal from CPS to the title XIX behavioral health Urgent Response system. In SFY 2011, the response time requirement changed from 24 to 72 hours. This remains consistent with the Child Welfare League of America’s recommendation that children removed by CPS receive a behavioral health screening within 72 hours of removal. As of July 1, 2010, DBHS discontinued its request for the RBHAs to track the Urgent Response data. However, the most recent available data indicates that CPS referred more than 80% of newly removed children in SFY 2010, and more than 85% of newly removed children under age five. Case review and anecdotal information suggests referrals are sometimes not made due to case circumstances. Most notably, children are not referred when: (1) the child is already enrolled and participating in services at the time of the removal, (2) the circumstances of a removal suggest the child will be returned to a biological parent within 72 hours (e.g. a parent is hospitalized overnight and CPS

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was called to care for the children until the parent is discharged), (3) it has been determined that a child would not be eligible for title XIX services or (4) the child is determined to be a court ward of another state.

Of children entering foster care who are title XIX eligible, the percentage enrolled in behavioral health services through the RBHA continues to increase. The goal is to enroll 100% of the children. In SFY 2010, about 64% of children entering foster care were enrolled. As of October 1, 2011, AHCCCS and DBHS changed the enrollment process so that all title XIX eligible children and adults are now automatically enrolled in a RBHA. In SFY 2012, DBHS will collect data to determine how many title XIX eligible members receive services through the RBHAs.

CFTs are frequently cited as a promising methodology for coordination of behavioral health service planning and involvement of parents and youth in planning related to the child's needs. The most recent data available indicates that of youth enrolled in the behavioral health system for at least 90 days (including children in out-of-home care and all other enrolled children), the percentage who had a functioning CFT averaged 94% in the second half of CY 2009. The DBHS no longer collects this data. However, DBHS reports that as of March 28, 2011, 91.6% of all title XIX eligible children and their families were involved in the treatment planning process statewide. In most instances the treatment planning process occurs within the CFT process, but it may occur in a meeting with the therapist and caregiver or CPSS. DBHS is also collecting data on the percentage of children who had a current and complete treatment plan at the time the case was reviewed. Most recently, only 40.6% of children had a current and complete treatment plan in their file, but 86.5% were receiving timely services.

### **C. Accomplishments and Factors Affecting Performance**

Despite high caseloads, the Division improved performance in relation to several well-being outcomes during CY 2010 and SFY 2011, particularly involvement of fathers in case planning, involvement of youth in case planning and quality of CPSS contacts with children. High performance was maintained in the areas of needs assessment and services for children, needs assessment and services for foster or kinship caregivers, educational services for children and annual medical exams for children.

The Division's achievement of child and family well-being outcomes is affected by some of the same factors that affect safety and permanency outcomes. Factors include staff competency with assessment and case planning practices; the frequency and quality of CPS Specialist contacts with children, parents and out-of-home caregivers; the availability of family-centered TDM and CFT meetings; and availability of parent locator services. The Division's ability to meet its permanency goals is also deeply affected by high workload. High vacancy rates and caseloads diminish the Division's ability to hold monthly high quality contacts with all children and applicable parents to conduct ongoing reassessment and involve them in case planning. Performance in the well-being goals is also affected by documentation quality, which diminishes when caseloads are very high. Although case reviewers do try to gather evidence through interviews, when this is not possible a case may be rated as needing improvement because activity such as time spent alone with a child during the monthly contact was not clearly documented.

The Division's primary practice improvement activities during this period developed staff competency in foundational practices that support well-being outcomes, such as comprehensive safety and risk assessment, timely development of behavioral case plans, and CPS Specialist contacts with children and their caregivers. Much of this work was accomplished through training activities and the Division's quality improvement system. The Division also continued to strengthen the use of TDM meetings at the point of removal and implemented strategies to increase father attendance at TDM meetings and engage

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fathers throughout the life of the case. Father involvement is a significant factor affecting many well-being goals. PICR and TDM data indicate these efforts have improved practice and outcomes related to father involvement, but the Division has a continuing need to improve in this area. In SFY 2011 the Division also continued its staff recruitment and retention efforts, the Workforce Planning initiative and other activities to increase the number of filled positions and reduce workload.

Information about each of the primary factors affecting child and family well-being outcomes and the Division's most significant improvement activities and accomplishments in SFY 2011 is provided in the remainder of this section.

***CSA-SRA-Case planning Process***

Use of the CSA-SRA-Case planning and clinical supervision processes have a direct impact on achievement of many CFSR well-being goals, particularly needs and services of child, parents and foster parents, and child and family involvement in case planning. The Division continues to use the integrated CSA-SRA-Case planning process to engage parents and youth in initial and ongoing identification of their needs, strengths, goals, services and progress. The *Family-Centered Strengths and Risk Assessment Interview Guide* provides staff with questions they can use to gather information in a family-centered, engaging and motivating style; and the behavior-based written case plan produces plans that are designed to meet the unique risks, strengths and circumstances in each family.

In SFY 2011, the Division continued to provide refresher trainings, case examples, practice guides and other materials to develop staff competency with the CSA-SRA-Case planning process. Detailed practice guides on case plan development timeframes, case plan staffing requirements and behavioral case planning were published and distributed in July and October 2010. Practice Improvement Specialists in each region have given feedback to staff on areas such as requirements and methods to involve younger children in case planning, timeframes for conducting CSA-SRA reassessments in ongoing cases and case plan staffing requirements. Similar activities will occur in SFY 2012. More information on the Division's work to achieve consistent application of the CSA-SRA-Case planning process is located in Section III, Part 1.

***Team Decision Making***

Division staff and stakeholders often identify TDM meetings as an effective method to improve comprehensive assessment, service planning, and involvement of parents and youth in case planning. TDM meetings also increase the number of cases in which the father is located and contacted. The following examples describe some of the ways TDM meetings assist the Division to achieve well-being outcomes:

- TDM meetings are an especially effective method for ensuring fathers and other non-custodial parents are identified, located and engaged early and throughout the case. Regions have been working toward a goal of increasing the percentage of TDMs attended by a father and the rate of father attendance is tracked in the TDM database. In CY 2010, fathers attended approximately 51% of TDMs, up from 46% in CY 2009.
- In SFY 2011, most regions' procedures required efforts to locate and invite fathers to TDMs. For example, one region's TDM procedures stated that "attempts must be made to have birth parents or putative fathers attend this meeting unless there is some extraordinary reason not to invite them." These procedures also required that the CPS Specialist identify with the family any

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relative or other significant person who could serve as a permanent placement or “forever connection” for the child. These kin can assist the CPS Specialist to locate and engage missing or unstable parents. New statewide TDM policy and procedures include similar requirements to locate and invite fathers to TDMs and identify kin.

- The statewide TDM referral form has been revised to require information be provided about the father, to ensure the CPS Specialist has sought information about the father and invited him to attend the TDM meeting. Questions related to father engagement and relative contact information have also been added to the statewide TMD Summary Report form.
- TDM meetings provide parents and youth an opportunity to express their needs and identify the services they believe will be most helpful. These meetings are led by trained facilitators who are skilled in participant engagement. The case plan is not developed at the TDM, but the information provided by the family helps the CPS Specialist to identify initial goals and services.
- Icebreaker meetings are often held directly after the TDM meeting, if the child is in out-of-home care and the caregiver attends the TDM. These meetings provide another opportunity for parental input about the child’s needs, including the child’s educational, physical health and behavioral health needs.
- Community partners frequently attend TDM meetings. Attendance by partners from the behavioral health system and Arizona Families F.I.R.S.T. allows the providers to hear about the family’s needs first hand rather than through a referral form; address the parents’ denial, fears and other potential barriers to engagement; and immediately schedule initial appointments.

***Activities to Improve Frequency and Quality of CPS Specialist Contacts with Children and Parents***

CPS Specialist contacts with parents and children are an important opportunity to conduct ongoing needs assessments, keep parents and children fully informed, and seek their input into decisions affecting them. As a result, there is a correlation between cases rated as strength on caseworker contacts with children and parents and cases rated strength on child and family involvement in case planning, and needs and services of child, parents and foster parents. When there are monthly discussions about the child’s needs, the CFSR/PICR items on education, physical health and behavioral health of the child are also more likely to be rated strength.

Division policy requires that the assigned CPS Specialist have monthly face-to-face contact with the child and the caregiver in the child’s out-of-home placement. If the child is verbal, these contacts provide CPS staff the opportunity to discuss the current case plan with the child and obtain his or her thoughts and feelings about the plan. Older children often have input into the case plan at CFT and TDM meetings, court hearings, Foster Care Review Boards, and case plan staffings; but staff are less skilled at engaging young children in case planning. Particularly with very young children, this is done most effectively through high quality in-person in-placement contacts. The CPS Specialist is also required to have face-to-face contact with all parents at least once a month while the permanency goal is reunification or remain with family, including any alleged parents, parents residing outside of the child’s home and incarcerated parents whose whereabouts are known and rights are not terminated. These contacts are opportunities for the parents to discuss progress towards the behavior changes outlined in the case plan, and for the CPS Specialist to gather information to inform the ongoing safety and risk assessment.

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Provision of training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases is a strategy included in the State's CFSR PIP and CFSP. In SFY 2011 the Division continued its work to improve CPS Specialist contacts. Activities and accomplishments included the following:

- The Division's executive leadership continues to identify CPS Specialist contacts with children as a priority practice improvement area that requires a Professional Skill Building Plan be developed with the involved field staff if it is found to be an area needing improvement during a Practice Improvement Case Review.
- The Division's executive leadership identified CPS Specialist contacts with children as a practice focus area for CY 2010. This area was the focus of communication and discussion in the second quarter of 2010. The Division's practice improvement-policy-training team published a policy reminder and documentation example. These continue to be distributed throughout the regions and will be posted on the *DCYF Connects* intranet site to be launched by July 2011.
- Each region has a system to monitor the frequency and quality of each unit's CPS Specialist contacts with children. Performance data and feedback is given to staff and monthly performance and progress information is provided to the Child Welfare Program Administrator in monthly reports. Improvement plans are developed with underperforming units.
- A policy exhibit titled *Quality Supervision and Contacts with Children in Out-of-Home Care* was updated and distributed to regional staff in June 2010. This exhibit provides guidance for determining the right frequency of contacts to meet the child's and caregiver's needs, and to direct the content of discussion. Information was also added about the requirement and purpose of spending time alone with the child during monthly contacts. In SFY 2011 the Practice Improvement Specialists continued to distribute this exhibit to staff.
- A child contact case note documentation outline was created and distributed in May 2010. Use of this outline for documentation of the CPS Specialists' monthly in-person child contacts is mandatory. The outline includes headers to remind the CPS Specialist to document time spent alone with the child, efforts to involve the child in case planning, and discussion about areas such as the child's educational, physical health and behavioral health status, and visitation and contact with parents and siblings. The outline was provided with instructions and a more detailed guide that can be used in the field to prompt discussion about key areas and take notes. In SFY 2011 there was a 16 percentage point increase in percentage of cases rated strength in regard to quality of child contacts. Much of this can be attributed to the improved documentation from the case note outline.
- Information about the areas that the CPS Specialist should discuss during monthly contacts is being provided to resource parents in the new kinship caregiver handbook and through other means. This assists resource parents to be prepared with information and documentation the CPS Specialist requires.
- The PICR instrument includes an item to evaluate the frequency and quality of CPS Specialist contacts with children. The Practice Improvement Specialists give information about this practice area and case-specific practice feedback to the involved CPS Specialists and Unit Supervisors, based on the case review findings. This provides ongoing opportunity to clarify

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practice expectations, such as the requirement to meet alone with the child for part of the visit.

The Division is monitoring frequency and quality of contact with parents using the Business Intelligence Dashboard and the PICR. Supervisors can track summary statistics by unit and CPS Specialist on the Business Intelligence Dashboard, and can view case specific lists of child, parent and caregiver contacts that still need to occur before the end of the month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated and sufficient efforts are made to locate missing parents.

***Activities to Improve Father Involvement***

The Division is also actively seeking to change attitudes and beliefs about the importance of father involvement, and increase the percentage of cases in which fathers are identified, located, contacted and involved. The Division's CPS Specialist Core training includes content about father involvement, and the PICR process is helping to increase staff awareness about the benefits of contact with *all* parents – including those who are not an option for reunification and incarcerated parents. In addition, the initial assessment PICRs allow regional Practice Improvement Specialists and managers to clarify policy requirements for contact with non-custodial parents during initial assessments. It is probable that higher rates of contact during the initial assessment phase will carry into the ongoing case phase.

Pima Region been especially active in the effort to increase father involvement. In SFY 2011, Pima Region continued to pursue its fatherhood involvement initiative, building on the activities from SFY 2010 and before. Highlights of activity in SFY 2011 include the following:

- A brochure titled *Father Friendly Services in Pima County* is being printed and will be ready for distribution in July 2011. The brochure provides contact information for programs designed for men, including counseling, support and housing programs for men recovering from substance abuse; anger management and relationship violence group counseling programs; parenting programs that focus on fathering; housing and shelter programs for men; agencies that provide assistance with paternity and child support needs; and a weekly peer support group just for fathers.
- A local agency recently created a Parent Support Group just for fathers. This group is led by a father.
- The Division's TDM Summary Report has been changed to include the question "Is the father present and what efforts have been made to engage the father." This will serve as a reminder to the CPS Specialist that efforts must be made to identify and contact the father prior to the TDM and that efforts must continue following the TDM if the father is not already engaged. The TDM Summary Report will also improve documentation of the efforts made. This document is being used statewide as of June 2011.
- The statewide PASE performance evaluation document for CPS Specialists now includes a section on father and family engagement as part of the performance review. Performance data for each CPS Specialist is gathered by the CPS Supervisor throughout the year and the PASE document is completed annually.
- A staff and stakeholder training video on father involvement is being produced. This video will include interviews with fathers involved with the child welfare system. This video is expected to

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be complete and ready for use in July 2011.

- In May 2011, Honorable Karen Adam, Pima County Juvenile Court Presiding Judge, joined with Honorable Margaret Maxwell of Pima County Superior Court, an attorney who represents parents in child dependency cases, an assistant attorney general, and staff from DCYF and the Division of Child Support Enforcement to develop and deliver a webinar for the state bar association entitled *Explaining Opportunities for Children: Pima County's Efforts to Engage Fathers in Child Welfare Cases*. This webinar explained the attorney's role engaging, preparing and informing fathers in juvenile dependency cases, mediation of parenting and child care plans, the role of the child support enforcement agency, and consolidation of cases in non-unified family courts.
- In June 2011 Pima Region held its second annual Reunification Day Celebration. One of the speakers was a father who successfully completed his dependency case.
- A Pima County Assistant Program Manager (APM) attended the Leadership Academy for Middle Managers (LAMM) provided by the National Child Welfare Workforce Institute in Seattle, Washington, in February 2011. This APM continues to be the leader for Pima County's father involvement initiative, and selected this change initiative to be the focus of applied learning during the LAMM. The LAMM continues to provide opportunities for learning and mentoring to the APM as she continues implementation of her initiative, now called *Strong Children - Involved Fathers*.

***Parent Locator Services***

The Division has expanded its resources to search for parents and relatives, and continues to remind staff about the necessity and importance of these searches. Use of parent locator services is especially important for locating missing parents, who are most often a father. State policy requires extensive and documented search for absent parents, guardians, custodians, extended family members and other significant persons as placement resources for children in out-of-home care prior to key decision points in the life of a case and no less than every six months.

The Division uses the services of the Arizona Parent Locator Service (APLS) through the Division of Child Support Enforcement for the location of parents. The APLS searches ATLAS, the Arizona Technical Eligibility Computer System (AZTECS), BG01, Motor Vehicle Division records, and credit bureaus. If the APLS search is unsuccessful, or if the search is for a relative or other non-parent, the Division refers to a contracted agency for a search of automated databases such as national credit bureaus, driver's license bureaus, birth and death records, criminal records and other appropriate resources.

On July 1, 2010 Parent Locate Services was designated a centralized, statewide program. During SFY 2011, there were five Parent Locate Specialists located throughout the state dedicated to provide Parent Locate services. Three new staff were added to this unit in late SFY 2011 to better meet the service demand.

***Activities to Improve Child Educational Outcomes***

Arizona's strong performance in meeting the educational needs of children has been achieved through continued communication about the necessity of positive educational outcomes for youth in the child welfare system, and resolution of systemic issues to improve timely and continual access to educational

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services. Activities to support educational outcomes for foster youth continued across Arizona in SFY 2011, for example:

- To ensure that the Division attends to the educational needs of every child served through in-home services or out-of-home care, a Child's Educational Case Plan is clearly delineated as part of the CSA-SRA-Case plan. These child-specific educational plans document goals, action steps and responsible parties related to the child's educational needs and services.
- The Department continues to have an Education Case Management Unit consisting of two Education Specialists that assist CPS Specialists to develop and coordinate the educational case management plans for youth in the Arizona Young Adult Program.
- The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L.110-351, Fostering Connections Act) was signed into law on October 7, 2008. Some of the Act's provisions seek to promote educational stability for foster children. Major areas of focus are foster placements in the proximity of the school in which the child is enrolled at placement, transfer of educational records and transportation costs. In SFY 2010 significant updates to state policy and procedures were made to conform to this legislation. The Education Case Managers continue to provide case by case technical assistance to field staff across the state.
- The Pima County Model Court Educational Working Committee maintains a document called the Passport to Adulthood to assist judges and agencies in their efforts to prepare youth to transition out of foster care. Areas critical to this transition to adulthood include education, employment, housing, physical health, mental health, life skills and relationships with supportive individuals. The Passport is to be reviewed in court for youth whose cases enter and exit the Young Adult Program. The Passport to Adulthood is currently being used by four judges on a portion of their young adult cases. Once the document and process is finalized, judges in Pima County will hold a Passport to Adulthood hearing in all young adult cases.
- Childhelp, Inc. and several partners maintained the AZ Foster Youth 411 website that provides information for current and former foster youth. The website includes a continuing education section, with information on post-secondary educational opportunities and resources. This website can be viewed at: [www.fosteryouth411.org](http://www.fosteryouth411.org)
- In January 2011, Pima County held a Career Day at Pima Community College to explore education options. Youth from probation and foster care learned about financial assistance and educational opportunities available to them.
- The two day "College Goal Sunday" was held in Arizona by the Arizona Commission for Postsecondary Education. Over 300 financial aid professionals and volunteers assisted high school seniors, families and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2011-2012 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted 30 sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Division's Education Case Management Unit also provided assistance at this event.
- In April 2011 OCJ Kids (Off Campus Jams) held a Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Division's

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Education Specialists provided a workshop at the fair. Foster youth participated in the fair and were able to talk with various trade school and college representatives.

- The Department's Northern Arizona Education Specialist is a member of the Northern Arizona Youth in Transition Group. The Youth in Transition Group is co-facilitated by the Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Division. A goal of this group is to improve educational outcomes for transition age youth that are in foster care or have behavioral and mental health disabilities, through information and resource sharing, problem solving and youth input.

The Division and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. Education remains an important issue under review with the State Youth Advisory Board. In SFY 2012, board representatives will work with the agency's Forms & Graphics Unit to create and distribute an informational brochure for educators.

See Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2011* for additional information about the Division's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

***Physical Health Services Coordination and Outreach***

During the 2007 CFSR stakeholders praised the services of CMDP, noting that most services are readily available and easily accessed. Case reviewers continue to receive similar feedback during interviews with caregivers for the PICR. One of the most important factors supporting this area of strength is the inclusion of the health care program, CMDP, within the child welfare agency. This arrangement allows close coordination between the health care program and other child welfare programs and provides flexibility to respond to the unique health care needs of foster children. CMDP is staffed with a full complement of clinical positions, including four full-time nurses, a board certified Pediatric Nurse Practitioner serving as the Director of Medical Services, and a board certified Pediatrician as the Medical Director. This allows CMDP to provide more care coordination and work closely with CPS Specialists on complex cases.

In SFY 2011 CMDP maintained its system of outreach and reminder notifications. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the CPS Specialist, out-of-home caregiver and PCP. CMDP outcome data suggests that these intensive outreach efforts are effective. As in SFY 2010, CMDP's SFY 2011 outreach activities included the following:

- Monthly immunization reminders were sent to CPS Specialists and PCPs of infants and toddlers ages 12 and 18 months who were in out-of-home care, notifying them of immunizations that were due or past due according to Arizona State Immunization Information System (ASIIS) reporting. In addition, the number of EPSDT visits recorded in claims data was compared with the number the infant should have had by his or her age, and this information was reported to the PCP and CPS Specialist.
- Each month, all new CMDP members' CPS Specialists and PCPs were notified of those children and youth that had immunizations due or past due according to ASIIS reporting.

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- EPSDT reminder cards were sent twice a year to each member's placement or the member's CPS Specialist (if no placement address is available) for all members age two through 17 years. All members 18 and older are mailed the reminder cards directly.
- Special quarterly immunization and EPSDT visit reminder cards were sent to the placement or CPS Specialist for all members who were 24 months or younger. These cards identify the number of EPSDT visits and immunizations necessary by the time the member reaches age two.
- Dental visit reminder cards were sent to the member's placement or CPS Specialist twice a year for members ages one through 17. All members 18 and older are mailed reminder cards directly.
- The "All about Me and EPSDT" poster (English and Spanish) was sent to the caregivers of all members under 24 months. The poster is designed to go with the child in the event of a placement change, and outlines all of the required EPSDT visits and immunizations prior to age two. It includes places for photographs and other milestones. This poster was recently updated to reflect several changes in the 2011 Center for Disease Control Immunization Schedule.
- The CMDP Handbook for CPS Specialists and Probation/Parole Officers, the Member Handbook and the Provider Manual all include sections on EPSDT requirements. Articles and information about EPSDT exams are also included in CMDP's quarterly provider and member newsletters, custodial agency newsletter, the *Arizona Statewide* newsletter for foster and adoptive families and on the CMDP website. The handbook is also available on the CMDP website and is updated on an annual basis.
- Regularly scheduled training programs for CPS staff and foster caregivers on EPSDT requirements are conducted by the Program Development and Medical Services staff.

The Division will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities described above to increase CPS Specialist, out-of-home caregiver and PCP awareness about the general and child-specific physical, dental and mental healthcare needs of children in out-of-home care.

***Behavioral Health Services and Child and Family Teams***

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

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screening tool (CRAFFT) and development of the ACEC strategic plan. The Division participates in the following ACEC subcommittees:

- *The Clinical Subcommittee* – The Clinical Subcommittee is charged with addressing direct supports in Residential Treatment Center (RTC) settings; review of out-of-state placements; Home Care Training to Home Care Client (HCTC, formerly known as therapeutic foster care) transition challenges; an inventory of substance abuse providers to learn how many are using evidence based practice; and use of the CRAFFT, which is a six question screening tool developed to screen adolescents for high risk alcohol and other drug use disorders. In SFY 2011, this subcommittee began to develop Transition Training for system partners, youth and parents. This training is being developed with the participation from child welfare, behavioral health, the administrative office of the courts and the RHBAs. The training is intended to educate system partners and the community on the Transition to Adulthood Practice Protocol.
- *The Training Subcommittee* – This subcommittee has been designing a curriculum to educate the school system about the CFT process and the role of educators in CFTs, educate families of children with behavioral health needs about the educational system and its role in their child's life, and educate the behavioral health system about the school system, legal requirements, special education, educational interventions and collaboration with school systems. The curriculum will contain sections such as: Navigating the School System, Facilitating School Involvement in CFT Practice, and Joint Planning between Schools and Behavioral Health. The subcommittee is identifying the best methods for delivering the training to stakeholders. Due to the current economic situation, most stakeholders are limited in their ability to provide trainings. Alternatives are being examined. In SFY 2011, the subcommittee developed the manual and trainer's guide. These are being reviewed by education representatives and committee members and will then be presented to the ACEC members for approval.
- *The Family Involvement Subcommittee* – In SFY 2011, this subcommittee began addressing integrated healthcare. The subcommittee began a review of facilities that provide medical and behavioral health services in the same location. Members are developing a resource guide that offers health (nutrition, medical, behavioral) information that will benefit those with behavioral health issues. The subcommittee also developed a youth survey that was distributed at a local festival (MyFest) put on by youth involved in the behavioral health system.

The Division is also represented on Arizona's Behavioral Health Planning Council, which is responsible for advising, reviewing, monitoring and evaluating all aspects of the development of the state (mental health) plan as required in PL 99-660, 100-639, and 102-321. The Division's Statewide Behavioral Health Coordinator is appointed to the Council and is chairperson for the Council's Planning and Evaluation Committee, which is responsible for overseeing the review of the state plan for the Council. Additionally, the Division participates on the Council's Children's Committee which, as of June 2011, is finalizing a white paper regarding psychiatric boarding of children with mental health problems in hospital emergency departments. The white paper contains a set of recommendations that will be presented to DBHS for consideration.

The Division also has a member on the DBHS Support and Rehabilitation Services Steering Committee (formerly known as the Meet Me Where I Am campaign). This committee's goals are:

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- Increase awareness and utilization of the Support and Rehabilitation Services listed in the ADHS/DBHS Covered Services Guide.
- Create a flexible, community-based workforce that is able to be molded by Child and Family Teams to help accomplish the work designed by CFTs without programmatic limitations.
- Support youth and families with the most complex needs in order to help them live together in the community successfully and avoid out-of-home placements. This assumes the ability of providers to work with youth with extremely complex behavioral needs, including handling dangerous behavior when it occurs.
- Help integrate youth and families with the communities in which they live. This requires providers to conduct activities in the community and to provide transportation to, during and from support activities as well as to support youth with any assistance with the self-administration of medication that may be needed in order to participate in community activities.

The Division's Office of Prevention and Family Support Program Manager, Statewide Behavioral Health Coordinator, and Statewide Behavioral Health Appeals Coordinator also meet regularly with DHS/DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing and data reports. In SFY 2011, DBHS discontinued its *Children's Semi-annual Performance Improvement Report*, which provided information about the rates at which children are receiving timely and appropriate services. Instead, DBHS has implemented its Outcomes Framework and Dashboard. This system reports on several elements, which are listed below with data current as of May 13, 2011:

1. Quality of life is defined by whether the child:
  - with a history of substance use is now abstaining from drugs (37.8%);
  - is now employed (0.2%),
  - attends school (86.1%),
  - is not homeless (98%),
  - has no recent involvement in the criminal justice system (96.2%).
2. Access to recovery and resiliency oriented services as defined by whether the child:
  - is satisfied with access to services (83%),
  - receives timely services (86%),
  - lives within 15 miles of an outpatient clinic (98.3%).
3. Services delivery is defined based on whether they are provided based on the individual needs of the child by determining:
  - if they participate in treatment planning (91.6%),
  - if they have current and complete service plans (40.6%),
  - if they receive services identified on their service plans (84%).
4. Coordination of care is defined by individuals receiving seamless behavioral and medical care coordination as determined by whether the child:
  - has their care coordinated with their medical doctor (87.3%),
  - returns to a psychiatric hospital (10.6%),
  - average length of stay in a psychiatric hospital (9.7 days)

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Additional data is being gathered through joint case reviews with DBHS, to identify or explore trends in systemic barriers to services. A review process and form was developed in 2008 that uses a root-cause analysis approach. The Division and DBHS have also jointly reviewed cases involving issues in out-of-state placements, HCTC placements, and behavioral health services for children with developmental disabilities. In SFY 2011, the Division and DBHS jointly reviewed a case that was successful in its development and implementation of services for a complex needs youth. The case will be highlighted at a quarterly statewide CFT coaches meeting as an example of running a successful CFT. The review was intended to take a strengths-based approach and illustrate how successful implementation of proper CFT practice can address and overcome system barriers.

In SFY 2011, the Division provided its comments on several DBHS policies including Clinical Supervision; Privileging and Re-Privileging; Behavioral Health Assessment revisions; Child Welfare Timelines (DBHS Provider Manual attachment); Coordination of Care with Other Governmental Agencies; Overview of AFF Model & Referral Process (DBHS Provider Manual attachment); Special Populations; Duty to Report Abuse & Neglect; Referral & Intake; Outreach, Engagement & Disenrollment; Notice & Appeals; Coordination of Care; Crisis Services; Member Complaints, and the Child and Family Team Process.

In SFY2010, DBHS determined that it could not feasibly monitor the RBHAs compliance with the numerous required elements of all its Practice Protocols. Therefore, DBHS classified several protocols as being “without required elements,” thus carrying no compliance monitoring requirement. These protocols are still applicable as guidance documents. There are now five Practice Protocols with required elements. DBHS monitors the RBHAs’ compliance with the required elements in the Practice Protocols on:

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

The “Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS” Practice Protocol is without required elements, but remains a clinical guidance document. Additionally, the “Unique Needs” training remains a required training for all behavioral health providers who provide direct service to children and/or families in the child welfare system. Division staff continue to co-facilitate these trainings with each RBHA. Training evaluations indicate that these have been beneficial as behavioral health providers become more aware of the legal and administrative constraints within which CPS Specialists must work. Additionally, behavioral health providers report improvements in their understanding of the impact of removal and foster care on a child’s emotional and behavioral development.

The Division also provides services to treat behavioral health issues that contribute to safety threats or risks to children. The Division’s in-home services program provides therapeutic support for families, and the Comprehensive Medical and Dental Program provides psychiatric services to address the mental health needs of children who are not title XIX eligible. The Arizona Families F.I.R.S.T. (AFF) program provides substance abuse assessment and treatment services. The Division also provides specialized psychological evaluations or other services on a case by case basis. Efforts continue to improve efficiency and ensure families receive necessary services. A cross-walk of behavioral health and CPS services was developed to help staff better utilize clinically necessary title XIX funded services. A training regarding this crosswalk was developed and added to the CPS Supervisor Core curriculum. This

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content continued to be provided in SFY 2011, to show CPS staff how to maximize the use of title XIX monies by using the child's Individualized Service Plan and medically necessary title XIX services to achieve the CPS case plan goals.

***Workforce Planning Initiative***

Caseload size and CPS Specialist recruitment and retention are the most frequently cited factors affecting the rate of CPS Specialist contact with children and parents. Case volume and the level of demand on CPS Specialists' time also affect the quality of contacts, including their length, which in turn affects the quality of ongoing needs assessment and efforts to actively involve children and parents in case planning. The Division's substantial staffing reductions in late SFY 2009 and throughout SFY 2010 and high rate of vacancies in SFY 2011 have hindered the Division's ability to improve parent involvement in case planning, frequency of contact with children and frequency of contact with parents. Information about the Division's caseload levels, staffing resources and efforts to address these issues through the Workforce Planning Initiative is located in Section III, *Introduction*.

***Quality Improvement System***

The Division's quality improvement system, particularly the PICR and Professional Skill Building Plans, provide staff with individualized and practice-specific feedback and supports, to increase staff knowledge of policies and practice standards, and competency in the consistent application of these standards. The Division's PICR instrument evaluates practice and systems to support ongoing assessment and service provision, child and parent involvement in case planning, quality of CPS Specialist contacts with parents and children, and assessment and services to address the child's educational, physical health and behavioral health needs. PICR feedback sessions with the involved staff deliver policy and practice clarification directly to field staff. In addition, the Division's executive leadership identified the child and family well-being areas of CPS Specialist contact with children, timely case plan development, and behavioral case planning as practice focus areas for CY 2010. More information on the Division's quality improvement system is located in Section III, Part 4, A.3. *Quality Assurance System*.

**D. Strategies and Action Steps for SFY 2012**

This section lists the state's primary strategies for improving child and family well-being outcomes. Activities in SFY 2012 will expand upon the completed action steps and benchmarks from the state's CFSR PIP and the progress made in SFY 2011. These strategies and action steps do not describe all the activities that may improve well-being outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to well-being, but will also support safety and permanency outcomes. Likewise, the Division's safety, permanency and systemic strategies will support achievement of well-being outcomes. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve the Division's needs assessments and service planning for children, parents and out-of-home caregivers.

**Primary Strategy 7: Implement a family-friendly written case plan format and staff training on case plan staffing facilitation methods that encourage parent and youth involvement in case planning activities and decision-making**

**Goal:** Provide all members of the family's CPS team an opportunity to participate in the development of a behavioral case plan that meets all federal and state requirements, including parent and youth involvement in case planning and

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timely designation of permanency goals that are appropriate to the child's needs for permanency and the circumstances of the case

**Action Step 7.1:** Implement a family-friendly and user-friendly written case plan format that provides courts with the information the require

**Action Step 7.2:** With technical assistance from the National Resource Center on Permanency and Family Connections, develop CPS Specialists' case plan staffing facilitation and coordination skills, including exploration of opportunities to minimize duplication of effort with cases involving other types of team meetings

Improving the case plan format and facilitation of case plan staffings will support earlier efforts to implement the behavioral case planning approach. Staff and stakeholders (especially Juvenile Court Judges) have asked the Division to revise its case plan format so it is more family-friendly and user-friendly. The Division will also request assistance from the National Resource Center on Permanency and Family Connections to develop CPS Specialists' case plan facilitation and coordination skills. Over the years, staff have facilitated fewer case plan staffings, using court hearings, CFTs and TDMs as substitutes. The intent of the technical assistance is to build staff skill and confidence so that case plan staffings will be held at least every six months in all cases. At the same time, the Division will explore methods to reduce duplication of effort when CFTs, TDMs or other meetings are being held in the case.

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**Primary Strategy 8: Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases**

**Goal:** Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being

**Action Step 8.1:** Within each region, use dashboard data, clinical supervision and managerial oversight to monitor the frequency and quality of monthly in-person contact with children, alone for part of each contact if verbal

CPSS contacts with children are the most important method for involving children in case planning. During contacts, the CPSS can get the child's input about case planning decisions such as the permanency goal, visitation, services, placement decisions, etc. The Division uses its Business Intelligence Dashboard data to monitor this area, and plans to improve the way this data is gathered and reported on the dashboard. The Division will use dashboard and case review data to monitor frequency and quality of contacts, and require regional or unit level action plans in underperforming areas.

***Well-Being Related Training and Technical Assistance***

In FFY 2012, Arizona anticipates it will request training or technical assistance (T/TA) from the National Resource Center on Permanency and Family Connections to develop CPS Specialists' case plan facilitation and coordination skills.

## **PART 4: SYSTEMIC FACTORS**

### **1. Statewide Information System Capacity**

Since February 1998, Division staff have been required to use the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location and goal for every child who is in foster care. CHILDS supports Hotline intake, initial assessment/investigation, case management, adoption, eligibility determination, staff management, provider management and payment processing; and includes on-line help, policy, a court document and forms directory, an alert system for key case events, and other mechanisms to monitor and maintain data accuracy.

The CHILDS system is available statewide to Division staff in all local offices and has more than 2,000 registered users. Service providers and other agencies are given access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit and placement codes to differentiate between families served by the Division and those served by other state agency or tribal entities. As a SACWIS compliant system, CHILDS' security conforms to SACWIS security standards.

CHILDS training for staff, tribes and contracted providers is critical to the success of the system. CHILDS trainers provide initial training, including a one day new employee CHILDS orientation to familiarize staff with CHILDS navigation and e-mail systems; and six days in CPS Specialist Core training on the ongoing case management and investigation windows. Specialized training is presented to staff who maintain the provider database or process payments, and to tribes and contracted providers who enter case notes or data in CHILDS. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. These trainings, the CHILDS system's Missing Mandatory Data function, program edits that prevent entry of illogical data, and ongoing review of data error reports form an effective system to ensure data accuracy. The Division's Automation Liaisons (DALs) also have an important role in training new staff and providers learning to access the system, and all staff following system updates and change migrations.

The CHILDS Project measures its success according to its ability to update the system to respond to the evolving needs of its users while maintaining SACWIS compliance, and is highly successful in this regard. In SFY 2011 the CHILDS Project continued to hold monthly DAL meetings. These meetings allow the DALs to preview CHILDS enhancements and modifications so they can alert and train field staff; and allow CHILDS staff to solicit suggestions and input on the CHILDS application, network and staff services. CHILDS also continues to conduct quarterly system modification migrations. Migrations typically include fifteen to twenty system changes requested by field staff, administrators, state policy and program development staff or CHILDS staff.

A priority of the CHILDS project over the last several years has been development and continuous improvement of the automated CSA-SRA-Case plan, which guides decision making and improves documentation of holistic safety and risk assessments. The automated CSA-SRA-Case plan provides several features to assist CPS staff, including built-in instructional text and hyperlinks to related web sites, alerts to improve data accuracy and thoroughness, tabs that allow staff to move sequentially through the instrument and areas for supervisory documentation. In SFY 2011 the CHILDS project

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continued to revise the automated CSA-SRA-Case plan in response to needs identified by staff and Division management. These changes are viewed as a priority, so they can happen quickly. Recent changes further automated the process to reduce data entry, such as implementing a case copy process.

Other recent updates to CHILDS improve documentation, reduce AFCARS errors and increase collection of data required for program improvement and strategic planning. For example:

- Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act, providing States with flexible funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. CHILDS was modified to accommodate the National Youth in Transition Database (NYTD) to collect case-level information on youth in care, including the services paid for or provided by the State agencies that administer the CFCIP and outcome information on youth who are in or who have aged out of foster care.
- A data tree was added to simplify access to key case information and improve accuracy of documentation. CPS Specialists can simply click on participant related data (such as the family member's phone number or the child's permanency goal) and drag that information into a text field in a CHILDS window or form. Staff have reported this new functionality is saving CPS Specialists about two hours of typing a month.
- The foster care provider billing confirmation process has been automated in CHILDS. Previously CHILDS produced paper bills to be sent to providers to confirm services rendered. Now providers have the option to receive bills electronically. This change is saving 200 hours per month of staff time in the Division's payment processing unit.

The Division participated in an AFCARS review in September 2009. An AFCARS Assessment Review Improvement Plan was submitted to the U.S. DHHS in April 2010, to have all changes implemented by December 2012. Arizona immediately made several of the identified changes to the AFCARS data extraction program. In SFY 2011 the following changes were implemented according to the submitted improvement plan.

- Allow collection of information that must be reported under section 422(b)(12) of the Social Security Act (the Act). This section of the Act relates to inter-country adoptions and requires identification of the number of children adopted from other countries who entered into State custody.
- Prevent the entry of a caretaker that is younger than the child.
- Add a removal start and end time, to ensure removals of less than 24 hours are not included in the AFCARS submissions.

**2. Case Review System**

Arizona's case review system includes policies and processes to meet the federal requirements for development of written case plans, periodic review of the status of each child, permanency hearings for children in foster care 12 months or more, and termination of parental rights according to Adoption and Safe Families Act requirements.

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***Written Case Plan***

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

The Division's case plan includes sections that address the child's physical health needs and the child's educational needs. These and other specialized sections (such as the out-of-home care plan to describe needs and services for the out-of-home caregiver and the child, and the independent living plan to describe services to youth age 16 or older) prompt CPS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Timely development and reassessment of case plans, and inclusion of all necessary components, is supported by quality assurance and supervisory tools. The CHILDS Alert system provides case managers an early reminder of case plan reassessment due dates. Supervisory case review forms, which include prompts to review the timeliness and content of case plans, are required quarterly on ongoing case management cases.

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

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. More information about these policies and practices is located in Section III, Part 3.

***Periodic Reviews and Permanency Hearings***

Periodic review requirements are met through Juvenile Court hearings and Foster Care Review Board (FCRB) meetings. In most cases a Court or FCRB hearing is held more frequently than once every six months. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB reports and recommendations are sent to the Juvenile Court Judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

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

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During the 2007 CFSR On-Site Review, Item 26 on court or administrative review no less frequently than once every six months, and Item 27 on court or administrative permanency hearings no later than twelve months from foster care entry and every twelve months thereafter were identified as strengths.

***Termination of Parental Rights***

Division policy requires that the Division file a motion for TPR when the child's permanency goal is adoption. The Division assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Division policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Division file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. The regional Program Manager or designee must approve any Division recommendation that TPR is not in the child's best interests if ASFA TPR requirements apply. For children who are initially placed in out-of-home care under a voluntary foster care agreement, the first 60 days of placement is not considered in calculating the cumulative time in out-of-home care for TPR purposes.

Reducing delays from dependency related appeals continues to be an area of priority. Court rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule was enacted to reduce delays to finalized adoption. The state's two appellate divisions have been tracking data on timeliness of TPR rulings. Their goal is to decrease to 140 days the time from the filing of the notice of appeal to the filing of the appellate court decision. The statewide average time from filing to decision has decreased from 267 days in SFY 2007, to 178 days in SFY 2008, and 164 days in SFYs 2009 and 2010 (data provided by the Administrative Office of the Courts, Court Improvement Program).

In FFY 2010 Arizona continued to exceed the national 75<sup>th</sup> percentile on CFSR measures C2-4 and C2-5, which measure timely termination of parental rights and timely achievement of permanency for legally free children. Arizona's performance on measure C2-4 was nearly double the national 75<sup>th</sup> percentile. More information about the Division's performance related to these measures is located in Section I, Part 3, CFSR Item 9.

During the 2007 CFSR On-site Review, Item 28 on TPR proceedings in accordance with ASFA was identified as an area needing improvement to be addressed in the state's CFSR Program Improvement Plan. The CFSR findings confirmed that the state has processes in place that meet federal case plan and TPR requirements, but identified a need to improve the consistent implementation of these procedures. Reviewers also noted inconsistency in the documentation of compelling reasons when a motion for TPR was not filed. The Division has addressed these areas by developing staff competency and supports through the workforce planning initiative, increasing staff knowledge and accountability to clearly defined practice standards using the Quality Improvement System, and improving consistency and documentation of case decisions by increasing staff skill in the application of the integrated CSA-SRA-Case planning process. The Division has completed the CFSR Program Improvement Plan in relation to this area.

***Notice of Hearings and Reviews to Caregivers***

Foster parents, pre-adoptive parents and relative caregivers of dependent children receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. The CPS Specialist includes the caregiver's name, address and phone number on a cover sheet to the FCRB

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and court, which serves as a notification mailing list. Also, records provided to the caregiver within five days of placement are to 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 attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

The state's CASA Program also plays a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the Judge and other team members. CASA reports are disseminated to the Juvenile Court and the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend CPS staffings and CFT meetings on their children's cases, offering input and opinions on needed services and case planning.

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

**3. Quality Assurance System**

The Division's safety, permanency, and child and family well-being outcomes, goals and performance measures are listed throughout this report. These are the same as those evaluated through the Child and Family Services Review, with the addition of a few goals added by the Division. The Division's policies and procedures set practice standards that operationalize the Division's outcomes and performance measures. For example, the outcome that children achieve adoption in 24 months or less is translated into practice through policies setting standards for timely case plan development and review, termination of parental rights, and adoptive home identification and placement. The policies are frequently based on best practice standards. The Division's policy manual is available to all staff through CHILDS and the intranet, and to the public on the internet. The Division's policy unit annually reviews and revises policy based on new laws and best practices. After revisions, statewide training is conducted for Division staff. The Division also proposes or supports new laws that set standards to support safety, permanency and well-being outcomes.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;

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- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect;
- Removal Review Team reviews within 72 hours of removing a child and before filing a dependency petition to ensure all alternatives to continued out-of-home placement have been explored;
- case plan staffings held within sixty days of case opening and at least every six months thereafter to review services and permanency goals;
- court hearings, especially periodic reviews and permanency hearings, which allow Juvenile Court Judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the CPS Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers and administrators, statewide, to provide easily accessible information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry and improve employee performance.

Performance based contracts are used by the Division to monitor the quality and outcome of contracted services. These contracts include goals, objectives, payment points and reporting requirements that align with the Division's strategic plan. Performance based contracts motivate provider agencies to work in concert with the Division toward shared outcomes and provide the Division a method to gather data beyond that available in CHILDS. The Home Recruitment, Study and Supervision contract provides an example of performance based contracting.

The Division's Quality Improvement (QI) System is a structured and comprehensive process to identify and address system needs by gathering information from internal and external sources; analyzing the information to evaluate the child welfare system's performance; communicating the information to administrative and field staff, communities, family members and youth; and developing action plans to address identified needs. All Division staff have the opportunity to participate in the Division's QI system in one or more capacities. In addition, the Division has dedicated Practice Improvement Specialists in all regions. Practice improvement and strategic planning management functions are consolidated in the Central Office Practice Improvement Unit. Practice Improvement Specialists in each of the State's five regions lead case reviews, provide data and performance information to management and workgroups, facilitate regional action planning, and monitor and lead regional practice improvement activities. Regional Automation Liaisons identify and facilitate correction of data errors and assist regional staff to develop and use data reports to manage and monitor their day-to-day work. Dedication of staff to quality improvement functions has enabled the Division to more closely monitor performance related to CFSR and other key child welfare outcomes, more fully understand underlying issues hindering achievement of positive outcomes, and identify effective practices to improve outcome related performance.

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The Division's Quality Improvement Manual provides an overview of the QI system's purpose and underlying principles, and a description of each of the system's elements. Each element of the Division's QI system is described below.

- *Aggregate Data Analysis* – Regional and Central Office staff continuously identify, monitor and analyze aggregate data relevant to the Division's safety, permanency and well-being goals, service utilization and other Division operations. The Administrator of the Division's Financial and Business Operations Administration consults with the Regional Program Managers and others to identify priority data reports for the Division. The Central Office Reports and Statistics Unit ensures timely distribution of data reports, and provides training and technical assistance to staff on data development and analysis. The Division's Automation Liaisons ensure timely distribution of data within the regions and lead the regions' data analysis and data integrity activities. Data is provided through the Business Intelligence Dashboard, ACCESS databases and hard copy reports. The Division has been providing an increasing number of reports and related data tables electronically rather than hard copy, which improves accessibility and flexibility for regions to summarize and organize the data in the way that best meets their needs.

The Business Intelligence Dashboard is an online analytical reporting tool that helps regions and units monitor and manage their caseloads by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The Dashboard currently provides data on: timeliness of initial response to reports of child maltreatment; timeliness of investigation completion and recording of investigation findings; frequency of in-person contact with children, parents, and out-of-home care providers; and child entries and exits from out-of-home care. Staff may also view data by variables such as ethnicity and child removal zip code. "Top – Bottom" performance reports are available on some KPIs, so management and supervisory staff can identify the highest and lowest performing units in their respective regions, areas and units.

- *Practice Improvement Case Review* – The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement and contributing issues in Arizona's child welfare system. Regional and Central Office staff review a random sample of initial assessment, in-home services and out-of-home cases from each region to measure the rate of outcome achievement and gauge current practice related to the Division's safety, permanency and well-being goals. Review of initial assessment cases focuses on implementation of the integrated CSA-SRA-Case planning process. Review of in-home and out-of-home cases is limited to Division goals that cannot be measured through CHILDS or other quantitative data. Item ratings are based on a review of the CHILDS record and hard file, and interviews with case participants on some cases. Using the PICR process, the Division:
  - identifies practices and systemic factors that enable or hinder positive safety, permanency and well-being outcomes for children and families;
  - provides Division management 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.

The PICR Instruments include substantial item rating guidance to improve inter-rater reliability. This includes instructions from the CFSR On-Site Review Instrument and guidance based on state policy and best practices. Case review instruments are completed by the region's Practice Improvement Specialists, or by a team of regional staff. The regional Practice Improvement Specialists ensure the accuracy of all completed instruments. The state's CFSR Manager reviews

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a random sample of the completed instruments to ensure accuracy and statewide consistency.

The Division's Practice Improvement Specialists led the review of 213 initial assessment cases and 175 in-home service or out-of-home care cases in CY 2010. Distribution and discussion of case review results occurs monthly in all regions. Clinical discussions among regional staff focus on practice strengths and training needs, to facilitate professional growth and skill development among CPS Specialists, Supervisors, Program Specialists and Assistant Program Managers. Review results are distributed and discussed at regional leadership meetings, group supervision meetings or Supervision Circles, and within unit meetings. Often a particular case is discussed as a group to provide examples of strengths and practices needing improvement. Case specific review results are provided to the assigned CPS specialist and Unit Supervisor, in a meeting attended by the Assistant Program Manager. Professional Skill Building Plans may be developed in these meetings.

- *Clinical Supervision and Professional Skill Building Plans* - Clinical supervision is a cornerstone of the Division's Quality Improvement System. Clinical supervision provides a means to ensure consistent application of practice standards and achievement of positive outcomes for each and every family served. Clinical supervision conferences between each CPS Specialist and his or her CPS Unit Supervisor are required at defined intervals, dependent on the case and employee needs. The integrated CSA-SRA-Case plan provides guidance and a location for supervisors to document clinical supervision at each key decision point in the initial assessment process.

Professional Skill Building Plans apply the case review learnings and other outcome data to increase the practice skills of individual CPS Specialists, CPS Unit Supervisors, regional managers or any other Division employee. The plans describe, in behavioral terms, the professional skill(s) to be acquired by the CPS Specialist, Supervisor, Manager or other Division employee; and the training, clinical supervision and other employee-centered supports that will be provided to enable acquisition of the skill. The plans are developed with the employee's input about his or her strengths, needs, goals and desired supports; and should be easy to implement, concrete and time-limited. A Professional Skill Building Plan must be created with the CPS Specialist and/or CPS Unit Supervisor whenever a priority practice area is rated as needing improvement, unless the contributing issues are clearly and solely systemic (such as unnecessary restrictions on parent-child visitation due to court order, despite advocacy by the agency).

- *Self Evaluation and Quality Improvement Activity Reports* – Each region and Central Office produces and distributes Quality Improvement Reports that include:
  - the prior period's aggregated case review results;
  - other outcome data required by Central Office or selected by the region;
  - identification of the region's or state's outcome areas of strength;
  - a description of best practices, system strengths and improvement strategies that have produced positive outcomes in the region or state;
  - identification of the region's or State's outcome areas needing improvement;
  - a summary of current and planned regional or state activities to apply the case review learnings and improve practice; and
  - a description of systemic needs that interfere with outcome achievement, if applicable.

The Division's CFSR PIP and June 2009 CFSP include a strategy of aligning Division management, policy, practice and training to strengthen the statewide Quality Improvement System. There has been a great deal of activity and progress toward this objective in the last several years. The PICR and

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Professional Skill Building Plans are institutionalized within the Division and have proven to be effective processes to monitor outcome achievement and improve the consistent application of practice standards. Revisions are made to the PICR instruments to clarify practice standards whenever necessary.

In SFY 2011 the Division continued to strengthen self-evaluation in the regions. Examples of activity in SFY 2011 include the following:

- The Division's executive leadership identified several Division performance measures to be the focus of regional improvement efforts. These include timely initial response to reports, timely entry of investigation findings, timely exit to reunification, absence of re-entry following reunification, timely exit to adoption and CPS Specialist monthly contacts with children in out-of-home care. Identifying this small set up priority performance measures has helped the regions to focus their data analysis activities. Performance data is routinely provided to all regions, and several of these measures are available through the Business Intelligence Dashboard.
- All regions continue to discuss outcome data during meetings attended by managers and supervisors. Each Practice Improvement Specialist provides information about regional progress towards achieving safety, permanency and well-being outcomes during these meetings. The PI Specialists also distribute Quality Improvement Reports to summarize the PICR findings and provide recent county-level CFSR permanency composite data.
- The Northern Region recently formed a committee of supervisors, Practice Improvement Specialists and the state's CFSR Manager to analyze outcome data. This committee will analyze the region's performance related to the Division's performance measures. The committee has decided to explore foster care re-entry first.
- The Pima Region model court committee continues as a forum for data analysis. A new model court goal was established for 2011 entitled "Back to Basics." Three Pima Region staff are members of the committee that is focused on gathering "basic" court and agency data on safety, permanency and well-being for children in out-of-home care.
- The CFSR Manager periodically analyzes a performance area and presents the findings to Division executive leadership, regional managers and/or regional supervisors. In SFY 2011, the CFSR Manager gave several presentations about the Division's priority performance measures.
- With funding from Casey Family Programs, Arizona continues to participate in Chapin Hall's Multistate Foster Care Data Archive. Chapin Hall provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with methodology defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories.
- The CFSR Manager began receiving technical assistance from Casey Family Programs' Data Advocacy section in May 2011. This assistance includes training and assistance to develop a visual and easily understood report of key data elements, including longitudinal data from the Chapin Hall state specific web site and capacity measures such as the reporting rate, victimization rate and foster care entry rate per 1,000 children in Arizona's child population.
- The CFSR Manager, Practice Improvement Specialists, and representatives from the Child Welfare Training Institute and the Division's Central Office Policy Unit continue to hold

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monthly meetings to discuss PICR results and other practice and outcome data, and identify opportunities to direct or support practice and outcome improvement.

**4. Staff and Provider Training**

***Staff Training***

The Division's Child Welfare Training Institute (CWTI) offers a comprehensive child welfare training program in support of the state's commitment to providing quality services to Arizona's children and families. Initial and ongoing training for child welfare staff are provided through a variety of methods and opportunities, including:

- Pre-core/New Employee Orientation training
- CPS Specialist Core training
- On-the-job/field training and support
- Supervisor Core training and advanced courses for supervisors and managers
- Parent Aide and Case Aide Core training
- Specialized one-on-one training refreshers on CHILDS and the CSA-SRA-Case planning process
- Specialized and advanced training, including workshops and conferences on topics such as gangs, mental health issues and methamphetamine abuse
- CHILDS training
- Policy training
- Region offered training
- Out-service training (conferences and seminars in the community)
- The Arizona State University School of Social Work MSW stipend and BSW scholarship programs
- The part-time MSW program for permanent status agency employees residing in Maricopa or Pinal County
- Training to other child welfare community partners, including the FCRB, Juvenile Court, contracted service providers and Native American tribes

***Foster and Adoptive Parent Training***

Foster and adoptive parent pre-service training is provided statewide by PS-MAPP Certified Leaders through contracted provider agencies using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting*). PS-MAPP Certified Leaders must complete an eight day, 54 hour training session led by one of the state's four Arizona PS-MAPP Trainers. Completion of PS-MAPP or PS-DT (*Partnering for Safety and Permanency – Deciding Together*) training is required prior to licensure and prior to placement of a child (aside from court ordered placement with unlicensed kin or significant others). A brief version of this training is part of the CPS Specialist Core training, to ensure all staff are exposed to the program philosophy.

The PS-MAPP curriculum stresses shared parenting and family-centered practice, which has resulted in significant role and practice changes within the Department's foster care and adoption programs. The curriculums are structured around five core abilities and twelve critical skills for success.

The five core abilities are:

1. Meet the developmental and well-being needs of children and youth
2. Meet the safety needs of children and youth

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3. Share parenting with a child's family
4. Support concurrent planning
5. Meet their own family's needs

The twelve critical skills are:

1. Know your own family: assess your individual and family strengths and needs; build on strengths and meet needs.
2. Communicate effectively: use and develop communication skills needed to foster or adopt.
3. Know the children: identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated.
4. Build strengths; meet needs: build on strengths and meet needs of children and youth who are placed with you.
5. Work in partnership: develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency.
6. Be loss and attachment experts: help children and youth develop skills to manage loss and attachment.
7. Manage behaviors: help children and youth manage behaviors.
8. Build connections: help children and youth maintain and develop relationships that keep them connected to their pasts.
9. Build self-esteem: help children and youth build a positive self-concept and positive family, cultural and racial identity.
10. Assure health and safety: provide a healthy and safe environment for children and youth and keep them free from harm.
11. Assess impact: assess the ways fostering and/or adopting will affect your family.
12. Make an informed decision: make an informed decision to foster or adopt.

All licensed foster parents complete a minimum of six hours of in-service training annually. Foster parents with a professional foster home license must complete an additional six hours of in-service training annually, related to the special needs of the children for whom they are providing care. Foster parents who will care for children with diagnosed behavioral health needs or medically fragile child complete an additional 12 hours of advanced pre-service training. An annual individualized initial training plan is created with each foster parent to identify needs and in-service training for the next year. The number of licensed foster and kinship parents trained is between 6,000 and 6,500, with approximately 65% of the foster homes headed by married couples. In-service training is conducted by the provider agencies or through alternative means such as the internet, conferences, video presentations or community workshops. Alternative training is approved by the provider agencies when they determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home. During 2011, an 18 hour advanced pre-service curriculum on caring for medically fragile children, developed in collaboration between the Division and provider agency staff, will become available to the provider agencies. The provider agencies will have the option to use this curriculum.

For a more detailed description of the Division's staff and provider training program, see the Division's *Child and Family Services Plan – Fiscal Years 2010 - 2014*, which was submitted to the Department of Health and Human Services in June 2009.

***Accomplishments Implementing the 2010 – 2014 Training Plan Objectives***

During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of training, achieving the highest overall rating possible and a rating of strength in

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relation to all three of the training items: operation of a staff development and training program that provides initial training for direct service staff, provision of ongoing staff training, and provision of training for current or prospective out-of-home caregivers. To maintain this level of excellence, the CWTI continually reviews the training system to identify opportunities to improve the content, delivery and extent of initial and ongoing training. The Division's training plan is fully aligned with the Division's practice improvement priorities and includes training goals and action steps to directly support the Division's safety, permanency, well-being and systemic factor strategies. Training activities to support staff competency with the CSA-SRA-Case Planning process, concurrent planning, Team Decision Making and the quality improvement system have been described in Section III, Parts 2 through 4 of this report.

The Division's training plan also includes strategies, goals and action steps for continuous improvement of the training system's accessibility and quality. These strategies and actions steps remain unchanged for SFY 2012. The remainder of this section describes the Division's progress achieving these action steps in SFY 2011.

**Primary Strategy:**     **Provide timely ongoing training on the statewide information system (CHILDS) when significant changes are made to CHILDS and as needed throughout employment**

**Goal:**                     Increase agency efficiency, staff morale and documentation by providing all staff with the knowledge necessary to efficiently use CHILDS to guide practice decisions and thoroughly document case activity

**Action Step 1:**           Continue to provide staff and supervisors with updated user guides, tutorials and hands-on CHILDS training, to keep up with changes in the system

**Action Step 2:**           Provide staff with advanced training in documentation, utilizing CHILDS and following best practices for social work documentation in child welfare

Throughout SFY 2011, the CWTI has provided staff and supervisors with updated user guides and hands-on CHILDS training, as needed. Each significant migration in the CHILDS system has been accompanied by a clearly written user guide, so that staff and supervisors can understand and use the new functions in CHILDS. The CWTI CHILDS training supervisor is very involved in the development of changes to CHILDS, to ensure his understanding of the changes and his ability to write user guides in clear and understandable language for field staff.

The day-long training "Documentation for CPS Casework" was delivered twice to Pima Region staff in SFY 2011. This training is available to any region upon request, and will be offered regularly during SFY 2012.

In SFY 2012, the CWTI and CHILDS project will partner with the software vendor to provide training and support in the use of Dragon-Speak software. The Division is making Dragon-Speak software available for approximately half of its employees, to increase documentation quality and decrease the time required to document case information.

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**Primary Strategy:**     **Explore and employ alternate methods of training delivery**

**Goal:**                     Increase training accessibility and quality while reducing travel, staff time and other training costs

**Action Step 1:**         Continue to explore and pilot the use of alternate training delivery methods (such as computer based training)

**Action Step 2:**         Identify training needs that can be met through alternate delivery methods and develop curricula in the delivery format

In SFY2011 the CWTI received approval to hire staff for an enhanced Field Training Program. This program is matrix-managed by the CWTI and regional Program Managers and provides one to two Field Training Officers (FTOs) for each region. The FTOs' primary function is to support newly hired CPS Specialists during the approximately 22 weeks in training status, including the pre-core period, field week and post-core period. This program will be fully implemented during SFY 2012. The Field Training Program makes a local trainer accessible to all newly hired staff, to provide support and enhance transfer of learning during this critical learning period.

During SFY 2011, in collaboration with its University partnership at ASU, the Division's CWTI has significantly augmented the computer-based training (CBT) available to staff. Twelve new modules have been added to address significant changes in practice, law and policy, including: Integration of Team-Decision-Making and the Safety Model; DCYF-DDD Coordination of Case Management; Identification, Notification and Assessment of Relatives; the National Youth in Transition Database; and the revised PASE employee performance evaluation process. In addition, eleven modules of legal training for case managers are now available online as a pre-class tutorial. Other elective resources have been added to this site, including an ICPC tutorial and a manual on common psychotropic medications. Field Training manuals and matrices are also available online for CPS Supervisors. Feedback from the surveys remains very positive, indicating that 96% of staff feel positive about this mode of delivery for selected courses, and believe they learned skills they can apply to their job.

The CWTI has also increased its use of the web-based "I-Linc" tool. Using I-Linc, CWTI delivered interactive training on 2011 state legislation that impacts child welfare policy and practice, the PASE performance evaluation, and the TDM-safety model integration policy. I-Linc has proven to be most effective in combination with CBT trainings, allowing staff an opportunity to interact and ask questions on the material provided.

The growing number of available CBT modules demonstrates the Division's continued commitment to considering alternative training delivery methods. Identification of training needs that can be met through alternative delivery methods continues to be a topic of discussion for the Training Advisory Committee, which met in June 2011 to discuss plans for SFY 2012. The committee discussed the challenges of using I-Linc and methods to maximize its benefit, including training that combines CBT and interactive I-Linc or in-person training.

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**Primary Strategy:** Collaborate within the Division's University Partnership to provide, expand and improve staff training

**Goal:** Increase the number of Division staff with a social work degree and increase staff competency and advanced skills

**Action Step 1:** Continue, as resources permit, to recruit and train MSW and BSW students for child welfare work through the title IV-E child welfare specialization program

**Action Step 2:** Continue, as resources permit, to assist current staff in obtaining advanced education degrees in the field of social work

**Action Step 3:** Continue to evaluate training and explore other advanced means of training evaluation

**Action Step 4:** Continue, as resources permit, to develop curricula for pre-service, core and advanced staff training with input from experts available through the University Partnership

In SFY 2011, ten BSW students and 15 MSW students were interviewed for selection for the IV-E child welfare specialization programs. It is expected that most of the students will meet the criteria for selection. The Division expects to hire 24 MSW graduates in June 2011; four MSW graduates in August 2011; and five BSW graduates in June 2011. Twenty MSW students are currently still enrolled in the two year program.

A committee of Division and ASU staff collaborated to create a part-time MSW program for employees, using eligible IV-E funds. Through a partnership with ASU, the Division is implementing a part-time long term training program for selected full time employees for the purpose of strengthening the agency's child welfare practice. This program will use IV-E funds to support a part-time course of study in an MSW program for permanent status agency employees who reside in Maricopa or Pinal County. Initially, 13 staff members will begin studies in the fall of 2011, and staff may complete the program in either three or four years. There is an intention to add staff members to the program annually, and make it available to staff members who reside in Pima County.

All CWTI training is currently accompanied by a Level 1 evaluation. Evaluations are completed on-line following CPS Specialist Core training and all computer-based trainings. Survey Monkey is also used to gather feedback about some trainings. During SFYs 2012 and 2013, the CWTI will begin to implement Level 2 evaluations in its CPS Specialist Core training. Evaluations for the CPS Specialist Core, Supervisor Core and Case Aide Core are created, tallied and managed through the website shared by ASU and DCYF, via a contract with one of the ASU professors.

Throughout SFY 2011, the Division continued to develop, update and deliver curricula with assistance from university partners:

- During FY2011, new CBTs were delivered in core training and posted online for existing staff through the ASU-CWTI website.
- A new Supervisor Core class in clinical supervision was created through the partnership and offered throughout FY2011.

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- The Division has contracted with the University Partnership to help the CWTI create an Advanced Training Academy. This project will develop a menu of advanced training courses for CPS Specialists, supervisors and Assistant Program Managers. The first advanced course is a two-day class on Secondary Trauma for Supervisors. Two classes were provided in May 2011, and nine more are scheduled during SFY 2012. The project will also create a Leadership Academy for regional Assistant Program Managers.
- During SFYs 2010 and 2011, the CWTI revised its entire Case Aide Core curriculum. The initial module has been delivered to all new case aides and to existing case aides upon request. Modules two and three are slated for delivery in SFY 2012.
- In SFY 2012, the ASU-CWTI University Partnership will create a website to serve as a portal to a multitude of internal and external training resources, the child welfare training schedule, a list of available classes and other information. This site is currently in the planning stages.

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**Primary Strategy:**      **Provide training that prepares foster and adoptive parents to meet the well-being needs of children within a safe environment, and increases staff skills to support foster, resource and adoptive parents**

**Goal:**                      Develop the ability of new and existing resource, foster and adoptive parents to meet the well-being needs of children in their care

**Action Step 1:**            Enhance the foster and adoptive provider training curriculum (PS-MAPP) to include specific information related to the Arizona child welfare system, enabling foster and adoptive parents and provider agencies to utilize service continuum resources more quickly and effectively

**Action Step 2:**            Provide training to supervisors and staff relative to support for resource parents

The Arizona PS-MAPP initial preparation curriculum is revised and updated as needed to meet Arizona's foster and adoptive parent training needs. During 2011, revisions to the Arizona PS-MAPP curriculum enhanced the discussion about concurrent permanency planning. The Arizona PS-MAPP curriculum, as revised in 2009, is not required under the existing contract with the contract providers; however most contracted providers desired and requested the content change and now use the Arizona PS-MAPP curriculum. All agencies will be required to use the updated Arizona approved training curriculum after the next HRSS contract renegotiation, which should occur in late 2011 or early 2012. The Spanish Arizona PS-MAPP curriculum materials that are used by the potential resource parents are expected to be released in June 2011.

During the second half of 2012, the *Go-To Guide*, which is now part of the Arizona PS-MAPP curriculum, will be updated, revised and delivered to current PS-MAPP Certified Leaders. The *Go-To Guide* contains specific information related to Arizona's child welfare system. The *Go-To Guide* is provided to most currently licensed foster parents by the contract providers. In March 2011, a workshop on the *Go-To Guide* was presented by the Division's Arizona PS-MAPP Trainer to foster parents at the Maricopa County KIDS training blitz.

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Between 2009 and 2011, an advanced pre-service 18 hour Caring for a Medically Fragile Child curriculum, developed collaboratively by Division and provider agency staff, is being piloted with provider agency staff and is scheduled to be final in September 2011. This curriculum is provided in addition to the 30 hours of Arizona PS-MAPP.

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**Primary Strategy:**     **Provide advanced professional learning opportunities in a variety of topics relevant to the job functions of CPS Specialists and supervisors**

**Goal:**                    Increase staff competency and advanced skills, and promote a culture of life-long professional learning

**Action Step 1:**        Provide trainings that increase cultural competence and address disproportionality in the child welfare system

**Action Step 2:**        Provide advanced and targeted skills trainings relevant to the job functions of staff assigned assessment/investigation, ongoing, in-home, young adult and adoption cases

**Action Step 3:**        Obtain technical assistance from the child welfare National Resource Centers to build Division capacity to provide advanced training

To increase cultural competency, the Division collaborated with Casey Family Programs in SFY 2010 to train Division staff as certified facilitators and provide staff training on “Knowing Who You Are.” This training engages staff to understand the challenges faced by youth of color who are in care, how the youth experience disparate outcomes and what child welfare staff can do to support them. Delivery of this training was temporarily suspended in SFY 2011 due to high vacancy rates and caseloads. This training will resume in SFY 2012, resources permitting.

Due to budget and staff reductions in SFYs 2010 and 2011, the Division has not yet been able to routinely deliver advanced and targeted skills training, but the Division began its Advanced Training Academy during SFY 2011, in collaboration with its ASU partnership. Because resources remain limited, the initial target audience is Assistant Program Managers (APMs) and CPS Unit Supervisors, statewide. An initial training for all APMs on Secondary Trauma was delivered in April 2011, and additional trainings on this topic will be provided to all CPS Unit Supervisors. Additional advanced trainings will be provided following a needs assessment.

During SFY 2011, two sessions of Grand Rounds were provided to all CPS Supervisors and Assistant Program Managers, on child safety assessment and safety planning, and behavioral case-planning. During the Grand Rounds, national topic experts delivered best practice information and assisted the attendees to apply the information to actual cases.

In July 2010 the Division held a two day Supervision Conference for all CPS Unit Supervisors and Assistant Program Managers, focused on the core functions of safety assessment, behavioral case-planning, concurrent case-planning and clinical supervision. The safety assessment and safety planning workshop was provided by Emily Hutchison of the NRCCPS.

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In SFY 2011 the Division also consulted with the NRCCPS to develop policy and train staff on more effective integration of TDM practice with the Division's safety assessment and safety planning model. The new policy was finalized in March 2011. All staff received computer-based training. Supervisors and APMs received additional training via I-linc in June 2011. TDM Facilitators received in-person training on the Division's Child Safety Assessment model during May and June 2011.

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**Primary Strategy:**      **Provide training in accordance with 2008 Fostering Connections Act to other identified training groups**

**Goal:**                      Access IV-E funding for short-term training to qualified court personnel, attorneys, child welfare staff, CASA staff and relative guardians, as requested

**Action Step 1:**            Implement IV-E reimbursement for this short-term training and work with other qualified entities to provide IV-E reimbursement for short-term training as described in the Act

To date, the Division has implemented the provision of the Fostering Connections Act that allows access to IV-E funding for eligible short-term training by entering into an Interagency Service Agreement with the CASA program at the Administrative Office of the Courts, and developing a form that those eligible for the reimbursement can complete and submit to the Division's Contracts Unit for reimbursement. Reimbursement is limited to training specific to IV-E related activities.

An initial CBT for all staff on the Fostering Connections Act and related Arizona legislation was released in the summer of 2010. In SFY 2012, the CWTI will consult with the policy unit regarding additional trainings for stakeholders, such as qualified court personnel, attorneys, child welfare staff, CASA staff and relative guardians.

**5.      Service Array and Resource Development**

The Division provides a rich array of accessible and individualized services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act, as described in Section III, Part 4 of this report. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship or another planned permanent living arrangement. Available services, including the following, have been described in Section III, Parts 1 through 4 of this report:

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management and permanency planning
- In-home service continuum
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Parent aide
- Parent skills training
- Behavioral health services, including referral to the title XIX behavioral health services

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- 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
- Subsidized Guardianship
- Adoptive home identification, placement and supervision
- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy and educational vouchers
- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources

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

The Division continues to provide a rich array of accessible services statewide, although the availability of services was impacted by Arizona's revised budget appropriations in SFYs 2009, 2010 and 2011. In April 2011, Arizona's Governor signed a set of bills that enacting a SFY 2012 budget and amended the current SFY 2011 budget. Arizona continues to feel the effects of economic recession, and while past budgets have included various funding reductions to state programs in an attempt to close the gap between state revenues and state expenditures, a portion of the gap remained unresolved leading into fiscal years 2011 and 2012. The new budget legislation further reduces state general fund spending by about \$1.2 billion statewide, making reductions to various programs and directly impacting state employees.

Impacts to Department programs affect families served by the Division. For example, the lifetime benefit limit for low-income families receiving cash assistance has been reduced from 36 months to 24 months effective after July 1, 2011. In addition, there is a reduction in the amount of general fund available for child care services. The Department is working with its state and local partners to identify additional state spending to continue leveraging the child care federal dollars in order to maintain child care services for low-income families in Arizona. Through these efforts, the Department's expectation is that families currently receiving child care services will not lose any of those services.

The Division continues to closely monitor expenditures so that remaining funds are used to maximum benefit. The Division is also engaged in active meaningful collaborations with the behavioral health system, community agencies, faith-based organizations and other stakeholders to maintain and strengthen existing services, fill service gaps and continuously improve service quality. The Division's partnerships have allowed the Division to maintain or improve service provision and outcomes in many areas despite the budget reductions. Examples of the Division's success maintaining or expanding services in SFY 2011 include the following:

- Beginning in April 2009, the voter-approved tobacco tax funded First Things First (FTF) initiative provided \$6.3 million to Healthy Families Arizona programs around the state. In SFY 2009 and 2010, this funding allowed the Division to maintain the HFAz program at 65% of its

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prior capacity. In SFY 2011, \$6 million of funding from FTF was allocated to allow HFAz programs to continue to serve families.

- The Access to Recovery (ATR) grant was due to expire in 2010. The Governor's Division of Substance Abuse Policy office requested a carryover of unused funding to continue providing services through Yavapai and Pima Counties' Drug Courts and through Tucson's COPE, Inc. This carryover has been approved. Arizona applied for funding from later phases of the ATR program, but this funding was not awarded.
- Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that the Division's in-home caseload continues to increase from a low of 3,371 in July 2009, to 4,624 in July 2010, and 5,089 as of December 2010. This represents a 10% increase over the six month period ending December 2010. The Division continues to encourage staff to develop safety plans and refer families to the in-home service program or community agencies for in-home services to prevent removal or re-entry and facilitate reunification.
- With stakeholder input, the Division has redesigned the in-home services program contract to include a range of service levels designed to prevent removal, facilitate reunification and stabilize placements. Other enhancements to the program will improve service effectiveness to achieve safety, permanency and well-being outcomes.
- The Parent to Parent Program, which was originally funded by a three year SAMHSA grant that ended in November 2010, has received a no-cost extension until September 2011. In addition, Parent to Parent has been incorporated into the current AFF contract in Maricopa County. The sustained program has upheld the integrity of the original project, including maintaining the four main goals, which are to: (1) engage parents into treatment, (2) encourage parents to remain in treatment, (3) assist parents in navigating through the child welfare system, and (4) guide parents through the process of their individual recovery. Parents of substance-exposed newborns continue to be the priority population for these services. Due to the significant positive outcomes realized by this program, AFF is expanding use of these services statewide in the new AFF contracts beginning in SFY 2012.
- Community and faith-based organizations have been providing clothing, other basic necessities and facilities for parent-child visitation.
- DBHS continues as the Grantee for the Substance Abuse Prevention and Treatment Block Grant which provides community based substance abuse treatment services for non-title XIX eligible adolescents. Evidence-based practices, including the Adolescent Community Reinforcement Approach, Community Reinforcement Approach Training, and the Matrix Model are part of the service array. These services continue; however, to help address budget reductions at DBHS, some funding has been redirected to sustain Arizona's crisis response for substance abuse related behavioral health emergencies. CPS Specialists can refer families to these community-based resources to address risk factors and prevent removal for youth whose substance abuse is contributing to risks or safety threats in the home.
- Some children services can continue to age 21 when appropriate to case circumstances. This service expansion is possible because of the SFY 2010 approval of a special capitation rate for youth ages 18 to 21 years old, which helps the RBHAs cover the cost of these services. Effective

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April 1, 2011, each RBHA's Geographic Service Area (GSA) will experience a decrease in their capitation rate ranging from three to five percent. However, behavioral health service providers are expected to continue to coordinate transition services between the child and adult system for children age 16 to 18.

- The number of children served through the Guardianship Subsidy and Adoption Subsidy programs grew in SFY 2011.

**6. Agency Responsiveness to the Community**

*Inter-agency Organizations, Committees and Consultation Activities*

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the Central Office and local regional levels through advisory groups, case specific reviews, oversight committees, provider meetings and collaborative groups. During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. According to the CFSR Final Report, stakeholders "indicated that the state has many collaborative efforts in place that serve as a forum for DCYF to obtain input into its efforts to meet the needs of children and families." The following are some of the many ongoing committees and activities through which stakeholder input is received:

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Division's consultation activities with the state's Native American Tribes, see Section III, Part 4, A.7. *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance.*
- *The Community Network Teams* – These teams, located across the state, are self-reliant, self-sustaining community organizations that mobilize local, state and federal resources to improve the quality of life for children and their families. There are currently 19 Community Network Teams (CNTs) in Arizona, covering most Arizona counties. The Network Teams are each unique in their representation, which may include representatives from the Department and other state agencies, local government officials, community providers, families, educators, tribes, courts, domestic violence victim advocates, faith-based and philanthropic organizations and businesses. The teams use an Asset Based Community Development approach that identifies existing services, assets, resources and children/family supports within the local communities, and develops plans to address gaps in services. Community Network Teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Communities themselves are changed intentionally; their strengths are recognized and developed so that conditions that affect children and families improve, while extending the availability and efficiency of resources. Ending hunger, poverty and violence; or improving transportation, health care, child safety and career training; are just a few of the issues CNTs work collaboratively to resolve.
- *Recruitment, Development and Support of Resource Families* – All five regions have Recruitment Liaison positions to develop Community Recruitment Councils and actively engage their communities in efforts to recruit new foster and adoptive families. More information about inter-agency collaboration to recruit and support foster and adoptive parents is located in Section III, Part 4, A.8. *Foster and Adoptive Home Licensing, Approval, Recruitment and Retention.*

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- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Division staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium meets monthly and is comprised of all agencies with a contract to provide foster care in Maricopa County. The purpose of the Consortium is to be uniform in the provision of orientations to community members and to share recruitment strategies.
- *The Healthy Families Arizona Program Steering Committee* – 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 Steering Committee is to seek expansion, diversification and stability in the program’s funding. Participants include community partners, service providers and government agency representatives.
- *Positive Parenting Program Initiative* – The Positive Parenting Program (Triple P) is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The Division has been participating in a broad-based consortium of community stakeholders to bring the Triple P model to Arizona.
- *The Arizona Substance Abuse Partnership (ASAP)* – ASAP was established by Executive Order 2007-12 in June 2007. Staffed by the Governor’s Office for Children, Youth and Families – Division for Substance Abuse Policy and chaired by the Governor’s Policy Advisor for Health and Human Services, ASAP is composed of representatives from state governmental bodies (including the Division), federal entities and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment and recovery efforts. It is ASAP’s mission to ensure community-driven, agency-supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment, recovery and enforcement professionals. ASAP aims to improve coordination, identify and address gaps, and ensure efficiency and effective spending.

ASAP includes four subcommittees and a Community Advisory Board that work on five Strategic Focus Areas: prescription drugs, underage drinking, child welfare (focusing on treatment, drug endangered children and children of incarcerated parents), law enforcement and prevention/community partnerships. These focus areas are identified in ASAP’s strategic plan. Clear action steps carried out by the member agencies help to guide the body, its subcommittees and member agencies in focusing their efforts efficiently and effectively on selected priorities. The subcommittees include:

- Arizona Underage Drinking Committee
  - Community Advisory Board
  - Methamphetamine Task Force
  - Substance Abuse Epidemiology Work Group
- *PASSAGE Transition Coalition of Maricopa County* – The Department has continuously participated in the PASSAGE community collaborative, sponsored by Casey Family Programs,

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since it was first formed in 2006. The PASSAGE Transition Coalition is dedicated to bringing foster care youth, alumni and the community together to support Arizona's foster youth as they transition out of care. During the last three years, the Coalition has grown to include 65 organizations. PASSAGE has created an atmosphere where youth, alumni and community partners can work together on difficult issues, such as housing, mental health, independent living subsidy and education. In SFY 2009 PASSAGE hired its first Executive Director, an alumnus of the Arizona foster care system, to lead the organization into becoming its own non-profit. PASSAGE continues to improve the provision of effective services to youth in care, by collaborating with partners and educating decision makers about transition issues.

- *Request for Information Meetings* – These meetings are held with providers for new services, prior to the Request for Proposals being issued.
- *Surveys, Focus Groups and Community Forums* – The Division conducts focus groups, surveys and community forums with families and stakeholders when input is needed on an identified issue. For example, in SFY 2011 Pima County staff held focus groups with fathers who had been involved with CPS to learn more about father engagement and how CPS could improve practice to engage fathers.

***Collaboration with the Courts***

The Division is fortunate to have a history of substantial, ongoing and meaningful collaboration with Arizona's Juvenile Court. Outcome focused collaboration with the Courts has been continual and productive, occurring at the state and county levels. At the state level, the Court Improvement (CI) Advisory Workgroup and Strategic Plan provide much of the structure for collaborative improvement activities. The Division's Deputy Assistant Director, the Child Welfare Program Administrator, the Division's CFSR Manager and a CPS Unit Supervisor continue to participate in the CI Advisory Workgroup, through which Court Improvement activities are identified, facilitated and monitored. The Advisory Workgroup also includes Juvenile Court Judges, court administrators, an attorney general, a child and family policy advocate and others. The Division's CFSR Manager provides input into the CI strategic plan and activities, and Arizona's CI Program Manager has coordinated with the Division to implement the CFSR Program Improvement Plan. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in projects such as the Division's concurrent planning initiative. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Division and the Courts through the CFSR, the title IV-E state planning process, the child and family services state planning process, and CI reassessments. The Division will continue to collaborate with Court Improvement to achieve CI's objectives for improving outcomes for children and families involved in dependency cases. The Arizona Court Improvement – Overall Strategic Plan for FFY 2009 through 2011 lists the following issues to be addressed:

- Collaborate and build relationships with Arizona Tribes
- Work with family drug courts currently in operation in Arizona to assess potential for sustainability
- Encourage continued collaboration between the Court, child welfare, juvenile probation and behavioral health providers to ensure the appropriate placement and services are provided to dually adjudicated youth
- Assist County Courts in efforts to improve educational outcomes for dependent children
- Continue to work to address the lengthy appellate process associated with cases in which a

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- parent's rights have been terminated
- Assess the court's role, responsibility and effectiveness in the interstate placement of children
- Continue to enhance the reporting capability of JOLTS (Juvenile Online Tracking System) and JOLTSaz (new data training system currently under construction)
- Work to ensure that there is an information exchange between AOC and the Division to better facilitate understanding and tracking of the state's overall performance on safety, permanency, procedural fairness, timeliness and well being issues
- Work with JOLTS personnel to implement a common identifier for juveniles involved in multiple tracking systems
- Coordinate and deliver yearly caseflow management follow-up activities
- Continue to work with JOLTSaz development team to ensure that the requirements to track dependency related information are addressed in the new system
- Work to identify and assist in the implementation of automated procedures designed to improve the efficient and effective use of dependency court resources
- Work to improve the dependency related training received by judges
- Continue to develop and implement training for attorneys practicing law in child welfare matters
- Hold collaborative summits to educate and evoke critical discussion on various topics key to Arizona dependency process. Participants for these summits will include representatives from the following stakeholder groups: judges, court staff, CASA and FCRB volunteers, ADES staff, behavioral health providers, Arizona Tribes, juvenile probation, education
- Work to increase the awareness of the needs of very young children in foster care in Arizona

Collaboration with the courts and court improvement activities are important avenues to identify and resolve points of delay along the path to permanency and barriers to child well-being. The Division continues to work with county juvenile courts and the state's Court Improvement Program to improve permanency and well-being outcomes. Much of the focus in SFY 2011 has been on timely reunification, timely adoption, visitation of children in care with their parents and siblings, the age zero to three population and involvement of stakeholders from the educational system. Examples from SFY 2011 include the following:

- County level *Dependency Caseflow Management* teams were initiated statewide in 2006 and continue to lead the court-agency collaboration and improvement efforts. Each team includes the county's Presiding Juvenile Judge (or judicial designee), child welfare representatives, dependency attorneys, and may also include representatives from behavioral health, education and juvenile probation. Court Improvement plans yearly events at which caseflow teams gather to report out on their efforts from the previous year and to plan for the upcoming year.
- Court Improvement and the statewide CASA Program planned and implemented five regional trainings in 2010, which engaged team members in a highly interactive training entitled *Knowing Who You Are*. This training focused on exploring participants' attitudes and overall system practices related to the race and ethnicity of the children and families involved in the juvenile dependency system.
- Court Teams for Infants and Toddlers that include members of the court, the agency and local behavioral health providers have been meeting in several Arizona counties, including Cochise, Coconino, Gila, Greenlee, Graham, Maricopa, Mohave, Pima, Santa Cruz and Yavapai. Using a *Checklist of Essential Services for Birth-3* and regular meetings, these teams advocate for all of the services necessary to help ensure a child's short and long term success. Specialized training is provided to Judges, attorneys and CASA volunteers to enable them to better understand and

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react to the unique needs of infants and toddlers involved in the child welfare system. Especially significant is the initiation of the South Phoenix Court Team that began on May 1, 2011. This effort is funded through the use of Arizona First Things First monies and promises to represent a significant change in the way that these particular cases are handled by the most populous county in the state.

- Reduction in appellate delay of dependency related appeals continues to be an area of priority for the courts and the Division. The statewide average time from filing to decision has reduced from 267 days in SFY 2007 to 164 days by the end of SFY2010 (data provided by the Administrative Office of the Courts, Court Improvement Program).
- The Division continues to be involved in judicial training events sponsored by the CI Program. The Division's Assistant Deputy Director addressed judges new to the dependency bench during the annual Dependency 101 Training for Judges, to ensure their clear understanding of Division role and practice.
- The CI Program continues to partner with staff from the Office of the Attorney General in the planning and delivery of training for attorneys involved in juvenile dependency matters. These day long trainings engage local attorneys on issues critical to the role and responsibility of counsel for children and parents in juvenile dependency matters and are frequently also attended by Division, juvenile probation and behavioral health staff and volunteers. These trainings offer a dependency overview and case law update, education and discussion on attorney role and ethical duties, and information about topics important to child welfare, such as bonding and attachment, substance abuse, talking to children and immigration law
- A subcommittee of the CI Advisory Workgroup, which included a representative from the Office of the Attorney General, developed a proposal for new standards for attorneys representing children in juvenile dependency matters. These statewide standards were approved via Administrative Order by the Chief Justice in January 2011. Among the new requirements is the need for new attorneys to attend a six hour training on the Arizona dependency process. CI staff, an attorney from the Office of the Attorney General and other dependency experts will deliver this six hour training, beginning in August 2011.
- The Division worked with the CI Program on the planning and implementation of the July 2010 Supervisors Conference. This conference brought together Division supervisors and staff and featured a panel of judges. The panel included the Presiding Juvenile Judges from Maricopa, Pima and Yavapai Counties and addressed recent changes in the use of concurrent case planning.
- Maricopa County CPS Court Liaisons are located at the Maricopa County juvenile courts.
- The Pima County Model Court Working Committee continues to be active. Division management and other staff attend the monthly meetings and participate in its standing committees, subcommittees and workgroups, which provide opportunities to share information about Division trends, changes and areas for practice improvement focus. The Pima County Model court Working Committee has four standing committees: (1) Courts Catalyzing Change, (2) Education, (3) Passport to Adulthood and (4) Calendaring and Case Planning.
- The Pima County Model Court Working Committee's Courts Catalyzing Change Committee has four subcommittees with Division representation:

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- African American youth in Pima County are aging out of care at a higher rate, and are more likely to be dually adjudicated, than youth of other races. The African American subcommittee continues to collect data for a targeted review to explore the trends and factors associated with these less favorable outcomes. Data collection should be complete in the next few months. At that time, the subcommittee will discuss the data analysis results and identify next steps.
- American Indian youth are in out-of-home care at a disproportionate rate, reunified at a lower rate, and tend to be younger than children of other races in out-of-home care. The American Indian subcommittee was created to examine data related to American Indian children in care. The subcommittee goals include exploring options for the coordination of home studies for families on the reservation and increasing community supports for American Indian families.
- The Family Support subcommittee is implementing strategies to learn about kin from the family and engage kin to provide a placement, visit with the child, or support the child and case goals by facilitating and monitoring visitation with parents or siblings, providing transportation or meeting other needs. This subcommittee's activities and plans include the following:
  - The subcommittee developed materials that prompt judges to ask family members about kin during hearings.
  - A form is being provided to all attorneys that they can use to collect information about kin from the parents and children they represent, and then provide to the CPS Specialist.
  - Training for CPS Specialists, Supervisors and Assistant Program Managers has been developed on the need to ask about kin more frequently and new regional procedures that require more detailed information about kin search and involvement be included in reports to the court, including a running log of contact with kin and their involvement. CPS staff and attorneys were trained in September 2010.
  - Many reminders about documenting relatives and searching for relatives have been sent out, including an updated tip sheet at the Leadership Meeting in March 2011.
  - The subcommittee is planning activities in SFY 2012 to change staff and stakeholder reluctance to have kin monitor visitation with parents and siblings when the relative is not the child's placement/caregiver.
- The Engaging Refugees subcommittee was added in May 2011. This subcommittee has just begun to discuss issues and strategies to improve services and cultural responsiveness.
- Pima County's Model Court Working Committee also has two current goals, with related workgroups:

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- Recent efforts of the Engaging Fathers Model Court Committee have included a training for Division staff on the importance of including fathers in the child's life and CPS case; a training for the Juvenile Court Judges on Family Law Protocols; monitoring of data in relation to father's attendance at the TDM, the number of Special Paternity actions initiated per year, signatures on the case plan and the percentage of children exiting to the father or a paternal relative; and the creation of a father specific community services brochure.
- Three Pima Region staff are members of the "Back to Basics" goal subcommittee. This subcommittee is focused on gathering basic court and agency data on safety, permanency and well-being for children in out-of-home care. The subcommittee has been discussion safety and permanency measures, and recently divided into workgroups that have begun to meet quarterly.
- The Division continues to be involved with the Pima County Court's "Brown Bag" trainings, including attending and at times presenting topic areas of interest for both systems.
- In May and December 2010, the Pima County Juvenile Court added a second day to the time set aside for adoption finalization hearings. This was prompted by a private attorney who observed that the Division was experiencing a backlog of adoption cases that were ready for finalization but waiting for time in the court's schedule. The private attorney approached the judge who hears these cases, who readily set aside extra time for adoptions and offered to do so whenever a backlog develops. As a result of this simple example of teamwork, Pima County was able to finalize many more adoptions, eliminate the backlog and achieve more timely adoption for many children. The Division is checking the need for extra adoption days in CY 2011.
- Mohave County's APM and a Program Specialist are active members of the Court Team and have attended training with Court Team Members including the Juvenile Court Judge, the Infant Child Mental Health Director, an Office of Juvenile Representation attorney, the Children's Mental Health Director, the CASA Director, a CASA representative and court administration personnel. This training included a trip to train and mentor with the Miami/Dade County Juvenile/Dependency Court Team. A second training included attendance at the National Conference for Juvenile and Family Law Judges in Reno, Nevada.
- The Court Team is implementing a court liaison position in Mohave County. The Mohave Region's Mental Health Program Specialist began the role of court liaison in May 2011. The court liaison attends hearings on behalf of one CPS Specialist from the Kingman CPS office, when the hearing does not require direct testimony from the assigned CPS Specialist. This project is similar to a Miami/Dade County program and is intended to allow the CPS Specialist to spend more time in the field with families and less time at court. This pilot project will be continuously monitored and evaluated. The Office of the Attorney General is working with the Court Team on this pilot project.
- The APM, a Program Specialist and Supervisors are active members of the Mohave County Children's Action Team, which is led by the Infant Child Mental Health Director and the Juvenile Court Judge. The APM and one Program Specialist are members of the Steering Committee. This team has been providing community partner trainings on the needs of children age zero to three. The Steering Committee is actively implementing operational changes in the

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dependency court system, as well as providing training for community providers, foster parents, adoptive parents and kinship caregivers.

- Navajo and Apache County Superior Courts hold quarterly Dependency Team meetings. These meetings are attended by representatives from the Division, the CASA program, and the Office of the Attorney General; the Clerk of the Court and other court personnel; and several attorneys who are frequently appointed as parents' counsel, children's counsel or guardians ad litem (GAL) on dependency cases. Discussions focus on how to improve the case flow process, achieve more timely permanency and ensure that dependent children's needs are being met. In Navajo County, recent discussion surrounded the standards for attorneys who represent children. These standards were still in draft form at that time, and Judge Ruechel incorporated the team's recommendations into the draft that was resubmitted to the workgroup developing the standards. These meetings also provide the team members with an opportunity to share and discuss agency or program changes that might impact the court or legal process, such as the TDM process.

***Consultation with Youth***

Consultation with youth primarily occurs through state and local advisory boards. The State Youth Advisory Board (SYAB) is comprised of current and former foster youth, CPS Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2011 to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the State Plan on Independent Living. The State and local boards also provide a forum for youth to review and have input into legislation implementation, child welfare policy development or revision, foster and adoptive family recruitment, training for caregivers and CPS Specialists, and other areas. In SFY 2011, a major activity of the SYAB was to plan the July 2011 statewide youth conference for approximately 60 foster youth age 16 and older. The conference agenda includes workshops on transition planning, self-care, self advocacy and a review of program services available to current and former foster youth.

Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. In many areas, youth board members have attended leadership training to better prepare them for participation on the local or state YAB.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section IV, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2010*.

***Stakeholder Input into Annual Report Development***

Stakeholder input is gathered throughout the year during program specific committee meetings, inter-agency executive committee meetings and other advisory workgroups at the state and local levels. These include, but are not limited to the Youth Advisory Board, the Arizona Foster Care and Adoption Coalition, the Court Improvement Advisory workgroup, the Children's Action Alliance's Child Welfare Committee and meetings facilitated by ITCA with tribal social service representatives. These and many other forums for ongoing stakeholder consultation have been described previously within this report. The Division's outcome and goal related data is routinely shared with staff and stakeholders so they are knowledgeable about the Division's strengths, areas needing improvement and progress when providing input for strategic planning. The Division publishes the *Child Welfare Reporting Requirements Semi-Annual Report* twice each year, data from which has been included throughout this Child and Family

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Services Annual Report. These reports and the Division's CFSP, APSRs and CFSR PIP are available to staff and stakeholders on the Division's internet site. In addition, CFSR composite data and PICR results are included in state and regional level quarterly quality improvement reports that are distributed and discussed with Central Office managers, regional Program Managers, and regional staff. The Division also presents outcome and goal related data to staff and external stakeholders during committee, workgroup and other meetings. For example, CFSR data is routinely discussed in the Pima County Model Court Working Committee meetings to help the Division and the Pima County Juvenile Court select improvement priorities and strategies that are aligned with the Division's goals.

The input gathered from stakeholders assists the Division to identify system strengths and needs, service gaps, promising practices, barriers to outcome achievement, and strategies for outcome and system improvement. Arizona's Child and Family Services Plan and this Child and Family Services Annual Progress Report describe the goals, strategies and activities that are selected and implemented through this system of committees, workgroups and information sharing meetings. The following are a few of the many examples of stakeholder consultation that provided input into this year's Child and Family Services Annual Progress Report:

- The selection of strategies and action steps identified in the CFSP and this Child and Family Services Annual Progress Report was heavily influenced by the Division's Practice Improvement Case Review results. CPS Specialists, CPS Unit Supervisors, Assistant Program Managers, and regional Program Managers are involved in team case review meetings and feedback sessions, during which they identify needs and provide recommendations. These meetings are facilitated by the regional Practice Improvement Specialists, who share the input with the Division's CFSR Manager. The CFSR Manager ensures that PICR results and staff recommendations are considered by the Division's executive leadership during discussions to finalize the CFSP and annual updates. For example, the Division's SFY 2012 plan includes a strategy to increase awareness about the benefits of father involvement. Father involvement has been identified as an area needing improvement during PICRs.
- The CFSR Manager attended several meetings with the Division's Regional Program Managers, Child Welfare Program Administrator, Assistant Deputy Director and Assistant Director in SFY 2011 to discuss performance data, review progress implementing the strategies in the CFSP and identify future activities to pursue those strategies. As a result of these discussions, the Division continues to focus its improvement efforts on core practices, including comprehensive assessment, safety planning, CPS Specialist contacts with children and parents, and behavioral case planning.
- The CFSR Manager and the Division's Assistant Director attended the March and May meetings of the Children's Action Alliance's Child Welfare Committee to obtain input into the strategies and action steps for SFY 2012. The committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the ASU School of Social Work, foster and adoptive parents, citizen advocates, attorneys and the Division.
- In May 2011, the CFSR Manager reviewed the draft SFY 2011 strategies and action steps with the regional Practice Improvement Specialists to obtain their input. Input from the Practice Improvement Specialists is especially valuable because the PICRs and staff feedbacks meetings give them first hand knowledge of current practice and systemic strengths and needs, including regional differences.

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- Several of the SFY 2012 strategies and action steps were recommended by the Change and Innovation Agency (CIA) Core Team, which consists primarily of regional APMs and CPS Supervisors. The team's recommendations were informed by a series of focus groups with Assistant Attorneys General, CPS Unit Supervisors, Initial Assessment CPS Specialists, Case Aides, In-Home CPS Specialists, Protective Services Review Team staff, attorneys and judges, Foster Care Review Board members and contracted service providers. The CIA Core Team recommended improvements to the Hotline QA processes, alternative methods of responding to reports, improvements to the clinical supervision process and revision of the written case plan format, all of which are included in the SFY 2012 strategies and action steps.
- Regional Program Managers are leading many of the Workforce Planning Initiative subcommittees. The initiative's steering committee and subcommittees also include regional APMs and CPS Unit Supervisors.
- The Department's Indian Child Welfare Specialist collaborates with the Inter-Tribal Council of Arizona, Inc. to confer with Arizona Indian tribes on an ongoing basis through tribal work group consultations, conferences, training seminars and Tribal Social Services Directors meetings. In addition, the Specialist routinely confers with individual Indian tribes regarding federal and state child welfare issues, directives and policies. A description of this year's consultation activities is included in Section III, Part 4, 7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance
- Youth, foster care alumni and program staff (including providers) gave input into the state's Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program State Plan and Progress Report at the quarterly statewide Youth Advisory Board meetings and the Independent Living (IL) Coordinator meetings throughout the year. The strategies and action steps in the CFCIP and ETV Program State Plan were discussed during the statewide YAB and IL Coordinator meetings throughout the year.
- The Training Advisory Council met in June 2011 to review progress implementing last year's recommendations; review the Division's current performance achieving safety, permanency and well-being outcomes; identify training needs and obtain recommendations for the State's Training Plan and activities in SFY 2012. The Council's 2011 recommendations included continuation of alternative training delivery, with more use of in-person or I-linc follow-up discussions; expanded advanced training for all areas of specialization, particularly supervisors and APMs; specialized training for those working with teens; and more training for stakeholders, to improve alignment and understanding between the courts, CPS and the behavioral health systems.
- Ongoing quarterly meetings with contracted providers, such as in-home service program and HRSS contract providers, are held to review contract related outcome data, share ideas to improve service delivery, encourage networking among providers and discuss the impact of recent budget shortfalls. These meetings aid the Division to assess service quality and the sufficiency of the service continuum, and enable collective identification of continuous improvement opportunities.

In addition, staff and external stakeholders frequently serve on the workgroups and committees that are formed to implement or oversee the Division's program improvement strategies, thereby having further input into the design of Division policies and programs. Regional staff will participate in the workgroups

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to improve the clinical supervision procedures and case plan format. External stakeholders will attend the forum to explore root causes for higher entry rates and longer lengths of stay among babies. In-home service providers will attend meetings to continually discuss implementation of the in-home services contract.

***Coordination of CFSP Services with Other Federal Programs***

The Division continues to collaborate with other human service agencies at both the administrative and case level. The Department is involved in extensive programmatic and administrative collaborations to ensure that children and families are served in the most integrated manner possible. Some examples include:

- The Arizona Children's Executive Committee; including the Family Involvement, Clinical, and Training Subcommittees
- The Council of Governments' (COGS) county-based Councils
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.
- The Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- The Child Welfare Case Management Advisory Committee
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Forces
- The Maricopa County Vision for Youth Community Collaborative
- The Court Improvement Program
- The Pima County Model Court Working Committee

The Division coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Division of Behavioral Health Services within the Department of Health Services. The Division coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security. Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the Department's TANF program. The Department's Child Support Enforcement Administration assists the Division to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department's Child Care Administration.

Extensive and continual collaboration occurs between the Division and Arizona's Department of Health Services, Division of Behavioral Health Services. The Division has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care. More information about collaboration to support child mental health assessment and treatment services and child educational services is located in Section III, Part 3.

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

- Investigative CPS Specialists are co-located with law enforcement and other agencies in child advocacy centers throughout the state. In Maricopa County, CPS Specialists are co-located at the Center Against Domestic Violence (Mesa), the Childhelp® Children's Center of Arizona (Phoenix), and the Southwest Family Advocacy Center (Goodyear). In Pima County, CPS Specialists are co-located with Pima County Sheriff's Department and Tucson Police Department

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staff at the Southern Arizona Children's Advocacy Center. CPS Specialists are assigned to partner with law enforcement and other agency staff at several other advocacy centers across the state.

- Many communities have co-located CPS and behavioral health staff, such as RBHA and AFF staff. For example, behavioral health network liaisons are housed with the Pima Region Mental Health Specialist in Tucson. In Maricopa County, AFF staff are currently housed in nine CPS offices across the Southwest and Central Regions. Co-location efforts now also include offering substance abuse recovery groups within four CPS offices. Co-location has increased communication among the providers and CPS, and improved service delivery.
- Maricopa and Pima Counties have Division staff co-located at their County Court buildings. One case aide and one court liaison are placed at the Pima County Court. CPS liaisons are placed in each of the Juvenile Courts in Maricopa County, and are part of a team comprised of liaisons from Juvenile Probation, Juvenile Court Administration and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County.
- Staff from CPS and the Division of Developmental Disabilities are co-located in some areas. In Pima County, four DDD staff are co-located in an eastside CPS office to allow for greater collaboration on cases where CPS and DDD are both working with a family and/or child. In the Southwest Region, DDD staff are co-located at the Avondale, Thunderbird, Peoria and Glendale offices. DDD staff are co-located in the Central Region's North Central, Tempe, Gilbert and 19th Avenue offices.

See Section III, Part 4, A.5. *Service Array and Resource Development* for more information on services that are provided in coordination with other state and community agencies.

**7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance**

***Consultation and Collaboration Activities***

The Division consults and collaborates with American Indian Tribes for program and policy development, and on cases involving children who are or may be subject to the ICWA. The Division's Indian Child Welfare Specialist meets regularly with tribal affiliates and designated tribal ICWA liaisons to consult and review the progress toward ICWA compliance and Indian Child Welfare related issues. In addition, the Division continues to contract with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance and liaison services to the twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policy initiatives. ITCA also sponsors the annual Indian Child and Family Conference and Child Protective Services training on ICWA. The annual conference has proven to be an effective way to keep tribal programs informed of new child welfare practice and policy.

Division compliance with ICWA is continually evaluated through a tribal consultation process that began in 1996. Each year, the Division and Arizona Indian tribes hold face-to-face meetings, jointly develop action steps to improve compliance with the ICWA, and collaborate to complete the activities. During SFY 2011, several meetings and training seminars were held with Indian tribes to provide information and technical support:

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- In September 2010 the Division's Indian Child Welfare Specialist gave a presentation on intergovernmental relations between the State of Arizona and Indian tribes at the annual tribal social services meeting sponsored by the Bureau of Indian Affairs in Las Vegas, Nevada. Indian tribes from Utah, Nevada and Arizona attended the meeting to teach and learn from one another.
- In October 2010, the Navajo Nation received CHILDS training specific to title IV-E eligibility and data entry functions, in preparation for referring potential title IV-E eligible Navajo children under tribal jurisdiction to the state title IV-E unit for eligibility determination.
- In November 2010, the Fort Mojave Indian Tribe sponsored a cultural awareness seminar for the Division's northern region CPS staff. The event attracted over 100 tribal and state child welfare personnel to hear about the tribe's culture, traditions, customs and historical events significant to current tribal and state relations. The seminar was well received. The theme of the seminar touched on building rapport and working together. Feedback from attendees was positive, with suggestions to continue this type of interaction.
- Also in November 2010, Casey Family Programs of Phoenix conducted a two day title IV-E working conference with the Tohono O'odham Nation and the Navajo Nation, the two tribes receiving the title IV-E planning grant. Technical assistance was provided by the National Indian Child Welfare Association of Portland, Oregon. The tribes worked together to refine their respective work products on quality assurance and development of a reimbursement claiming framework. The two tribes are making significant progress with their title IV-E development.

Other meetings were held throughout the year to obtain input into the Division's ICWA related strategies and activities, build relationships between state and tribal social service staff, and resolve barriers to ICWA compliance. In March 2011 the Division and ITCA held the annual planning meeting with Tribal Social Services Directors and child welfare case managers. All 21 Indian tribes in Arizona were sent a letter of invitation and the meeting agenda. The meeting was attended by social service representatives from the Tohono O'odham Nation, Gila River Indian Community, Ak-Chin Indian Community, Hualapai Indian Tribe, Camp Verde Yavapai Tribe, Tonto Apache Tribe and White Mountain Apache Tribe. Separate meetings were held with the Navajo Nation Division of Social Services in March and June 2010, October 2010 and February 2011. The Navajo Nation is a non-ITCA member tribe that requires separate consultation. The primary purpose of the ITCA annual meeting and the meetings with the Navajo Nation was to discuss and receive comments concerning last year's strategies, action steps, progress and barriers to accomplishing ICWA goals and objectives. The meetings included a discussion of the FFY ICWA data report, which describes characteristics and trends concerning American Indian children in out-of-home care on September 30, 2010. Tribal input concerning the Department's Indian child welfare services and activities is described in the remainder of this section.

Also in March 2011, a separate meeting was held with child welfare representatives from Fort McDowell Yavapai Indian Community, Salt River Pima/Maricopa Indian Community and Gila River Indian Community, to exchange information about resources and case management practices. In January and March 2011, meetings were held between the Division's northern regional CPS office staff and White Mountain Apache Tribe Social Services staff to work on regional issues relating to collaboration and communication.

***Compliance with the Five Major ICWA Requirements***

Since Native American Indians are citizens of the states in which they reside, local government agencies

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and entities have the responsibility to serve the Native American Indian population that resides in their city, county or state. The Division receives and responds to reports of maltreatment involving Native American children residing off their tribal lands and provides assessment and intervention services in the same manner as provided to non-Indian families. Tribal children and families living off their tribal lands are able to access the same prevention, reunification and permanency services as any family residing in Arizona. When removal or court intervention occurs, the family's tribe is notified and may request transfer of jurisdiction to the tribal court or provide services to the family in conjunction with the Division. Native American families residing on tribal lands are served by the tribal social service agency. The Division is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state.

The Department's Indian Child Welfare Act compliance standards remain unchanged. Compliance continues to be achieved through several tools and steps. The Division's ICWA policy and procedures were developed in consultation with tribal representatives to provide guidance and instructions specific to: (1) identification of any child as an American Indian child, (2) tribal involvement prior to filing a dependency petition, (3) removal and temporary custody of a American Indian child, (4) voluntary consent to foster care placement of an American Indian child, (5) providing services to facilitate family reunification, (6) American Indian child placements and placement preferences, (7) permanent guardianship, (8) termination of parental rights and adoption, (9) consent to adoption, (10) foster care as a planned living arrangement, and (11) providing independent living services and supports. Policy and procedures for these eleven steps have been in place for several years and provide effective guidelines for CPS staff.

Tribal feedback and other information concerning the Division's current compliance with the ICWA requirements is described below:

- *Identification of Indian children by the state child welfare services agency*

Identification of an Indian child can be achieved at different stages of the investigation and dependency proceeding. During the initial CPS investigation, state CPS Specialists are required to ask every parent whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the CPS Specialist gathers from the parent and other sources identifying information of maternal and paternal extended family such as names, dates of birth, addresses, certificate of Indian blood and tribal affiliations, including the name and location of the Indian Reservation with which the person is affiliated. In addition, state law and court rules require that the court make an inquiry at the beginning of any court proceeding to learn if any party has reason to believe that any child who is the subject of the proceeding is subject to the ICWA. If the child is subject to the ICWA, the court and parties must meet all requirements of the Act. The dependency proceeding will not proceed until all ICWA requirements have been met.

Tribal affiliates believe that Division staff make commendable efforts to identify any child as an American Indian at the early stage of the dependency process. Tribal affiliates also shared that certain factors should be considered in order to gather accurate information about a child's tribal affiliation, such as:

- Indian parents do not always disclose their American Indian heritage for various reasons, such as personal issues with relatives, trust issues with the state child welfare agency or anger about CPS intrusion into their personal life.

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- Indian parents do not always enroll their children with their tribes, in part because they live in urban areas and have little or no social or cultural ties to their tribes.
- Most Indian tribes have a mandatory enrollment policy, but some do not.
- A parent claiming tribal affiliation may not have verifiable documentation or access to documentation that she/he is a descendant of someone; particularly if the relative is separated by two or more generations and is deceased or whereabouts unknown.

The ICWA report shared with the tribes showed that over 50% of children identified as an American Indian child did have their tribal affiliation listed. Tribal representatives felt identification of tribal affiliation is critical in view of the ICWA requirement. Identification of tribal affiliation is a key element for providing legal notification and to assist in identifying extended family members who may be considered as potential placement. In addition, information about tribal affiliation is important for children who have significant social and cultural connections with their tribal communities, especially Arizona Indian tribes.

- *Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene*

The Office of the Attorney General provides legal notification to the parent(s) and to the child's Indian tribe when an Indian child is the subject of an involuntary child custody proceeding. Notice also includes the right of the parent and tribe to intervene. Notice is given to the Bureau of Indian Affairs when the Indian child's tribal affiliation is not known but there is reason to believe that the child is of American Indian descent.

Tribal affiliates expressed varying opinions about receiving legal notification from the Office of the Attorney General. The Tohono O'odham Nation, Navajo Nation, White Mountain Apache Tribe, San Carlos Apache Tribe, Hopi Indian Tribe, Salt River Pima/Maricopa Indian Community and Gila River Indian Community indicated notifications were timely, while other tribes had no opinion. Most tribes agreed that notices are timely, but notices are sometimes sent to the wrong person within a tribe when the tribe's internal tribal ICWA policy and procedures are not clear. Indian tribes continue to report that their policy prohibits involvement at an early stage of the dependency process when a child's enrollment status is not yet known. Enrollment or eligibility for enrollment must be either established or verified by the tribe's enrollment official before the tribe is allowed to take a position concerning a dependency petition. Verification of enrollment and/or membership determination processes takes time. Delayed tribal response to legal notice from the Office of the Attorney General has ramifications, such as lack of immediate access to case related information, missed opportunity for participation in decision-making, and loss of the child to the tribe because the state court allows an Indian child to be adopted by a non-Indian family when the child's tribe has filed a motion to request transfer of jurisdiction at a late stage of case proceeding.

Concerns related to timely identification of Indian children are being addressed through cross-training between regional Division and tribal child welfare program staff. In addition, tribal representatives from the Navajo Nation, Tohono O'odham Nation, Pascua Yaqui Indian Tribe and the Gila River Indian Community have acknowledged the need to work more diligently with their enrollment offices to verify children's enrollment statuses and children's eligibility for tribal membership in a shorter turnaround. Tribes are also willing to make appropriate internal

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adjustments to their tribal child welfare policy and practices so timely intervention may occur. The Division and tribal ICWA liaisons will take the lead in initiating these discussions at their regional levels.

- *Special placement preferences for placement of Indian children*

When an identified Indian child is removed from a parent, every effort is made to follow the placement preference per state policy. Placement with a maternal and/or paternal extended family member who is willing and able to provide care for the child is always a priority. Nearly one third of American Indian children are placed with extended family members, and this percentage increased slightly from FFY 2009 to FFY 2010. Of 595 Indian children in out-of-home placement on September 30, 2010, 86% were placed in a family setting, up from 82% on the last day of FFY 2009. Of the 595 children, 33.4% (198) were placed with an unlicensed relative, 3.7% (22) were placed with an unlicensed non-relative (generally a significant person to the child) and 49.3% (292) were in foster family homes (some of which may be licensed relatives). The remaining 14% of Indian children in care on September 30, 2010, were in a shelter, correctional facility, group home, residential treatment facility or were on runaway status. State and tribal case managers continue to collaborate in identifying and locating potential extended family member caregivers who reside on Indian Reservations. In addition, Indian tribes and the Department share licensed resource families for children who cannot be placed with extended family members.

Tribal affiliates continue to express concern about the number of Indian children that come into care because of state CPS intervention, especially the number of Indian children placed with unrelated caregivers and the number of Indian children being adopted by non-Indian families. Terminating the rights of Indian parents to achieve permanency for Indian children is not supported by Indian tribes because the concept is not culturally accepted, especially when an Indian child is being adopted by a non-Indian person. Tribal affiliates are acutely aware of the Division's duty, as required by state statute and policy, to make diligent efforts to locate and identify relatives who may be considered as potential placement of Indian children. Indian tribes acknowledge the importance of working together with the Division in locating relatives who reside on or off tribal land. Indian tribes are also aware that state courts have discretion to find good cause to deviate from ICWA placement preferences when efforts to locate relatives are unsuccessful. Contributing factors that lead to deviation from placement preferences include the lack of an identified relative who is willing and able to provide care, tribal intervention at a late stage of case development, lack of tribal resources to meet the child's special needs and unsuccessful joint search for potential Indian caregivers.

Tribal representatives recommended that the Division continue to improve its efforts to locate maternal and paternal relatives before the initial dependency hearing, to prevent children from being placed with and becoming attached to unrelated caregivers. Tribal affiliates also recommended that the Division continue to provide cross-cultural training, to improve staff competency working with American Indian families toward family reunification. Specialized training may increase staff knowledge about cultural factors that are crucial to establishing meaningful engagement. To prevent out-of-home care episodes of six months or longer, Indian tribes are repeatedly encouraged by the Division to actively participate in the decision-making processes from the date an Indian child is removed and placed in out-of-home care. Several tribes are able to attend or participate by telephone in TDM meetings, case plan staffings, case

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conferences and permanency planning hearings to preserve the child's best interest. Other tribes seek to participate, but other priorities make it difficult.

- *Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or adoption*

Policy and procedures for the delivery of services to Indian children strongly encourage utilization of culturally appropriate reunification services such as Family Group Decision Making, talking circles, Native American ceremonial and religious practices, and tribally operated programs that reflect Native American values and beliefs about the family and child rearing practices. When appropriate, the Indian Child Welfare Specialist is asked to coordinate and facilitate the identification of culturally appropriate services in coordination with tribal social services staff.

Data on Indian children in out-of-home placement on September 30, 2010 (ad hoc report, extraction date February 28, 2011) demonstrates that the majority have a goal of family reunification:

- Of 595 Indian children in out-of-home placement as of September 30, 2010, 54% (323) had a permanency goal of family reunification or remain with family, down from 56.8% on the last day of FFY 2009. Twenty-two percent (131 children) had a permanency goal of adoption, up from 16% on the last day of FFY 2009. Of these 131 children, 48% (63) had a goal of adoption by a relative and 52% (68) had a goal of adoption by a non-relative or the foster parent.
- Eighteen children (3%) had a permanency goal of guardianship by a relative or non-relative. Eighteen children (3%) had a permanency goal of long-term placement with a relative or non-relative. Forty-six children (8%) had a goal of independent living. Fifty-nine children (10%) did not have a permanency goal assigned.
- Of 595 Indian children in out-of-home placement on September 30, 2010, 55.3% (329) had been in out-of-home care for less than 12 months, up from 47.5% on the last day of FFY 2009. Another 20.5% (122) had been in out-of-home care for 13 to 24 months.

Child welfare practices and policy implemented in SFYs 2008, 2009 and 2010 are significant to Indian children and families. For example, concurrent case planning and expedited permanency hearings affected all children in out-of-home care, including Indian children. Expedited hearings are especially relevant to Indian children because they require earlier identification of tribal affiliation and earlier intervention by tribes. Delayed intervention by Indian tribes to official notification from the Office of the Attorney General continues to be a factor.

- *Use of tribal courts in child welfare matters, tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe*

The Division continues to make diligent efforts to provide Indian tribes an opportunity to exercise their right to either intervene or assume legal jurisdiction of an Indian child who is the subject of the ICWA. The Division's regional ICWA liaisons, CPS Specialists and the Indian Child Welfare Specialist continuously collaborate and assist tribal child welfare staff to accept and transfer custody. Division policy and procedures fully support the intervention and transfer

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of jurisdiction of Indian children to tribal court providing the motion to transfer jurisdiction is received within a reasonable timeframe. A motion to transfer after a child has been in out-of-home placement for twelve months or longer is considered untimely by the state courts. State-tribal practices and Intergovernmental Agreements (IGA) support Division funded transition services during the transfer of an Indian child to tribal courts. This support enables the tribe to transition the child and family into local child welfare services. The Division continues to remind tribal child welfare staff about the importance of timely intervention to ensure their participation in decision-making activities such as TDM meetings, case plan staffings, Preliminary Protective Hearings and court hearings. These discussions have occurred at workshops, ICWA training, ITCA tribal social services directors work group meetings, special meetings and on-going quarterly meetings with the Navajo Nation Division of Social Services.

***ICWA Compliance Strategies, Goals, Action Steps and Accomplishments***

The effectiveness of efforts to comply with ICWA is continually evaluated through a consultation process that began in 1996. Joint strategic planning activities between the Division and tribal affiliates are conducted on a frequent basis, as previously described. In SFY 2010 the Division and Arizona's Indian tribes continued to support the identified strategies and action steps to improve Indian child welfare services. The strategies were reported in the June 2009 CFSP, and remain unchanged for SFY 2012. There have been some adjustments to update the action steps. The following accomplishments were achieved in SFY 2010 in relation to the identified strategies and action steps:

**Indian Child Welfare Strategy:            Deliver cultural awareness and ICWA training to tribal and state child welfare personnel**

**Goal:**    Increase cultural awareness and knowledge of the ICWA among Division child protective services personnel

**Action Step 1:**                                Collaborate with ITCA regarding scheduling and delivery of ICWA policy and procedures training at three different sites, to accommodate Division and tribal CPS personnel

**Action Step 2:**                                Deliver ICWA training as a component of the Division's Supervisor Core training for the benefit of Division CPS Supervisors

**Action Step 3:**                                Deliver ICWA training to Arizona State University Public Programs student interns twice during the school year

A two day ICWA training and a two week Child Protective Services (CPS) Academy are made available each year through a contract with the ITCA. During SFY 2011, approximately 200 state or tribal CPS Specialists completed the ICWA Seminars and the annual CPS academy. In addition, Core training is provided twice a year for new supervisors, including content on the Indian Child Welfare Act (ICWA). As a training team member, the ICWA Specialist provides a three hour training on the Division's ICWA policy and procedures.

ICWA training is available twice a year for social work student interns. During SFY 2011, approximately 50 student interns completed the training. The Division, ITCA and the Arizona State University Office of American Indian Project collaborate in the delivery of ICWA training seminars and CPS Specialist core training. At the end of each training episode each participant provides comments

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and evaluation of the curricula content, presenter training style, and training techniques used to get the information across to participants. Participant feedback is usually very positive, indicating that the training forums provided an excellent opportunity for cross-training and relationship building between the state and tribal child welfare workers. In SFY 2012 the Division and tribal affiliates will continue to provide these trainings, and will evaluate and improve training to increase the competency of CPS Specialists working cross-culturally with American Indian families.

In April 2011 the State of Arizona Supreme Court, Administrative Office of the Courts, Dependent Children Division sponsored a one day summit: "Connecting Legacies: Working Hand in Hand with ICWA." The summit drew about 300 professionals, including tribal and state attorneys, judges, child welfare professionals, private attorneys and social workers from across the state. The summit theme was promoting positive outcomes for American Indian children and families, and a full agenda fostered discussion of placement preferences, active efforts, adoption, permanency planning, transfer of jurisdiction and qualified expert witness. Judge William A. Thorne, Jr., a nationally known child welfare advocate, delivered the keynote address. Throughout the summit, Judge Thorne shared his expertise on issues that often generate discussions among state and tribal legal communities, such as the difference between reasonable and active efforts, qualification standards of expert witness and ethical obligation of counsel in ICWA cases. Judge Thorne was well received for sharing his insights on several key components of the ICWA. Attendees rated the summit and speakers highly and requested the summit be an annual event.

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**Indian Child Welfare Strategy:**           **Confer, consult and collaborate with tribal representatives to clarify and monitor the application of ICWA related practice standards, generate and analyze outcome data related to American Indian children under state custody, and support program or outcome improvement activities**

**Goal:**    Improve services and increase ICWA compliance on active cases involving American Indian children

**Action Step 1:**                            Confer and consult with the ITCA Social Services Directors Work Group on a regular basis about data and trends pertaining to American Indian children under state custody

**Action Step 2:**                            Confer and consult with designated tribal and state ICWA liaisons on a regular basis to ensure compliance with best practice principles on inter-agency coordination, communication and collaboration, to achieve the best outcomes for American Indian children under state custody

**Action Step 3:**                            Initiate periodic ICWA quality assurance case reviews to assist program improvement in areas related to early identification of American Indian children, compliance with placement preferences and provision of culturally appropriate services

**Action Step 4:**                            Maintain a pool of qualified and trained expert witnesses to provide testimony in state court child custody proceedings, statewide

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**Action Step 5:** Provide qualified expert witness testimony in state court involuntary child custody proceedings involving American Indian children subject to the ICWA, statewide

Data concerning Indian children in out-of-home care is shared quarterly by the Division's Indian Child Welfare Specialist with state and tribal ICWA liaisons and tribal social services. During this reporting period, tribal affiliates were particularly interested in the permanency goals, time in care and placement types for Indian children, and the number of Indian children being adopted and/or placed with non-Indian foster homes. Further discussions of these concerns will continue in SFY 2012.

An ICWA case review process was planned in SFY 2010, but had to be delayed again because of budget constraints. This activity will be reconsidered when the Division's budget and staffing resources allow.

In SFY 2010 the Division created a pool of qualified and trained expert witnesses comprised of state and tribal child welfare case managers. Indian tribes are encouraged to provide their own qualified expert witness to testify in state courts; however, not all tribes agree to provide testimony due to potential conflict of interest. When they are willing to provide testimony, tribal caseworkers limit their qualified expert witness testimony to children from their tribe. When a child's Indian tribe is unable or is unwilling to testify as a qualified expert witness, the testimony is provided by the Division's Indian Child Welfare Specialist, a Division CPS Specialist from the Maricopa County ICWA Unit or another Division CPS Specialist who qualifies as an expert witness. This approach is working well, although Indian tribes' preference is to use someone who is independent of the Division. Tribes also share a concern about the Division's practice of using a non-Indian person to testify as a qualified expert witness when the person is not familiar with American Indian child rearing practices, family systems, customs and traditions of an Indian community. The Division uses an American Indian to provide expert witness testimony whenever possible. Tribal affiliates feel the testimony of a qualified expert witness is crucial to the outcome of an ICWA case, especially when an Indian child cannot be reunited with a parent, placed with a relative or placed with a non-relative tribal member.

Indian tribes are encouraged to provide their own qualified expert witness to testify in state courts; however, not all tribes agree to provide testimony due to potential conflict of interest. When a child's Indian tribe is unable or is unwilling to testify as a qualified expert witness, the Indian Child Welfare Specialist provides the needed testimony. This approach is working well, even though Indian tribes' preference is to use someone who is independent of the Division and tribes do not generally support CPS staff providing the required "qualified expert witness" testimony. Tribal affiliates feel the testimony of a qualified expert witness is crucial to the outcome of an ICWA case, especially when an Indian child cannot be reunited with a parent, placed with a relative or placed with a non-relative tribal member. Tribes share a concern about the Division's practice of using a non-Indian person to testify as a qualified expert witness when the person is not familiar with American Indian child rearing practices, family systems, customs and traditions of an Indian community.

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**Indian Child Welfare Strategy:** **Revise Division contracts and assist contracted agencies to provide culturally responsive services**

**Goal:** Increase the percentage of American Indian children in out-of-home care who are placed with an American Indian family and the percentage of American Indian parents who receive culturally responsive services

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**Action Step 1:** Assist state and private agency efforts to recruit American Indian resource families to foster and/or adopt American Indian children under state custody

**Action Step 2:** Modify the Home Recruitment, Study and Supervision contract scope of work specifications for contract providers to develop strategies that address cultural factors that hinder recruitment and licensure of American Indians resource families (new action step for SFY 2012)

Native American foster and adoptive home recruitment remains challenging. Adoption inquiries continue to be coordinated with AdoptUSKids and the Indian tribes of Indian children needing homes. Cultural barriers continue to hold back recruitment efforts. Examples of cultural factors include the time it takes for Indian families to make decisions, and the mistrust of private agencies asking invasive questions pertaining to household composition, background/fingerprint check, health and financial status and living environment. In addition, because of state budget constraints the Native American Recruiter position created in SFY 2009 was eliminated in SFY 2010. There is no immediate plan to reopen the position. In SFY 2011 the Division will continue to work with the contracted home recruitment agencies to recruit Native American families.

The Division contracts with the private sector to perform general recruitment, which includes recruitment of Indian families. At the close of SFY 2011, the five year funding cycle for the HRSS contract will end. To direct more effort to recruitment of American Indian resource families, the Division will modify the HRSS contract's scope of work to construct methodologies that address cultural factors that hinder recruitment and licensure of American Indian resource families. A new action step has been added for SFY 2012 to include this work in the Indian Child Welfare strategic plan (Action Step 2, above).

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**Indian Child Welfare Strategy:** **Confer with Indian tribes about intergovernmental agreements and memorandum of understanding as a method of achieving the goals of ICWA**

**Goal:** Ensure communication, coordination and collaboration between the Division and Indian tribes, to prevent break up of Indian families

**Action Step 1:** Confer with Indian tribes who express interest in developing an intergovernmental agreement or a memorandum of understanding with the Division

**Action Step 2:** Incorporate the purpose and intent of intergovernmental agreements in the ICWA training for the benefit of Indian tribes

The agreement between the Division and Navajo Nation is being revised to clarify procedural steps, which will make the guidelines more user friendly for state and tribal CPS field staff. The anticipated completion date is December 2011. To promote the usefulness and value of written agreements, the Division's Indian Child Welfare Specialist highlights the purpose, intent, terms, conditions and procedural guidelines of formal agreements at training seminars, inter-tribal meetings and local conferences. In addition, the Specialist continues to encourage Indian tribes to consider developing a written protocol with the Division. Tribal program staff collectively view formal agreements as viable tools, but feel their executive leaderships are cautious of boilerplate language contained in agreements,

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which are considered as compromising the sovereignty of Indian tribes. Subsequently, there was no new interest for development of agreements during SFY 2010.

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**Indian Child Welfare Strategy:      Support Indian tribes to gain direct access to title IV-E foster care maintenance payments from the Department of Health and Human Services**

**Goal:**                                      For American Indian children removed for protective services, increase the rate of placement with American Indian resource families

**Action Step 1:**                          Disseminate ACF title IV-E information and instructions to Indian tribes and support tribes to access related technical assistance, resources or needed training

**Action Step 2:**                          Provide requested technical support and training to the Navajo Nation and the Hopi Tribe to facilitate implementation of title IV-E intergovernmental agreements with the Division

**Action Step 3:**                          Collaborate and assist ITCA to plan, schedule and deliver title IV-E consultation, and provide technical assistance and training for the benefit of Indian tribes

Nine tribes continue to receive direct title IV-B, subpart 1 & 2 funding from DHHS. These tribes include Navajo Nation, Hopi Tribe, White Mountain Apache Tribe, San Carlos Apache Tribe, Colorado River Indian Tribes, Salt River/Pima Indian Community, Gila River Indian Community, Pascua Yaqui Indian Tribe and Tohono O’Odham Nation. Title IV-B and IV-E program instructions issued by the U.S. DHHS and received by the Division are forwarded to ITCA, who then disseminates the information to all the twenty-one tribes. Some tribes also receive the same information through the national child welfare list serve network. The Division shares its State of Arizona Child Family Services Five Year Plan with Indian tribes and the Indian Child Welfare Specialist maintains copies of Tribal title IV-B Plans submitted by the nine tribes.

In collaboration with the ITCA, the Division continues to assist and provide Arizona Indian tribes, tribal organizations and consortia appropriate resources and information to enable tribes to understand the benefits of operating a title IV-E program as authorized by Public Law 110-351. As previously noted, in October 2010 the Division provided CHILDS training to Navajo Division of Social Services staff to learn to navigate CHILDS and perform data entry functions. Also in November 2010, Casey Family Programs convened a two day working conference for Navajo Nation and Tohono O’Odham Nation who are recipients of federal planning grants. Technical assistance was provided by the National Indian Child Welfare Association of Portland, Oregon. The two tribes worked together in refining their respective work products pertaining to quality assurance and developing a framework for claiming reimbursements. With regard to other Indian tribes who have an interest in title IV-E, the Division will continue to negotiate in good faith title IV-E agreements with Indian tribes who opt to access title IV-E through the State of Arizona. Navajo Nation and the Hopi Tribe each have a title IV-E IGA in place with the Division. Because of frequent child welfare leadership changes, the Hopi Tribe continues to remain inactive with title IV-E development. Movement is not anticipated for another year. On the other hand, the Navajo Nation is using their planning grant from DHHS to update its children’s code and upgrade its automated data management system. The Navajo Nation is preparing to implement the IGA as soon as its key social service program staff is trained. In 2009, the Pascua Yaqui Indian Tribe and Tohono

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O’Odham Nation had direct communication with the Children’s interests in title IV-E. Other tribes have not communicated an interest in title IV-E at this time.

*Chafee Foster Care Independence and Education and Training Vouchers Programs*

The Division’s Indian Child Welfare Specialist and Independent Living Specialist collaborate with the Inter-Tribal Council of Arizona, Inc., to provide information to the Tribal Social Services Directors work group about Chafee Foster Care Independence and Education and Training Vouchers Programs. American Indian youth between the ages of 16 and 20 who are under tribal court custody and are in tribally licensed foster care placement are eligible to receive education, training and transitional services to self-sufficiency. Financial, housing, counseling and employment support services are available to complement the youths’ efforts to achieve self sufficiency. Indian tribes work with local contracted independent living program providers to access these services for their eligible Indian youth.

**8. Foster and Adoptive Home Licensing, Approval, Recruitment and Retention**

*Standards for Foster Homes and Institutions and Requirements for Criminal Background Checks*

Arizona maintains standards for foster family homes, adoptive homes and child care institutions in statute, rules and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification and court approval processes, including personal interviews, an extensive home study, application for and receipt of a fingerprint clearance card, and an Arizona CPS record check. Checks for CPS history in other states and U. S. territories, pursuant to the Adam Walsh Child Protection and Safety Act of 2006, are required prior to licensure. Community based agencies under contract with the Division monitor the compliance of licensed homes through annual license renewal home studies and home visits from a community agency Licensing Specialist.

All licensing and regulatory functions within the Department are consolidated within the Office of Licensing, Certification and Regulation (OLCR). This single point of regulatory authority that is separate from the programmatic and child placement functions assures standardized application of all licensure and regulatory standards, has eliminated duplication and expedites licensure. The OLCR ensures that the licensing standards are applied equally to licensed foster homes, licensed relative homes and licensed child care institutions. Quick Connect is OLCR’s web-based system for submission of all foster home new license and renewal applications. Quick Connect requires minimal hard copy document submission and reduces application processing time.

Relatives or kin who care for children under the Division’s supervision can become licensed as family foster parents by meeting the same requirements as non-related foster parents, or can provide care as a court approved kinship home. Pursuant to the Fostering Connections Act, non-safety requirements may be waived to allow full licensure of relatives. Court approved kinship caregivers and all other adult household members must complete a criminal background check, CPS records check, and the interview and home study process. Court approved kinship caregivers do not receive foster care maintenance payments, but are eligible for state funded personal and clothing allowances and reimbursement for specified expenses, and are assisted to apply for child-only TANF benefits if they choose.

Families wishing to adopt a child must be certified by the court to adopt. The certification process includes a comprehensive application, including receipt of an Arizona Department of Public Safety fingerprint clearance card. Adoption certification is not required for relatives with a first degree of relationship to the foster child they are petitioning to adopt. These relatives must complete a criminal

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history background check, CPS record check and home study, and must be approved to adopt by the Court. Licensed foster parents have an expedited process that updates and supplements information from the foster home licensing study for certification purposes.

Criminal background check results for adoptive parent applicants are provided to the Department and to the Court. The Court makes a determination of acceptability as part of the certification process. Foster parents and child care staff providing direct supervision to children in care are required to have a Fingerprint Clearance Card, which is run daily for clearance. Kinship provider criminal background check results are provided to the Department for clearance or non-clearance. Clearances are included in the home study that is submitted to the Court for approval.

The Department of Public Safety, Fingerprinting Division applies standards established in state statute to determine whether to issue a fingerprint clearance card or deny clearance, and to determine the clearance level of an issued card. Foster and kinship parents who are denied a fingerprint clearance card may appeal the denial if, as defined by state statute, the denial is based upon a crime that can be appealed to the Fingerprint Clearance Board. The good cause exception process is administered by the Fingerprint Board, which is established in state statute. The Fingerprint Board is composed of representatives from the Department of Economic Security, the Supreme Court, the Department of Health Services, the Department of Juvenile Corrections and the Department of Education. Federal criminal background clearance is effective for six years for childcare institution staff and foster parents. Re-printing to obtain a new fingerprint clearance card is required in the seventh year.

***Diligent Recruitment of Foster and Adoptive Homes and MEPA***

Arizona's diligent home recruitment efforts target potential foster and adoptive parents who reflect the ethnic and racial diversity of the foster care community and are equipped with the skills, tools and supports to adequately meet the needs of children in their care. The Division continues to focus its recruitment efforts on establishing strong relationships with communities of color, increasing the numbers of foster and adoptive families of color, and building upon the cultural alliances of these communities. The Division's foster and adoptive home recruitment strategy also continues to address the need for adoptive homes for children with special needs.

Geographical Information System (GIS) maps are developed semi-annually using CHILDS data and the list of open foster homes from the OLCR's database. These maps identify areas of the state where the number of removals is highest, so that recruitment activities can identify caregivers in the same neighborhoods. The GIS maps depict the geographical areas and demographics of the targeted communities with the highest number of children entering out-of-home care and the lowest number of licensed resource families. These findings are shared with private contracted agency partners, community councils and other stakeholders who use them as a basis for targeted recruitment activities. The maps have increased awareness of targeting needs and highlight the demographics of children in targeted neighborhoods.

The Division also uses data reports to track the movement of children with a case plan goal of adoption through to adoption finalization. These reports identify cases in which child specific recruitment is needed to identify a suitable adoptive home for a waiting child, provide data to assess adoption timeliness and child specific recruitment needs, and assist adoption unit staff to ensure CHILDS data fields are completed accurately. State policy requires child-specific recruitment be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs. All appropriate recruitment resources must be explored and/or utilized within three months of a referral for child-specific specialized recruitment.

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The Division conducts general recruitment by maintaining and responding to inquiries to the KidsNeedU and ADOPTUSKIDS phone lines and the Department's [www.azkidsneedu.gov](http://www.azkidsneedu.gov) recruitment website, marketing with the Department's KidsNeedU logo, receipt and promotion of national ADOPTUSKIDS media packets, and statewide proclamation of Adoption and Foster Care month. The Home Recruitment Response Line (877-KidsNeedU) staff receive calls from prospective foster and adoptive parents and send materials specific to the region in which the interested person lives. Several weeks after an initial call to the phone line, a staff person contacts the families to learn how they are progressing through the licensing process and offer any needed assistance. Staff at the Home Recruitment Response Line also contact kin providers caring for a child placed by the Department, to help them begin the foster home licensing process. In SFY 2011, the Division's general recruitment activities also included the following:

- The *Arizona Statewide*, a quarterly newsletter for foster, adoptive and kinship parents, disseminates important information to Arizona resource families. The Division collaborates with the Arizona Association for Foster and Adoptive Parents; the Office of Licensing, Certification and Regulation; and the Comprehensive Medical and Dental Program to identify content for the newsletter. Each issue features "Shining Stars," who are children free for adoption without an identified placement. A column titled "Ask Dr. Sue" provides a forum for Dr. Sue Stephens to answer medical questions of interest to foster and adoptive families. Another column is directed to kinship care providers. Each issue updates readers about the Arizona Association for Foster and Adoptive Parents, and each year an article describes new legislation of interest to foster, kinship and adoptive caregivers. Other articles of interest to resource families have included information on the adoption tax credit and non-safety related waivers for kinship care providers.
- The Division and its contracted recruitment agencies continue to participate in community outreach events. These events provide an opportunity for the Division to raise awareness among key demographics. A series of events targeting the African American community was held in the Phoenix area in 2010 through 2011. Events included Kwanza celebrations, several Martin Luther King Day events, presentations at the Greater Phoenix Black Chamber of Commerce and the Black History Month Celebration and Music Festival. In the Southeast Region, targeted recruitment plans include specific events to recruit Hispanic families in the Nogales area.
- The Division actively participates in foster care month activities to thank and honor foster families for their tireless care of Arizona children and youth in foster care, and to raise public awareness about the need for foster parents.
- In 2010, the Division developed a video to promote National Foster Care Month. The video, "What Does Family Mean to You?" can be viewed on the Department's YouTube page, <http://www.youtube.com/user/azdesgov?feature=mm#p/u/12/AKli9IzP0fY>. In 2011, the Fourth Annual Blue Ribbon/Heart Gallery event was held at Thoroughbred Nissan in Tucson. Each year the event raises awareness of the need for additional foster and adoptive parents. Balloons are released at the grand finale – each balloon representing one child in foster care in Pima County. Smaller events to raise awareness and to celebrate and appreciate current resource families are held throughout the state. These events are supported by the Division through staff time and other resources, and many were hosted by the agencies that hold HRSS contracts with the Division.
- In November 2010 the Division issued press releases to announce adoption month activities and raise awareness about the need for adoptive parents. Ninety-two families adopted 133 children in Pima County, where Juvenile Court Judges established "courtrooms without walls" in a city

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park's ramadas. More than 20 children were adopted into foster families during court hearings held at the Yuma County Juvenile Justice Center. To the north, in Kingman, ten children were adopted at the Mohave County Superior Court on Saturday, November 20. Another 20 children were adopted in Yavapai County. For the third straight year, Maricopa County's Adoption Day Celebration was the largest in the nation and had a record number of judicial officers (46) who volunteered their Saturday to preside over the hearings. The adoptions of 330 children by 167 families were finalized that day.

- On a case-by-case basis, the Division works with the OLCR and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship foster caregivers from becoming licensed. In SFY 2010, 113 kinship foster families were able to become licensed due to a waiver for non-safety related standards. Many sibling groups are placed in these homes. These waivers are possible because of the federal Fostering Connections to Success and Increasing Adoptions Act.
- The Division continues to support and encourage the use of the Arizona Heart Gallery as a means for Child Specific Recruitment. In addition to ensuring case managers are actively referring children to the Gallery, the Division assists Heart Gallery staff by reviewing the profiles of children referred to the Gallery, and providing technical assistance and statistical data. The Heart Gallery has had several showings throughout the state and the Department has supported these events through staff participation and preparation of comments for the media.
- In the Pima Region, the Division collaborates with contracted agencies, resource families and foster care alumni to develop community presentations to recruit foster homes for teens and sibling groups.

The Division also contracts with community agencies to accomplish child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced and ongoing training; and licensed foster family placement, tracking and monitoring services. The Home Recruitment, Study and Supervision (HRSS) contract dictates goals, objectives, payment points and reporting requirements that align with the Division's safety, permanency and well-being goals. Included in the contract are eleven outcomes and sixteen performance measures on which the agencies must gather and report data. The HRSS contract encourages shared parenting, in the belief that ongoing contact between resource families and birth families is an effective means to dispel myths and stereotypes about ethnicities, cultures and people who are poor, mentally ill or addicted to drugs or alcohol. When these myths and stereotypes are challenged, resource families and other team members are more likely to support and facilitate activities to maintain connections with family, friends, community, faith and culture. Highlights of this contract and related activities in SFY 2011 include the following:

- Child specific specialized recruitment activities vary depending upon the needs of the child, and are tailored to the child's or sibling group's unique background, culture, race, ethnicity, strengths, needs and challenges. Contractors develop an individualized recruitment plan for each child referred, which must include direct contact with relatives, friends and former caregivers; collaterals such as coaches, mentors or teachers; and/or other significant adults identified in the child's record or during interviews. These activities may include registering the child with the *Arizona Adoption Exchange Book*, the National Adoption Exchange, Wednesday's Child, the Arizona Heart Gallery, AASK's *E-mail Blas*, and other cross-jurisdictional resources, such as regional exchanges. Special recruitment may also include listing on Adoption.com, and notices in quarterly newsletters to Arizona's foster parents and adoptive parents. For children who are

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not legally free, child specific recruitment is initiated on a selective basis, determined by the child's particular circumstances.

- Regional Recruitment Liaisons identify targeted recruitment goals for the regions they serve, recruit foster and adoptive families of color, provide technical assistance for contract providers, monitor contracts, and cultivate community participation and partnerships.
- Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas and any other priority areas identified by the region. The Division contracts with agencies such as Agape, Casa De Los Niños, Black Family Children Services and Aid to the Adoption of Special Kids (AASK), whose focus is recruitment of families for African American, Native American and Hispanic children.
- Semi-annual recruitment plans are submitted to the Division, including strategies tailored to the populations and geographic areas of need identified by the region. Target populations can include, but are not limited to, sibling groups, specific age ranges, neighborhoods and ethnic/racial groups. In some regions, these plans are developed in collaboration with community recruitment councils.
- A specialized program in the Central and Southwest regions has been developed to recruit and license kin providers. This was developed to help license kinship families, which may have unique training and preparation needs. AASK, a contracted provider, has also developed a web site and regular e-mail updates to highlight licensed kinship families or youth who are legally free with no adoptive resource from these regions. Recipients are referred to a website with more information. The e-mails are sent to more than 550 families weekly, and the number of recipients continues to increase.
- PS-MAPP training is the required initial preparation and training program that all contractors must fully implement. For more information on PS-MAPP training, see Section I, Part 5, 4. *Staff and Provider Training*.
- The HRSS contract agency's Foster Care Specialist must arrange a one-to-one meeting with any foster family wishing to have a child removed, prior to placement or adoption disruption. When removal is being considered, the Foster Care Specialist and the CPS Specialist are required to request a CFT or TDM meeting prior to the child's removal, whenever possible.
- The HRSS contract agency's Foster Care Specialist is required to make one visit within 72 hours of a child being placed in a resource home, make monthly visits to the resource family for the first six months after a new child is placed in the home, and make a minimum of quarterly home visits thereafter. For homes licensed in the past 6 months or with their first placement, weekly visits must occur during the first month of a child's placement. Monthly in-home visits are required throughout placement for foster homes providing care to medically fragile children.
- The HRSS contract agency's Foster Care Specialist develops an individualized support, training and monitoring plan with each resource parent; including training and services requested or identified to be provided, crisis intervention services to be made available, any other supports needed to meet the special and unique needs of the family or the child, and time frames for training and service provision.

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- In SFY 2011, Division contract administrators and regional Recruitment Liaisons continued to monitor the HRSS contract agencies to ensure children and resource families are visited a minimum of once per quarter and to ensure each licensed foster family has a Professional Development Plan in place. These quarterly plans are submitted to the Division electronically. The mandatory PS-MAPP “train the trainer” also emphasizes the importance of a Professional Development Plan and assists agencies on methods for developing plans with families.

The Division and the contracted HRSS agencies continue to seek appropriate ways to engage the faith community and participate in faith-based outreach activities. In March 2010 Governor Brewer signed an Executive Order establishing the ArizonaSERVES initiative, web site and task force. ArizonaSERVES – Service, Engagement, Responsiveness, Volunteerism, Encouragement, Support – solidifies existing partnerships between state agencies and faith- and community-based organizations. The task force was created to “strengthen communities in Arizona through the service and volunteerism of faith-based and non-profit organizations.” The initial focus of the ArizonaSERVES Task Force includes identifying strategies to encourage foster care participation, facilitate the provision of free or reduced cost child care services through existing licensed facilities, and provide supervised parent-child visits for families involved with CPS. The Division is working closely with the ArizonaSERVES task force, providing downloadable resources for faith communities through [www.arizonaserves.gov](http://www.arizonaserves.gov).

Other recent faith based recruitment activities include the following:

- Arizona Baptist Children’s Services partnered with Palm Vista Baptist Church in Surprise, Arizona, to host a faith-based foster and adoptive parent support group in July. The event, geared toward current foster and adoptive parents, provided an opportunity for these parents to support and encourage one another in the joys and challenges of foster care and adoption. The event was open to all foster and adoptive parents. Members of the congregation provided childcare and snacks for the event.
- In October 2010, Division staff returned to the regional conference of the Mesa Families Supporting Adoption Chapter (sponsored by LDS Family Services). Division staff hosted a booth and provided a 20 minute workshop presentation. Nearly 100 families already certified to adopt attended the conference.
- Also in October 2010, the Arizona Interfaith Coalition for Foster Children and Families presented its Fourth Statewide Conference, “Connected for Life,” at Capital Mall in Phoenix.

Understanding that peer support and advocacy is especially important to kinship and resource parents, the Division continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Division includes feature articles related to the AZAFAP in the statewide foster and adoptive parent newsletter and supports the Association’s foster care month appreciation event.

The Division, in collaboration with the National Child Welfare Resource Center for Adoption, hosted a series of Arizona Adoption Roundtables on Selecting Families for Children and Youth. This important work included child advocacy center representatives, private adoption attorneys, representatives from the Administrative Office of the Courts (including FCRB and CASA), private agencies, foster and adoptive families, Division regional managers, CPS Specialists and tribal social services representatives. Stakeholders requested a process that works across the state, allows for families across jurisdictions to be considered for placement, gathers critical information on the child’s family members, demystifies the process, improves consistency, helps involved families understand the selection process, provides full

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disclosure, improves matches between children and adoptive families, and considers the child's connections to siblings, relatives, significant persons and communities. An adoption process was developed that addressed these concerns and focuses on selecting families who can best meet the needs of the child. The new adoption selection process has been well received by adoption staff, private agency staff and families. A pilot of the new adoption selection process began in June 2010. Statewide training on the new process was completed in April 2011, and the process was implemented statewide in May 2011.

In FFY 2010 the Division's resource family recruitment and retention strategies sustained the number of licensed foster home bed spaces available to CPS. Although the number of licensed foster homes decreased in FFY 2010, the number of bed spaces available to CPS increased slightly. The number of licensed foster homes decreased from 3,954 on the last day of FFY 2009 to 3,747 on the last day of FFY 2010. This followed a 9% increase in FFY 2009 (from 3,615 on the last day of FFY 2008 to 3,954 on the last day of FFY 2009). The number of bed spaces available to CPS increased from 8,625 on September 30, 2009, to 8,693 on September 30, 2010. There was a 22% increase in the number of bed spaces from September 30, 2008 to September 30, 2010 (*Child Welfare Reporting Requirements Semi-Annual Report*).

***Use of Cross-jurisdictional Resources for Permanent Placements***

The Division continues to use cross-jurisdictional resources to expeditiously locate permanent homes for children across jurisdictional lines, and to address barriers to cross-jurisdictional adoption whenever they are identified. Ongoing dialogue with recruitment agencies is vitally important to reducing systemic barriers to permanency outcomes. Arizona is expanding its capacity to recruit foster and adoptive families across the country with the hope that this will bring about an increase in the number of cross-jurisdictional placements and successful adoptions. Recruitment efforts include the continued use of resources such as listing on the CHILDS Central Adoption Registry, quarterly newsletters to Arizona's foster parents and parents receiving adoption subsidy benefits, publications such as the *Arizona Adoption Exchange Book*, features on nationally syndicated programs, contract agency websites, internet resources such as Adoption.com, and the national Adoption Exchange Association's exchange/photo listing on AdoptUsKids.

Division policy supports the permanent placement of children in other jurisdictions. Policy states that "the ability of the family to meet the child's needs shall govern the selection of an adoptive family; no single factor shall be the sole determining factor in the selection of a family, and the Department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement." Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected incidentals that do not qualify as non-recurring adoption expenses and would otherwise hinder the finalization of an adoption. Expenses may include transportation costs associated with cross-jurisdictional placements, including pre-placement visits and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Division will continue to encourage staff to use this resource.

The Division's HRSS contract describes the expectations for child specific recruitment. Within the first thirty days of receiving a child specific referral from the Division, the contractor prepares an individualized plan for identifying a permanent home for the child or sibling group in need of adoption. The plan includes individualized activities, strategies and resources to be implemented within the next 60 days and must include but not be limited to the following activities:

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- direct contact with relatives, friends and former caregivers; collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child's record or during interview (who may be in-state or out-of-state);
- customized marketing tools such as brochures, posters, letters, newspaper articles, TV interviews and radio spots for the identified child; and
- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In FFY 2010 the Division featured 34 children on AdoptUsKids who were legally free for adoption with no identified adoptive placement. Children legally free for adoption continue to be displayed on both the national and local adoption registries. In February 2011 the Division had 739 certified adoptive families listed on the Adoption Registry. A statewide photo listing, Adoption.com, also continues to serve as a valuable resource. The inquiries/referrals received from Adoption.com are forwarded to the appropriate CPS Specialist or contracted Adoption Specialist.

***Action Steps to Improve Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention in SFY 2012***

The Division meets regularly with stakeholders to obtain input on the Division's strengths, needs and strategies to improve licensing, recruitment and retention of resource families. The Division meets with the Arizona Foster Care and Adoption Coalition (AFCAC) every other month to receive input on policy and program development. AFCAC's purpose is to find homes for children waiting for adoption and provide professional development and networking to Arizona's adoption and foster care recruitment community. AFCAC is comprised of professionals with expertise in adoption and foster care (including recruiters from HRSS contacted agencies, Division recruitment staff, representatives from the foster and adoptive parent association, the KIDS Consortium and the Pima County Foster and Adoptive Council of Tucson), and is co-chaired by the Division's Recruitment Specialist and a community partner from Catholic Social Services – St. Nicholas Adoptions. The Division also hosts a quarterly partnership meeting with the HRSS contract agencies to provide policy and program updates related to foster care and adoption, and solicit feedback on how to improve the service delivery to children in foster care and the families who care for them.

The Division also seeks input directly from resource parents on its foster and adoptive home licensing, recruitment and retention policies, practices, and improvement strategies and actions steps. The Division partners with the Arizona Association for Foster Care and Adoption (AZAFAP) and frequently meets with the AZAFAP membership. Through the AZAFAP, foster and adoptive parents have provided the Division with valuable recommendations for system improvements.

Input obtained from resource families and community partners has informed the following action steps for SFY 2012. Information about the Division's SFY 2011 activities and progress implementing the SFY 2011 action steps is located above. Activities in SFY 2012 will expand on progress made in SFY 2011.

**Action Step 1:** Continue to promote targeted recruitment by sharing Geographical Information System (GIS) maps with providers semi-annually, to identify communities with a high number of removals, the ethnic distribution of children in care, and diligent recruitment strategies and activities for their individual communities

**Action Step 2:** Recruit and Retain foster homes for children 13 years of age and older by:

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- developing wrap-around services for foster parents who care for teens
- conducting regional meetings to determine the needs of children in care who are 13 years of age and older and the best methods for providing services for these teens and their foster parents
- developing services to train interested families who desire to work with teens on how to parent teens

**Action Step 3:** Develop resources such as video interviews that feature teens, to be used at orientations and PS-MAPP trainings to inform and better educate prospective resource parents about the needs of teens and the rewards of caring for them

**Action Step 4:** Develop a resource parent support section of the DES website

**Action Step 5:** Improve the Adoption Registry to better serve the needs of the children by:

- evaluating the use of the Adoption Registry and Child Listings
- developing forms to register families in a consistent manner statewide

## **B. Strategies and Action Steps for SFY 2012**

This section lists the state's primary strategies for improving the systems that support achievement of safety, permanency and well-being outcomes. These strategies and the related action steps will expand upon the completed action steps and benchmarks from the state's CFSR PIP and those listed in the 2009 Child and Family Services State Plan and 2010 Annual Progress and Services Reports (APSRs). These strategies and action steps do not describe all the activities that may improve systemic functioning, such as routine work activities and smaller programmatic changes. These are the strategies most directly linked to systemic factors, and they will also support achievement of safety, permanency and well-being outcomes. Likewise, many of the Division's strategies to improve safety, permanency and well-being outcomes will improve systemic functioning. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve concerted efforts to involve youth, mothers and fathers in case planning.

**Primary Strategy 9: Implement the DCYF Workforce Planning Initiative to strengthen staff recruitment, retention, training and supports**

**Goal:** Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

**Action Step 9.1:** Implement a competency model for CPS Specialists that reflects family-centered values and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development and performance management

**Action Step 9.2:** Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover

**Action Step 9.3:** Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

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**Action Step 9.4:** Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

**Action Step 9.5:** Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager's job satisfaction and competence

The Workforce Planning Initiative is a long-term project that was included in the state's current CFSR PIP and the June 2009 CFSP. Activities in SFY 2012 will include implementation of new performance evaluation documents for Assistant Program Managers and for Young Adult Program, Adoption Program and Hotline Specialists that are aligned with the Division's safety, permanency and well-being goals; implementation of a retention toolkit to assist supervisors to improve retention; a conference for CPS Unit Supervisors and regional Assistant Program Managers; continued analysis of data on staff retention and turnover to identify strategies for reducing turnover; and development of regional retention plans that are informed by the retention and turnover data.

The Division will also provide staff with technological tools that will increase staff efficiency entering documentation, such as voice recognition software; will launch an intranet site for CPS field staff that includes practice guides, performance data, information about projects of interest to staff, and other tools and information; and work with the University Partnership to create an Advanced Training Academy with a menu of advanced training for APMs, CPS Unit Supervisors and CPS Specialists.

Support for Assistant Program Managers will also be a focus in SFY 2012. With assistance from the University Partnership, the Division will create a Leadership Academy for regional APMs. The Division is also arranging a staff development and strategic planning meeting to be attended by all regional APMs and the CPS Program Administrator.

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**Primary Strategy 10: Increase CPS Unit Supervisor's knowledge about critical practice areas that affect safety, permanency and well-being outcomes**

**Goal:** Hold Grand Rounds in which an expert delivers advanced practice related material and facilitates clinical discussions that apply the material to real case examples

**Action Step 10.1:** Deliver a set of Grand Rounds on assessing the impacts of adult substance abuse and mental health on child safety

**Action Step 10.2:** Identify topics and target dates for additional Grand Rounds in SFY 2012

The Division is arranging a content expert and scheduling the date for the next set of Grand Rounds, which will be on the impacts of adult substance abuse and mental health on child safety. After that set of Grand Rounds, the Division will identify topics and experts for additional events in SFY 2012.

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**Primary Strategy 11: Employ the Division’s quality improvement system to maintain alignment between Division management, policy, training and practice**

**Goal:** Maintain Division-wide adherence to clearly defined safety, permanency and well-being goals and practice standards

**Action Step 11.1:** Provide training and technical assistance to strengthen self-evaluation at the state and regional levels

**Action Step 11.2:** Routinely review and analyze statewide and regional capacity, process and outcome data

**Action Step 11.3:** Continue to employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of the Division’s practice focus areas (initial assessment interview requirements, initial assessment document review requirements, collection of sufficient information to conduct a thorough CSA, safety planning, concurrent planning, timely development of written case plans, timely assignment of permanency goals, involvement of parents and youth in case plan development, development of case plans within a staffing to which all CPS team members were invited, and monthly CPS contacts with children), and design worker-centered and systemic improvement strategies

**Action Step 11.4:** Using the In-Home and Out-of-Home Practice Improvement Case Reviews, identify case practice standards that require clarification, and address these by revising policy, developing practice guides or tips, adding rating guidance to the PICR instrument and/or educating staff

**Action Step 11.5:** Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement

**Action Step 11.6:** Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery and effectiveness of training

In SFY 2012 the Division will continue to develop self-evaluation capacity in all regions. Training on the Division’s performance measures will be provided at the September 2011 Supervisor’s Conference. These measures include timely initial response, timely entry of findings, reunification within 12 months of removal, adoption within 24 months of removal, absence of re-entry to out-of-home care, and frequency of CPSS contacts with children. Each CPS Unit Supervisor, field Assistant Program Manager, Deputy Program Manager, Regional Program Manager and the Child Welfare Program Administrator will receive a laminated poster on which to show their unit’s performance in relation to a baseline, a target goal and other units’ performance. All Assistant Program Managers will receive advanced Business Intelligence Dashboard training. As needs are identified, the CFSR Manager will provide training, consultation and technical assistance to regions to support their discussion and analysis of PICR findings, CFSR permanency composite data, and other administrative data.

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In SFY 2012 the Division will receive technical assistance from Casey Family Programs to expand and support its capacity to routinely review and analyze statewide and regional capacity, process and outcome data. Casey Family Programs is assisting the Division to develop a report for distribution throughout the Division that includes key data from the Chapin Hall State Data Center's Arizona state specific profile, AFCARS and other sources. Regional Program Managers and Practice Improvement Specialists will continue to facilitate at least quarterly discussions of PICR findings and CFSR permanency composite data with regional managers and supervisors. When a need is identified by the region or central office, Division staff will conduct analysis or targeted review of priority practice areas needing improvement. Outcomes for young adults is one priority area the Division has selected to explore in SFY 2012. The Division will generate and explore data about outcomes for older youth in care, such as rates of entry, re-entry, length of time in care, and placement stability

The Division continues to review a sample of initial assessment, in-home service and out-of-home care cases each month. Quarterly reports are written to distribute the case review results, current CFSR permanency composite and other PIP measure data, and recommendations for practice improvement. Case and worker specific feedback is given to the CPS Specialists and Supervisors whose cases were reviewed, and individualized Professional Skill Building Plans are developed with CPS Specialists, CPS Unit Supervisors or entire units when a case review identifies a priority practice area as needing improvement. The Division's priority practice areas that require a Professional Skill Building Plan include initial assessment interview requirements, initial assessment document review requirements, collection of sufficient information to conduct a thorough CSA, safety planning, concurrent planning, timely development of written case plans, timely assignment of permanency goals, involvement of parents and youth in case plan development, development of case plans in a staffing to which all CPS team members were invited, and monthly CPS contacts with children. The Division will support these efforts by hiring a Practice Improvement Specialist at the Hotline and a second Practice Improvement Specialist in Pima Region during SFY 2012.

The Division will also continue to use the results of the in-home and out-of-home case reviews to identify practice areas requiring clarification, and will address these through policy revision, practice guides, additional rating guidance in the PICR instrument or staff training. For example, in SFY 2012 practice guides on identification and assessment of kin will be created and distributed, and additional rating guidance will be added to the PICR instrument item on relative placement. Practice improvement needs will be discussed during monthly meetings of PI Specialists, Policy Managers and CWTI Managers to ensure consistent communication with staff about the Division's practice standards and a coordinated practice improvement effort. The Division's Practice Improvement Specialists will maintain a lead role in the development, distribution and discussion of practice guides. In addition, CWTI will continue to hold at least annual meetings of the Training Advisory Council, to gather input to continually improve staff training.

# **Section IV**

## **Chafee Foster Care Independence Program and Education and Training Voucher Program**

**Annual Progress Report 2011**

## **Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2011**

The following information is submitted to serve as the annual progress report for Fiscal Year 2011. This report provides information on services provided, as outlined in Program Instruction ACYF-CB-PI-11-06 dated April 28, 2011.

As Arizona has not elected to establish trust funds, there is no information included as to section 477(b)(2)(A). Under section 477(b)(3)(B), the State used funds available for the costs associated with room and board, specifically rent and utilities (and deposits), food, clothing, personal care, furniture, household cleaning and maintenance items, and other basic household goods.

The State's Chafee Foster Care Independence Program and Education and Training Voucher Program support the State's ability to achieve permanency and well-being outcomes for youth who are likely to reach age 18 while in out-of-home care, or are transitioning out of foster care between the ages of 18 through 20. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its state CFCIP as the Arizona Young Adult Program (AYAP).

### **A. Program Descriptions and State Fiscal Year 2011 Accomplishments**

#### ***Transition to Self-Sufficiency: Independent Living Plan and Arizona Young Adult Program***

An individualized independent living plan supporting the transition to adulthood is developed for all youth in out-of-home care, age 16 or older. This plan includes goals and tasks related to the development of daily living skills, completion of secondary education, planning for post-secondary education, employment readiness, permanent connections and other areas such as health and wellness. This plan complements other services provided towards attainment of the assigned permanency goal and incorporates the 90 day Transition Plan for youth who will reach the age of majority in out-of-home care.

In CY 2010 Maricopa County utilized the Team Decision-Making process to ensure that the preferred permanency goals are thoroughly explored and ruled out prior to establishing a goal of Independent Living. During the TDM, the team (including the youth) reviews a series of "Family Connections" questions fashioned after the "New York Permanency Questions" which were developed by Robert G. Lewis and Maureen S. Heffernan. These questions serve as a tool for the team to more fully explore other permanency options and potential family, kin and community connections. Staff notes that this process has resulted in a number of youth pursuing a preferred goal, with permanent legal guardianship often the more desired goal. Due to budgetary concerns, the TDM is no longer available to this population; however, the New York Permanency Questions remain an integral part of the case planning process.

Youth identified as "likely to age out of foster care" are typically 16 and older, with an assigned permanency goal of emancipation (or "independent living", as categorized in the state automated system). These youth are part of the State's Chafee population, and are referred for participation in services and opportunities available through the AYAP. Other youth captured in the Chafee population include youth who reached the age of 18 while in care, youth in care age 16 or older with a plan of

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adoption or permanent guardianship, and young adults 18-21 who were previously in any state or tribal (federally recognized) foster care program at age 16 or older. The AYAP provides specialized case management in two areas of the state, and various training and advocacy activities designed to support a successful transition to adulthood. Local offices provide “welcome” and “discharge” packets to program youth. These packets contain an array of information on program services, opportunities and community support available to youth in care and alumni.

Youth ages 18 through 20 who reach age 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their 18<sup>th</sup> birthday) to remain in foster care and participate in services may do so until their 21<sup>st</sup> birthday. Youth must demonstrate acceptance of personal responsibility for their transition to adulthood by participating in case plan development and maintaining satisfactory compliance with their individual goals in order to receive this continued support.
2. Youth who choose to end program involvement after attaining age 18 and later wish to reapply for support and services without returning to foster care are able to do so through the Transitional Independent Living Program (TILP) [Sections 477(a)(5) and 477(b)(3)].
3. Former Arizona Foster Youth under age 21 who left care at age 18 or older and need long-term case management and support services have the option of returning to the State agency for these services, including transitional living support and the cost of foster care. This policy became effective in May 2006.

Each year approximately half of all youth who exit care for the reason of “age of majority” chose to leave at the time of the 18<sup>th</sup> birthday, or shortly thereafter. The remaining half elected to sign a case plan agreement to remain in care voluntarily past age 18. In FFY 2010, youth who participated in the continued care program did so for longer periods of time prior to exiting care:

- 28% remained in care to age 21 (up from 11% in FFY 2009),
- 18% exited care during their 20<sup>th</sup> year (down from 33% in FFY 2009),
- 18% exited care during their 19<sup>th</sup> year (increased from 10% in FFY 2009), and
- 36% exited care during their 18<sup>th</sup> year (down from 46 % in FFY 2009).

From FFY 2009 to FFY 2010, the total number of youth who were participating in continued voluntary foster care on the last day of the reporting period (September 30, 2010) increased slightly from 579 to 591.

In CY 2010, the AYAP also continued to see former foster youth who left care at age 18 or older opt to re-enter the State foster care program. Local program offices report that approximately 38 youth re-entered care during CY 2010 as compared to 65 youth re-entering care in CY 2009. Training and technical assistance on the re-entry policy continues to be provided statewide, on an as needed basis. Youth who remain in care benefit from more comprehensive support and assistance as they pursue post-secondary education and employment goals. Comparing CY 2009 to CY 2010, the total number of participants (including youth in care and those in the aftercare program) decreased from 1,699 to 1,544.

The state Independent Living Subsidy Program (ILSP) continues to be a valuable resource providing monthly stipends to older youth in care who are living on their own. This program provides eligible youth age 17 through 20 with a monthly stipend to help pay for living expenses. Program youth continued to benefit from the ILSP with the total number of participants decreasing from 617 in SFY

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2009 to 522 in SFY 2010. The number of youth participants for the first 8 months of SFY 2010 is 451, and is expected to increase prior to closure of the state fiscal year.

On a statewide basis, direct financial assistance is available to eligible current and former foster youth to support their transition to adulthood. Financial assistance may be requested through the CPS Specialist or contract Transitional Independent Living Program (TILP) provider for items that meet the purposes of the federal grant, including room and board, counseling, employment, education, vocational training and other needs as reflected in the individual case plan (or for TILP youth, the service plan). Youth are also referred to existing community programs designed to assist transitioning youth and provide support to former foster youth, such as local Transitional Living Programs (TLPs) and the Arizona Friends of Foster Children Foundation.

Affordable housing and reliable transportation remains a significant need for young adults who have transitioned from foster care into their communities, particularly those outside urban areas. In 2009, the Division developed and signed a Memorandum of Understanding (MOU) with six local Public Housing Authorities (PHAs) in support of their applications for Family Unification Program (FUP) vouchers. Four PHAs were awarded a total of 265 vouchers. These vouchers support housing for youth aging out of foster care, and families involved with local Child Protective Services offices. In FFY 2010 MOUs were signed with three PHAs; however the PHAs did not receive awards. Future opportunities to apply for the FUP vouchers will be pursued.

#### ***Education, Training, and Services Necessary to Obtain Employment***

Department CPS Specialists and contract providers assist youth in the development of job readiness skills such as resume writing, interviewing skills and job maintenance. In CY 2011, youth participated in available programs around the state, through federal School-To-Work and Workforce Investment Act (WIA) programs. One of the local WIA programs (through Jewish Family and Children's Services) operates a thrift store in Central Phoenix. Youth are actively recruited from the Phoenix AYAP units for participation in this "Real World Job Development" program. Youth additionally are referred for Vocational Rehabilitation (VR) Services, with a VR counselor available on-site at the Phoenix AYAP case management office. Budgetary concerns reduced the VR counselors' ability to provide services directly to youth in care during CY 2010. During the remainder of CY 2011, efforts will be made to reprioritize this population for VR services, and to further streamline referral processes.

The 2011 Maricopa County Youth Convening plans to host a hiring panel made up employers from a variety of local businesses to provide information on the employment process, including tips for interviewing and maintaining a job. Pima County worked with a local volunteer who coordinated a summer employment program for local youth.

In Northern Arizona the contract service provider worked to refer and assist in enrolling youth in NACOG (Northern Arizona Council of Governments) for job placement and support services. They also collaborated with Yavapai College Career Skills program to help the youth participate in an enjoyable and safe educational environment which allowed them to explore career options, develop computer skills, network with other professionals in the community and create a professional resume package so that youth can get ready for work or college.

#### ***Education and Training Vouchers***

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to

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eligible youth up to age 23 years. In accordance with the current state Chafee Foster Care Independence Program, a youth may apply for assistance through the state ETV program if the youth:

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

The Education Training Voucher (ETV) program is administered by the State child welfare agency. In CY 2011, the Division maintained local area coordinators in each District who assisted the state ETV Coordinator in the review and approval of all ETVs. The ETV Area Coordinators participated in an annual meeting with the State ETV and IL Coordinators to review the program and provide input on refining and strengthening the program. In CY 2011, program youth continued to provide input and recommendations to the State ETV and IL Coordinators to refine and enhance Arizona’s ETV Program. Youth are a driving force in facilitating ongoing improvements to this program. The number of ETV recipients decreased slightly from 369 in SFY 2009 to 365 in SFY 2010, with 362 recipients in SFY 2011 (payments made through March 2011).

The following chart displays the number of youth participants in the ETV program:

		SFY 2009	SFY 2010	SFY 2011
<b>SFY 2009 New Participants</b>				
	Active for One Year	228	0	0
	Active for Two Consecutive Years	81	81	0
	Active for Two Years (1 Year Absent)	0	0	0
	Active for Three Consecutive Years	60	60	60
	<b>Total</b>	<b>369</b>	<b>141</b>	<b>60</b>
<b>SFY 2010 New Participants</b>				
	Active for One Year	0	85	0
	Active for Two Consecutive Years	0	139	139
	<b>Total</b>	<b>0</b>	<b>224</b>	<b>139</b>
<b>SFY 2011 New Participants</b>				
	Active for One Year	0	0	163
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>163</b>
<b>Total All Years</b>		<b>369</b>	<b>365</b>	<b>362</b>

Although the ETV Program in Arizona is state administered, the Division developed a proposal to contract with an outside entity to administer the ETV program and awarded the contract to the Orphan Foundation of America (OFA) who assumed the program in March 2011. The OFA provided an online training to the State and local ETV Coordinator(s) who will provide ongoing support to the program, along with continual oversight by the State ETV Coordinator.

***Prepare Youth to Enter Post-Secondary Training and Educational Institutions***

CPS Specialists, caregivers, and contracted providers continue to work together to ensure youth receive necessary educational services, such as tutoring, special equipment, special education services, etc. These team members also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, CPS Specialists ensure a surrogate parent is assigned to address special educational needs.

Local areas arranged for youth to explore a wide range of post-secondary education and training opportunities through participation in university, community college and vocational program tours (including Job Corps), college success skills classes and other community based preparatory program and activities. Youth participate in College Goal Sunday with counselors on hand to help youth complete financial aid applications. The State universities continued to work cooperatively with the AYAP to encourage participation of youth in financial aid and preparatory programs and provide support through available campus mentoring and other support programs. In Western Arizona, youth participated in campus tours of Northern Arizona University and Arizona Western College.

Currently, the contract provider, Central Arizona College (CAC) staff and the Educational Case Manager for the rural central area of Arizona are collaborating to identify youth who are on track to receive the “Promise for the Future Scholarship”. Once these eligible youth are identified the CAC staff will work to mentor, inspire and educate the youth on the programs offered at CAC. They also seek to establish relationships so the youth will have someone available for questions or concerns, and to help better prepared for the upcoming educational journey.

In the Pima County the contract provider developed a Life Skill curriculum that has a section focused on post secondary training and education. A portion of this curriculum includes bringing clients to local community colleges, universities and trade schools. They have also developed a connection at these institutions that allow for clients to have direct contact with admissions staff. For CY 2011 the contractor is focusing on developing connections with local high schools and charter schools to work collaboratively to increase readiness for post secondary success.

Two Education Case Managers assist CPS Specialists to develop and coordinate education plans for youth in the Independent Living Program. These positions are also mandated to help youth graduate from high school, pass the Arizona Instrument to Measure Standard (AIMS) test, apply for postsecondary financial assistance and apply for post-secondary education. In SFY 2011, direct assistance was provided to approximately 200 youth statewide. The Education Case Managers were in constant communication with staff and provided general technical assistance on a daily basis. Education Case Managers assist CPS Specialists in meeting the educational needs of youth in a variety of ways, including:

- utilizing an education “assessment” form during in-person interviews with students as a tool to help CPS Specialists gather pertinent information and prepare an effective educational case plan;
- contacting schools to verify and obtain credits, and assisting to satisfy other enrollment requirements;
- advocating for students at school meetings and IEP meetings by ensuring IDEA guidelines are followed;
- assisting CPS Specialists to procure necessary tutoring services and other services specific to the youth’s needs, including coordination of services available through McKinney-Vento;
- identifying funding resources and assisting students to complete scholarship and grant applications (including the FAFSA and ETV).

***Mentors and Interactions with Dedicated Adults***

A long-term connection with even one adult has a significant positive impact on the outcomes for youth in care. Despite resource reductions, building mentoring opportunities for youth in care and alumni of foster care continues to be a priority for the Division. The data for mentoring only reflects the number of youth participating in "formal" mentoring relationships. Many youth report having a supportive adult in their life that they identify as a mentor, but the connection was made informally rather than through a formal referral process. These supportive adults often include former IL Trainers, CASAs, foster parents, probation officers, etc. The number of youth reported to be involved with a community advisor or mentor decreased slightly, from 580 in CY 2009 to 550 in CY 2010. The number of youth reported to be involved in extra-curricular or community based activities increased 39%, from 287 in CY 2009 to 398 in CY 2010.

Local field offices refer youth to available mentoring programs such as In My Shoes Peer Mentoring and AVIVA in Pima County, and Arizonans for Children and Aid to Adoption of Special Kids (AASK) in Maricopa County. Maricopa County continues to partner with Aid to Adoption of Special Kids (AASK) to recruit and train community advisors for youth participating in the IL Subsidy program. Youth in this area also have access to other programs including WINGS, a sub program of Florence Crittenton created for females, expanded during 2010-2011 to serve males as well. Pima County continues their support of the alumni-created In My Shoes peer mentoring Program. This program provides one on one as well as group mentoring to youth in foster care.

***Support and Services to Former Foster Care Recipients Ages 18 through 20***

Through the TILP and Education and Training Vouchers, Arizona continues to make aftercare services available to any legal resident of Arizona who is age 18 through 20 and who at age 16 or older was in any State or federally recognized tribal foster care program. This includes youth who exited care at age 16 or older to permanent guardianship or adoption. Arizona works cooperatively with other State and tribal entities to verify foster care status and services eligibility, and to ensure all benefits and services available are provided in a timely manner.

These contracted services play a significant role in supporting transitioning youth, with services focused on youth age 16 and older. These services are available to youth currently in the Arizona foster care system age 16 through 20, and to former or "aftercare" foster youth. These aftercare youth are legal residents of the state, age 18, 19 and 20, who previously were in any state or tribal foster care program at age 16 or older. The aftercare program is referred to as the Transitional Independent Living Program (TILP). The TILP serves not only youth in the aftercare program, but tribal youth age 16 and 17 who are currently foster care wards of a tribal court. There has been a slight increase in the number of youth served through the TILP contract providers, from 197 youth served in CY 2009 to 201 youth served in CY 2010. Outreach efforts continue to ensure youth exiting care at age 16 and older (including youth adopted from the state foster care program at age 16 or older) are aware of the support.

Medical coverage remains an area of support for youth in Arizona. Under Subtitle C, Section 121 of P.L. 106-169, Arizona continues to provide health care coverage to eligible young adults, ages 18 through 20. In April, 2000 Arizona successfully amended Arizona Revised Statute 36-2901 to include youth in the custody of the Department and in an out of home placement at the age of 18, as an eligible group under the state Medicaid program. The coverage transitions with the young adults from foster care through the Young Adult Transitional Insurance (YATI) program. The coverage falls under the Arizona Health Care Cost Containment System (AHCCCS), which is the State Medicaid program. Arizona maintains an expedited process for enrolling eligible youth in YATI. Eligibility is limited to those youth who meet the

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basic Medicaid requirements. There is currently no income restriction for this category of eligibility. In 2001, the 200% of the federal poverty level income restriction was removed from statute. Medicaid coverage for eligible youth may continue to the youth's 21<sup>st</sup> birthday (Subtitle C, Section 121 of P.L. 106-169). Chafee funds are also available to support students who remain residents of Arizona but attend school out of State to purchase short-term basic health plans through the schools they attend. On average, there are 500 youth a year who are enrolled in AHCCCS through the YATI program.

#### ***Service and Program Collaboration***

Under section 477(b)(3)(F), a number of activities continued over the last year to enhance service collaborations with other Federal and State programs for youth in Arizona. State and local Youth Advisory Boards and alumni groups such as In My Shoes, Inc. remain available and provide forums for teens and young adults to connect, and to express their needs and recommendations in the development and refinement of services and programs. Youth in care and alumni continued to participate in the State Youth Advisory Board, where youth study issues, identify solutions and make recommendations for positive change. The Division participates in state and local level work groups to address the challenges faced by youth receiving HCTC services (formerly therapeutic foster care). Youth who turn 18 while residing in an HCTC provider's home often find this service disrupted. Funding streams and licensing rules present barriers to continuation of this service into adulthood.

Maricopa County CPS Staff and Contract staff participate in a number of collaborative efforts, including a Community Advisory Group comprised of community and faith groups, stakeholders and youth. The purpose is to work collaboratively on the more pressing issues on youth transitioning out of care, including education, housing and gaps in services. In CY 2011 activities included:

- 2<sup>nd</sup> Annual Youth Convening and planned the 3<sup>rd</sup> annual convening for 2011. These events provide a forum for youth to explore resources, voice concerns and work together to develop solutions
- Helped to plan and participate in a variety of activities (Winter Formal, My Fest) for local youth
- Developed a County brochure to use in outreach activities.

Staffs and youth continue participation in PASSAGE, a coalition of Maricopa County social service and community partners who work on issues facing youth aging out of foster care to improve their outcomes. This general assembly meets quarterly and work group tasks are completed as needed by staff. Youth and alumni input is the driving force for the PASSAGE strategic plan. In CY 2010 PASSAGE continued their involvement in a faith based initiative designed to provide older youth in foster care with a permanent community connection. The Arizona Interfaith Coalition for Foster Children and Families launched an initiative for youth in Maricopa County who are aging out of foster care, called the "Suitcase Initiative." This initiative provides suitcases to identified youth filled with tangible items needed to aid in their transition into adulthood, along with names and contact information for caring adults. These adults participate in the Suitcase event, introducing themselves to the youth and welcoming the youth into their community. The coalition intends to provide a life-long, family-like resource to each youth receiving a suitcase.

Pima County participates in a number of community groups, providing training to licensing agencies and other community groups, and to judicial hearing officers in Pima County through the Pima County Juvenile Court Center (PCJCC) bi-annual "brown bag" meetings. Collaboration with a local volunteer agency (AVIVA) provides transportation for youth, using a local transportation company. Tucson also published a guide for local youth called the Tucson Young Adult Guide (YAG). The purpose of the guide is to empower and inform young adults in Pima County by providing resources for young adults, their

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families and agencies that serve young adults, including those who have been involved with the foster care system, behavioral health or who have experienced homelessness.

The State Youth Advisory Board (SYAB) continues to inform the state CFCIP, Governor, and Department and Division administrators of the needs of youth in care. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The SYAB also planned and facilitated a statewide youth conference for approximately 75 foster youth age 16 and older in July 2010. The “Fit for Life” agenda included workshops on financial planning, education/career, healthy meal planning, self advocacy, and survival (coping) skills for youth in care. Chafee funds were used to support this event and the participation of youth and alumni in planning and facilitating this event. The 2011 Conference was also planned and will be facilitated by youth and alumni, with focus on transition planning, life care planning, self-advocacy and benefits and services available through the program.

#### ***CPS Specialist and Provider Training***

Current and former foster youth, including members of the state Youth Advisory Board, have been instrumental in assisting with the development and coordination of training provided to CPS Specialists, caregivers (including contracted group home staff) and foster and adoptive parents. Training participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood. In Southeastern Arizona, all licensing agencies have agreed to incorporate youth into their caregiver training curriculum. While this is not a requirement of the existing contract, the agencies saw the importance of doing this and continue this practice through a voluntary agreement.

In CY 2010-2011, current and former foster youth participated in training related activities, including:

- provider agency training of foster and adoptive parents;
- youth panels and other training activities through the Child Welfare Training Institute’s (CWTI);
- new CPS Specialist training and local foster parent training;
- planning activities and mentoring of peers during the 2010 Youth Conference and planning for the 2011 conference;
- New Judges Orientation training (through a partnership with the Administrative Office of the Courts or AOC); and
- “Unpacking the No” training for case management staff in Maricopa County that focuses on permanency for youth.

Financial incentives continue to be used to support youth involvement in stakeholder training and other activities. Program staff, along with youth and alumni, continues to provide training to members of the CASA (Court Appointed Special Advocates), FCRB (Foster Care Review Board) and other community groups upon request. This training informs participants of the Division’s services and supports for youth transitioning out of foster care to adulthood. Plans continue to be developed for a core group of trainers to assist providers, staff, caregivers and others in the use of the Ansell-Casey Life Skills Assessment and Curriculum.

#### ***Consultation and Coordination with Indian Tribes***

The Inter Tribal Council of Arizona (ITCA) and the state ICWA Policy Specialist support coordination of program activities with tribal communities. The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific education and training programs for youth and caregivers.

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Services funded by the state CFCIP (including contracted life skills training and the ETV) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth age 16-18 in tribal programs are referred through their tribal Case Manager, and young adults formerly in a tribal foster care program self-refer for services. Youth and young adults submit their ETV applications in the same manner as youth from the state foster care system, through the new website, [www.statevoucher.org](http://www.statevoucher.org). Tribal social service staff assist the Division's providers by verifying the former foster care status of young adults age 18 through 20 who request aftercare services and educating tribal youth about the availability of these services. Provider agencies have reported successful outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'Odham Xavier, Pascua Yaqui and Navajo Nation. The number of youth in tribal foster care who receive aftercare services or the ETV is not tracked separately from other eligible youth. Approximately six percent of youth served while in the custody of the Department are identified as Native American.

State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure that training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration and engagement of Tribal youth in services. Efforts to engage tribes have resulted in a minimal number of referred youth. In CY 2010, efforts continued to educate tribal entities on services available to youth and young adults currently and formerly in care in tribal foster care systems. In Northern Arizona, the life skills contractor (Arizona's Children Association) continues outreach through the Northern Arizona Regional Behavioral Health Authority (NARBHA) to engage tribal social service agencies to explain services and schedule presentations. This has been successful with the Yavapai Apache Nation, where presentations have occurred. Staff also is available to participate in Child and Family Team (CFT) meetings and individual case staffing meetings.

The Pascua Yaqui Tribe also continues to refer youth to the contract service provider in Pima County. Although some youth successfully engage in local workforce and education programs, tribal staff continues to report great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn 18. Ongoing input from tribes has been sought through the Inter Tribal Council of Arizona, who is contracted by the Department to provide training to member tribes, and through the Department ICWA Liaison staff. In Maricopa, Florence Crittenton, Inc. met with representatives of the Navajo Nation to gain insight into meeting the needs of Navajo teens residing in Maricopa County.

#### ***Involvement of Youth in State Agency Efforts***

The Department and the Division value and support the involvement of youth in State agency efforts to improve programs and practices, and to educate staff and the community about the needs of older youth in care. Youth in care and alumni are viewed as the true experts, whose voices are invaluable to continuous improvement efforts in Arizona. Incentives are used to support youth involvement in a variety of program activities including training, planning and facilitating meetings, etc. Current and former foster youth participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Youth are also encouraged to participate in statewide work groups (as appropriate) and provide comment on policy and program changes, legislative proposals, etc.

The AYAP also supports the development of local YABs, to ensure youth have the opportunity to address systems and resource issues on the local level. In many areas, youth board members have attended leadership trainings to better prepare them for participation on the local or state YAB. Maricopa County has had consistent local Board involvement and Pima County is pursuing a partnership

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with the local Foster Care Alumni of America Chapter to build their local YAB. Youth from the Maricopa Youth Advisory Board collaborated with the Group Home owners in Maricopa County to establish a countywide Cell Phone policy to be used at all Group homes. This advocacy by the youth empowered them in understanding they have the ability to make change. For CY 2011 this YAB plans to work with the Group Home owners to develop a bed time policy that is more in line with the needs of older youth. This policy will be used county wide as well.

Youth in care and alumni are involved in collaborations, workgroups, training and recruitment activities to improve services and resources. Youth are involved in many of the collaborations and training activities previously described. Examples of collaborations and activities with youth involvement in CY 2010 include:

- planning of the statewide youth conference for foster youth age 16 and older in July 2011;
- Maricopa County’s Community Advisory Group;
- the PASSAGE coalition;
- training to prospective foster and adoptive parents, dependency court Judges and CPS Specialists, on the challenges faced by older youth in care; and
- input into program services, policies and the pending Administrative Rules for Independent Living;

Surveys, questionnaires and in-person meetings also provide valuable feedback from former and current foster youth and contract providers, which inform service provision and program improvement. Youth and alumni surveys completed through the state website are sent to the state Independent living Specialist. Post-discharge questionnaires completed by youth exiting the Young Adult Program gather input and recommendations from youth who have participated in services. Comments and recommendations are reviewed and incorporated into ongoing program improvement efforts.

***Preparation to Implement the National Youth in Transition Database***

Arizona has fully implemented the National Youth in Transition Database (NYTD). An automated process alerts CPS Specialists working with program youth to record information on services provided into an electronic record. Computer based training was developed and delivered to all CPS Specialists and CPS Supervisors in 2011. The Division also uses an automated system that sends a Youth Survey to electronic and physical addresses contained in the electronic file. The NYTD Survey does include an incentive for youth in the form of a prize drawing that will occur after the completion of a survey period. Arizona will be participating in the 2011 NYTD Technical Conference, and will discern technical assistance needs upon conclusion of the conference.

**B. Measures of Effectiveness**

Arizona continues to monitor the effectiveness of its Independent Living Program and Educational and Training Voucher Program through the following Independent Living Program/Educational and Training Voucher Program goals.

ILP/ETVP Goal 1: The percentage of eligible youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 40% or more.

CY 2009:	41%
CY 2010:	36%

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ILP/ETVP Goal 2: The percentage of participants age 18 and older in the Independent Living Program and Transitional Independent Living Program who have completed high school or obtained a GED will be 83% or more.

CY 2009:	75% (ILP – 86%; TILP – 48%)
CY 2010:	68% (ILP – 76%; TILP – 46%)

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will be 45% or higher

CY 2009:	ILP – 80%; TILP – 54%
CY 2010:	ILP – 97%; TILP – 46%

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will be 45% or higher

CY 2009:	ILP – 52%; TILP – 38%
CY 2010:	ILP – 31%; TILP – 37%

This data indicates that program youth continue to have difficulty completing high school by age 18, although they are enrolling in higher education programs at an increasing rate. Participation in the Independent Living Subsidy Program has decreased which may be attributed, at least in part, to difficulty in obtaining employment, which is necessary to meet living expenses due to a decrease in the monthly stipend. Youth in the TILP were slightly above the benchmark for enrollment in post-secondary education or training; however benchmarks for completion of high school and employment were not met. Youth who exit care have a more difficult time obtaining and maintaining employment. These youth are also less likely to earn a high school or equivalency diploma by age 18. The number of placement changes experienced by youth who exit foster care for the reason of age of majority (at age 18, 19 or 20) continues at almost two placements per year. Frequent moves disrupt education, contributing to lower graduation rates. However, the ETV program continues to have a positive impact on program youth. More program youth are opting to pursue post-secondary education.

Other data on the education, training and employment of young adults includes the following for CY 2010:

- 94% of the youth currently in the Young Adult Program had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED, an increase from 87% in CY 2009.
- 79% of discharged youth had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED, an increase from 67% in CY 2009.
- 70% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training, versus 62 % in CY 2009. An additional 13% participated in some training, but quit prior to completion of training in CY 2010.

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- 81% of youth that discharged participated in Independent Living Skills Training, an increase from 77% in CY 2009.
- 43% of the youth currently in the Young Adult Program (age 17 and older) are employed or participating in employment related training, a slight increase from 42% in CY 2009.
- 36% of the youth that discharged were employed or participating in employment related training at the time of discharge, a decrease from 42% of the youth that discharged in CY 2009.
- 24% of youth who were not employed at the time of discharge had been employed in the past, a decrease from 37% in CY 2009.
- 67% of youth who discharged and had completed high school or earned their GED were participating in or had completed post-secondary education or training at the time of discharge, an increase from 41% in CY 2009.

In CY 2010, 201 former foster youth were provided aftercare services through the Transitional Independent Living Program, a slight increase over 197 youth served in CY 2009. This includes youth who aged out of tribal or other state's foster care systems. Young adults benefited from this service as follows:

- 84% of young adults were enrolled in a health plan by the end of the reporting period, versus 76% who were enrolled at the beginning of the reporting period (an increase of 8%)
- 71% of young adults maintained or moved into stable living situations at the end of the reporting period versus 63% who were in stable housing at the end of the reporting period (an increase of 8% during the year)
- 30% of young adults were living on their own (in independent housing) by the end of the reporting period, versus 29% at the beginning of the reporting period (a 1% increase)

The Division continues to see youth struggle with maintaining stable housing. Two recent housing efforts are producing positive results; the Family Unification Program (HUD) and the Housing Arizona Youth Demonstration Project. Four local housing authorities were awarded 250 Family Unification Program (FUP) housing vouchers in 2009. Each Housing Authority decides how many vouchers will be used for families and youth. During 2010, 50 of these vouchers were assigned to youth residing in Pima County. The local PHA developed a process for moving youth into a longer term voucher program (if needed) due to the youth vouchers being limited to 18 months. The local AYAP program staff and aftercare providers work with the local Housing Authority to refer eligible youth.

The Housing Arizona Youth Project (HAYP) was launched in July 2009 as an initiative of the Interagency and Community Council on Homelessness. It is funded by the Arizona Department of Housing and implemented by the DES Homeless Coordination Office. The first \$1,000,000 designated for the HAYP was used over two years (2009-2010) to demonstrate the possibilities for implementing the best practices of "Housing First" and "Rapid Re-housing" with homeless youth. The HAYP provides young adults 18 to 26 years of age and experiencing or at imminent risk of homelessness with assistance to immediately access housing. During SFY 2010, the four HAYP providers provided housing for an average of 95 youth on any given night. Slightly more than 100

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youth exited the program during the year, with two-thirds leaving to move into permanent housing or reunite with family. Former foster youth comprise one high priority population.

# **Section V**

## **Child Abuse Prevention and Treatment Act Annual Progress Report 2011**

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### A. Update the program areas selected for improvement from one or more of the 14 program areas set for in Section 106(a) of CAPTA.

#### 1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

##### *Child Protective Services Specialist Group Care Investigations*

**Goal:** To provide specialized staff capacity and expertise to conduct investigations of reports of child abuse and neglect in licensed group care facilities statewide. Investigations include joint investigations with law enforcement or other agencies as necessary.

**Objectives:** Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff. Investigations include:

- coordination with the Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, CPS Specialists assigned to child victims, and other state agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS); and,
- joint investigations with law enforcement for all reports alleging criminal conduct. This includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

**Update:** The Division of Children, Youth and Families (DCYF) maintains a specialized unit (Group Care Investigation Unit) located in Maricopa County to conduct investigations of all reports of child abuse and neglect concerning children residing in licensed group care facilities. This Unit continues to be effective in promoting the protection of children placed in residential settings. The Group Care Investigators help achieve the statutory mandate to investigate 100% of reports of child abuse and neglect.

The Group Care Investigation Unit met its goal of conducting investigations of all reports received concerning licensed agencies. During this reporting period (July 1, 2010 to May 24, 2011), the Unit received 75 reports concerning licensed facilities. Of the 75 reports, 72% pertained to facilities licensed by the Department of Economic Security (DES) and 24% were facilities licensed through the DHS. The remaining 4% were supervised by the DDD. Of the 75 reports, four investigations resulted in a substantiated finding of abuse and/or neglect. There were also an additional 71 Action Requests completed on licensed facilities. An Action Request, while not alleging child maltreatment, requires an action on the part of CPS. Of the 71 Action requests, 92% pertained to facilities licensed by DES; 7% to DHS facilities; and 1% for DDD facilities.

In addition to investigating reports concerning group care facilities statewide, the Group Care Investigation Unit also investigates reports of child maltreatment concerning licensed foster homes, a portion of reports concerning unlicensed placements and CPS employees in Maricopa County. During this reporting period, 161 reports were received and investigated by this Unit. The Unit also responded to 62 Action Requests.

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The CPS Specialists in the Group Care Investigations Unit coordinated investigation activities with CPS field staff, the group care facilities and other involved state agencies. Investigations are conducted jointly with the licensing authority [DHS and the Office of Licensing, Certification and Regulation (OLCR)] and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and to permit licensing issues to be addressed concurrently with the CPS investigation. The outcome of all investigations is provided to the licensing authority to determine if any licensing violation occurred and to take licensing and/or corrective action to ensure child safety and well-being.

During this reporting period, Unit staff delivered four training sessions regarding policies and procedures for the investigation of reports pertaining to licensed facilities to a group care facility and a foster care agency (included foster parents), with approximately 17 persons attending each session.

#### ***Arizona Citizen Review Panels***

**Goal:** Review policy, procedures and practice of the State and Regional Offices and determine the extent to which the State and local Child Protection System are discharging their child protection responsibilities.

#### **Objectives:**

- Convene, quarterly, to review case records including fatalities, near fatalities, high risk maltreatment, other case types, and other information important in ensuring the protection of children.
- Provide feedback regarding policy, procedural and practice improvement to the State and Regional Child Protective Services system.
- Submit an annual report including recommendations for improving the child protection system.

**Update:** In 2010, three Citizen Review Panels met throughout the state in the Central (Phoenix), Northern (Flagstaff) and Southern (Tucson) Regions and were comprised of local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professions, legal advocates, medical providers, and faith-based representatives as well as representatives from the Division of Children, Youth and Families (DCYF). The membership in two of the regional panels increased by 53% (Central Region) and 29% (Northern Region), while the Southern Region decreased by 16%.

**Accomplishments:** Accomplishments in the past year include:

- Thematic areas of focus for each meeting including cultural diversity, foster care, Team Decision Making, advocacy centers, safety planning and chronic neglect.
- Maintained an Internet website which provides information about the program as well as a link to current panel reports.
- Continued distribution of Arizona Citizen Review Panel (ACRP) program brochure.
- Increased panel membership and expanded diversity of panel members including foster and adoptive families as well as youth formerly served through the child welfare system.
- Augmented orientation process for new members.

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- Improved structured protocol for conducting case records reviews and case presentations during panel meetings.
- Incorporated Best for Babies, an Arizona project focused on improving collaboration between courts, child welfare and child serving organizations for children age zero to three who are in out-of-home care.
- Revised the case record review tool to include:
  - safety--protection from further maltreatment;
  - well-being services including pediatric care and developmental screening;
  - reasons for removal;
  - health needs including parental substance abuse/substance exposed newborn;
  - services to alleviate maltreatment; and
  - family contact.
- Continued DCYF representation on each panel.

**Case Record Review Findings:** Cases selected for review are not meant to be representative of all CPS cases, but rather an examination of cases of fatalities, near fatalities and the specific steps followed during the course of open cases. In 2010, panel members reviewed 24 cases; two cases were reviewed by each panel quarterly. Prior to each meeting, a timeline of key events and genogram were prepared for selected cases. Information examined and discussed by the panels included:

- timeliness of initiating investigations,
- initial child safety assessment,
- safety planning,
- family strengths and risk assessment,
- determination of whether maltreatment occurred, and
- aftercare planning.

*Prior Child Protective Service History* - Fifteen of the selected cases had no prior CPS reports. Of the remaining nine cases, there were a total of 28 prior reports, three of which had allegations of abuse and/or neglect that were previously substantiated.

*Intake and Screening* – The panels found intake and screening by the Child Abuse Hotline staff to be a strong component of the Arizona child protection system and that 100% of the cases reviewed were complete, accurate and timely.

*Crisis Intervention and Initial Child Safety Assessment* – In 14 of the 24 cases reviewed, the panels concluded that CPS adequately fulfilled its role of assessing child safety. In 10 cases, the panels found that various critical safety factors were not identified or were not thoroughly addressed including the following:

- One case had no safety monitor present.
- Three cases had prior substantiated reports that were not factored into the Child Safety Assessment Threat Analysis.
- Four cases had Child Safety Assessments that were either not thorough or were completed outside of the required timeframes.
- Documentation of the safety of other children in the home was not completed on two of the cases.

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*Family Risk Factors* – The prevalence of specific family risk factors addressed by CPS during initial investigations were determined to be lack of parenting skills (87.5%); lack of motivation to provide care (75%); lack of anger control (66.6%); and domestic violence (62.5%). Substance abuse prevalence remained high at 54% with 33.3% being methamphetamine use; 33.3% alcohol abuse; and 16.6% marijuana use. The number of risk factors per case, without regard to cumulative risk, ranged from 3 to 12, with an average of eight risk factors per case reviewed. Three factors appeared to be prominent issues: injuries/death to young children while in the care of mother's significant other; children with multiple caregivers; and medically fragile/medically complex children.

*Investigation Stage* – During case record reviews, panel members discuss various aspects of each investigation, identifying areas of strength and needing improvement, as well as exemplary practices, within the CPS system. Panel members concluded that thorough investigations were completed in 15 of the 24 cases reviewed (63%). Identified issues include:

- previous medical issues/injuries not addressed,
- no documentation of medical/development assessments,
- missing medical records,
- household member background checks absent in four cases,
- interviews not clearly documented or not completed,
- incomplete safety assessment documentation,
- child victim interviews not conducted according to CPS procedures,
- absent law enforcement reports, and
- missing safety monitor agreements.

*Investigative Finding/Determination* – The panels found that the case documentation supported the investigation findings in all of the 24 cases reviewed. The Central Panel identified one case in which a finding of neglect should have been added post investigation.

*Joint Investigations* – Fifteen of the 24 cases reviewed by the panel involved joint investigation (63%). In 10 of the cases, interviews did not include all household members. Additional concerns include the following: lack of cross-jurisdiction cooperation; malfunctioning audio recorders; child interview protocol not followed; forensic services appropriate but not accessed; law enforcement did not cross-report child death to CPS; and CPS not allowed to be present during interviews conducted by police.

*Case Planning and Implementation* – The panels determined that in 9 of 17 cases, case planning and ongoing case management activities were appropriate and timely. Concerns included instances of refusal by parents or guardians to participate in services voluntarily and the inability of CPS to enforce recommended case plans when safety concerns did not rise to the level that required court intervention. Other concerns include ongoing education/training and support for parents with medically fragile/complex children; grief/trauma assessment for siblings of deceased children; and lack of services available to undocumented families.

*Foster Family Section* – There was one case involving a young child being spanked by a foster parent that was witnessed and reported by the CPS Specialist. The incident was investigated as a licensing violation and the foster parents were referred and agreed to additional training regarding appropriate disciplining of young children.

*Case Closure* – At the time of review, 11 (46%) of the cases were receiving ongoing case management and services by CPS, with three additional cases being transferred to Adoption Units. One investigation remained open pending CPS receipt of an autopsy report. Nine cases were closed prior to the review with

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three involving child fatalities with no other children in the home. Panel concerns included lack of services for undocumented persons; incomplete CPS case plan and case documentation; case closures with no documented aftercare plan; inadequate investigation; ongoing safety threats; and language barrier.

*Policy Issues* – As part of the case review process, panel members determine if state and federal policies were followed and also evaluate the impact of policies/action of community service and healthcare provides as related to identification, prevention and treatment of child maltreatment. The following are some policy issues identified by the Arizona Citizen Review Program specific to CPS:

- Protocol for interviewing child victims was not followed.
- Collateral informants were not interviewed.
- Workload negatively impacts efficiency and expediency with which cases can be investigated and managed.
- Case records and documentation not meeting CPS policy standards for quality and timeliness.

The 2010 Arizona Citizen Review Panel Annual Report and the Department's response to the Panel's recommendations are included as attachments in the Annual Progress and Services Report, and are available for public review at: <https://www.azdes.gov/appreports.aspx>.

***Efficiency Review: Change & Innovation Agency (CIA)***

**Goal:** To improve the investigation process in order to respond to increased caseloads, ensure federal and state mandates are maintained, while maintaining child safety.

**Objectives:**

- Assessment of operations and staff functions in local CPS office including:
  - Parallel processing – tasks that can be done simultaneously rather than consecutively in order to decrease processing time.
  - Elimination of bottlenecks and backlogs by creating an efficient approval hierarchy and eliminating unnecessary redundancy.
  - Technology.
- Core Work Team to review and redesign the investigation process.
- Validation of findings and re-design ideas through the use of customer groups and line staff.
- Implementation planning and support.
- Review implementation plan.
- Planning and preparation for future roll out.

**Update:** The Division of Children, Youth and Families (DCYF) is currently engaged in process improvement work with the Change & Innovation Agency (CIA). The work is primarily focused on assessing how the investigation process can be improved in order to streamline the investigative process while assuring child safety and quality case management.

The DCYF/CIA Core Team is comprised of local CPS Supervisors and CPS Specialists and key staff in the areas of policy, training, technology, and other areas that provide critical supports to the field. This Core Team held a series of work sessions focused on process mapping of the investigation process from the time a report is received by the Child Abuse Hotline until the investigation is complete. This includes determining and recording child safety, assessing risk, implementing protective actions and safety plans and completing family assessments. The Team mapped the initial assessment process to identify areas where backlogs occur or efficiency could be improved. The Team also reviewed specific data such as

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child safety assessments, court reports, the case planning process, and legal/court processes, as well as reviewing state and federal legislation, rules and policy that govern the investigation function. In addition to the work that the Team conducted, the Team's findings and recommendations were informed by a series of focus groups with field staff and other stakeholders from across the state. These focus groups and areas of focus are as follows:

- Assistant Attorneys General - Work Products: Court Report, Case Plan, Dependency Petition Packet;
- CPS Unit Supervisors - Work Products: Clinical Decision, Child Safety Assessment (CSA);
- In-Home CPS Specialists - Work Products: CSA, Strength and Risk Assessment (SRA);
- CPS Investigators - Work Products: CSA, SRA, Case Plan, Clinical Decision;
- Rural CPS Investigators and CPS Case Aides - Work Products: CSA, SRA, Case Plan, Clinical Decision;
- Service Providers - Work Products: CSA, SRA, Case Plan;
- Protective Service Review Team (PSRT) - Work Products: Findings Statement;
- Foster Care Review Board - Work Products: Case Plan;
- Ongoing CPS Specialists - Work Products: CSA, SRA, Case Plan;
- Juvenile Court Judges and Attorneys - Work Products: Court Report, Case Plan

Based on the process mapping, additional analysis and customer focus group feedback, the Team made several recommendations to improve the investigations process and reduce workload, thereby, increasing timely completion and recording of comprehensive assessments. Following discussion and approval of recommendations by the Sponsor Group (includes the DCYF executive leadership), the Team will develop an implementation plan to pilot change ideas, starting with one local CPS office.

Of note, one of the Core Team's recommendations was related to the Protective Services Review Team (PSRT) process. The PSRT fulfills the federal and state statutory requirement for the appeal of official findings of abuse and/or neglect made by CPS. While the Core Team's recommendation related specifically to the PSRT interface with the investigative process, DCYF leadership has also asked the CIA to undertake process improvement work specifically focused on PSRT.

Initial implementation of recommendations from both the investigations process improvement and the PSRT process improvement are expected to be launched beginning in June, 2011.

## **2. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers**

### *Assessment and Case Planning Specialist*

**Goal:** To continue the development and support of child safety assessment and safety planning experts at the CPS "front-line" level.

**Objective:** Develop a plan to target specific CPS units for intensive onsite "hands-on" technical assistance.

- Provide onsite "hands-on" technical assistance to at least three sites in each Region during the SFY 2011.

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**Update:** This full-time professional position was created for the sole purpose of providing intensive onsite staff support to increase staff skills, knowledge and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally based case planning. The intent is to:

- Ensure staff fully understand and apply the child safety assessment, strengths and risks assessment and behaviorally based case planning model as designed to promote child safety, permanency and well-being; and
- Build agency capacity by developing experts at the “front-line” level.

The statewide Assessment and Case Planning Specialist:

- Serves as an expert in the Child Safety Assessment, Strengths and Risks Assessment, and Behaviorally Based Case Planning (CSA/SRA/CP) process;
- Provides technical assistance to Supervisors and CPS Specialists on application of the process;
- Develops experts at the “front-line” level through targeted case specific consultation, mentoring, and individual and group supervision;
- Provides intensive onsite staff support; and
- Consults with Practice Improvement Specialists, Child Welfare Training Institute (CWTI) trainers, and Central Office Policy about practice standards and staff or system needs.

The Specialist, in consultation with the local CPS Supervisors, developed a plan to target specific CPS units for intensive onsite “hands-on” technical assistance. The technical assistance focused on specific staff needs and areas needing improvement as identified by local CPS Supervisors and Practice Improvement feedback. These included:

- Information gathering and analysis of the six fundamental questions and how this analysis assists the CPS Specialist’s understanding of child safety;
- Linkage between the safety assessment, risk assessment and case planning;
- Effective use of clinical supervision in the decision-making process;
- Understanding the concepts of safety, present and impending danger and risk;
- Understanding the application of the safety threshold when assessing child safety;
- Understanding the role of safety monitors and safety planning;
- Engagement of the child and family in the case planning process; and
- Behaviorally based case planning.

Requests were made by the local CPS Supervisors, “front-line” staff, Practice Improvement Specialist, and Assistant Program Managers for individual case specific consultation that focused on targeted areas needing improvement. The range of staff skills in applying the model vary across the State.

A total of 121 days were spent onsite statewide between October 25, 2010 and May 31, 2011. A breakdown of onsite days is as:

- Central Region: 23 onsite visits
- Pima Region: 22 onsite visits
- Southwestern Region: 76 onsite visits

Twenty-two days are scheduled for onsite trainings from June 1 to June 30, 2011. A breakdown of onsite days is as follows:

- Central Region: 2 onsite visits
- Pima Region: 2 onsite visits
- Southwestern Region: 18 onsite visits

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The Assessment and Case Planning Specialist observed initial apprehension on the part of “front-line” staff because staff were unsure of their ability to apply the child safety model in day-to-day practice. There was notable difficulty completing reassessment of safety on cases transferred for ongoing services as well as assessing risk of harm.

In order to determine the effectiveness of the technical assistance, the Specialist made follow-up onsite visits with CPS Specialists, who had received assistance, and observed their completion of specific tasks such as an assessment of child safety. Improvement was found in CPS Specialists’ ability to apply critical thinking during the assessment process as demonstrated by their ability to complete child safety assessments and integrate the outcome of the assessments into safety planning and case plan development. Improvements were noted in the following areas:

- increased comfort level with accessing and navigating the automated instrument;
- increased knowledge level of “front-line” staff;
- more comprehensive information gathered in the various domains;
- movement toward a less incident based assessment;
- analysis of the six fundamental questions—more thorough and concise information;
- continuous practice shift to a comprehensive approach to child safety and case planning; and
- understanding of the process and relationship between the CSA/SRA and behavioral Case Plans.

Feedback from CPS Supervisors and “front-line” CPS Specialists has been favorable. The Pima Region Practice Improvement Specialist noted that a CPS Supervisor “had nothing but positive things to say about Angie's work with the staff. He stated that the 1:1 attention has been helpful. Angie is good at working with the workers to look deeper at the why and how and work towards the clinical aspects and analysis. He stated that he has seen improvement in the work of the people that Angie has worked with.” The Southwestern Region Program Manager emailed, “Just wanted to let you know I met with Avondale In-Home Staff yesterday. Your name (Angie) came up in the meeting. They were very complimentary of your work with them on the case plan. As staff were talking, others were then wanting to set something up with you as well.”

The Division of Children, Youth and Families has been granted permission to establish and fill a second Assessment and Case Planning Specialist full-time position as Regional Management and field staff have found this technical assistance to be an invaluable tool in the successful application of the CSA/SRA/CP process. This position will most likely be out-stationed in the southern part of the state with the current Assessment and Case Planning Specialist being housed in central Phoenix. In the upcoming year, these two positions will continue to provide intensive onsite staff support, focusing on new CPS Specialists to sustain transfer of learning, and targeted units in Maricopa County and the Southeast and Northern Regions.

## **B. Outline the activities that the State intends to implement with its State Grant funds pursuant to Section 106(b)(2) of CAPTA**

### ***DCYF Child Protective Services Specialist for Group Care Investigations***

CAPTA Basic State Grant funds will continue to support specialized investigations of child abuse and neglect reports received on children in congregate care (group care and residential settings). This activity does not differ from the previous plan.

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***Arizona Citizen Review Panels***

CAPTA Basic State Grant will continue to support the required Arizona Citizen Review Panels. Three Citizen Review Panels are fully operational and are administered by the Arizona State University, Center for Applied Behavioral Health Policy (CABHP) through an interagency agreement. Grant funding is used to support centralized staffing, coordinating and support of the Panels. The three regional Panels are located in Phoenix (Central), Tucson (Southern) and Flagstaff (Northern), and use volunteer members who have established working relationships. This activity does not differ from the previous plan.

***Assessment and Case Planning Specialist***

CAPTA Basic State Grant will fund two full-time Assessment and Case Planning Specialists professional positions. These Specialists will provide intensive onsite field staff support to increase staff skills, knowledge and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally-based case planning. These Specialists serve as experts in the Child Safety Assessment, Strengths and Risks Assessment and Case Planning (CSA/SRA/CP) process and will provide targeted technical assistance; case specific consultation; mentoring; and individual and group supervision to Child Protective Services (CPS) Supervisors and CPS Specialists. This activity does not differ from the previous plan.

***Child Abuse Prevention (CAP) Conference***

Due to significant budget reductions, and the rising cost of hosting a large conference, the Department has been unable to host the Child Abuse Prevention Conference since 2008. However, it is the desire of the Department to host the Child Abuse Prevention Conference in the near future, and to use CAPTA Basic State Grant funds to support CPS staff attendance at this Conference. This assistance provides opportunities for CPS staff to learn from and network with national and Arizona child welfare experts. This is one of several opportunities for CPS staff to gain new (and refresh existing) skills and knowledge through various workshops. The focus of the Conference is prevention, protection, permanency and well-being. This activity does not differ from the previous plan.

***Supervision Circles: Strengths-based Clinical Supervision***

Effective supervision is a critical component to successful implementation of the revised assessment and case planning process. While clinical supervision has been integrated into the assessment and case planning process, the continued teaching of Group Supervision Circles should enhance understanding of the role of supervision in improving agency practice; critical thinking/decision-making during the life of a case; and the integration of the CSA/SRA/CP model and family-centered practice in supervision. Effective clinical supervision results in better outcomes for children and families, and greater effectiveness of staff providing services. The content of the Supervision Circles (strengths-based, family-centered supervision) has been condensed into a two-day Supervisor Core course that is required for all new supervisors as a part of their basic training. CAPTA Basic State Grant may be needed to support this segment of Core training. This activity does not differ from the previous plan.

***Chronic Neglect***

Chronic child neglect is one of the most persistent and intractable challenges facing the nation's child welfare system, contributing to repeat maltreatment and repeat report rates, child fatalities, and the number of children in out-of-home care. The term chronic neglect refers to an enduring pattern in which

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a child's basic physical, developmental and/or socio-emotional needs are not met, and may involve inadequate nutrition, clothing or medical care as well as unsafe environment or inadequate supervision. The long term effects of neglect can be seen in attachment difficulties, anger, cognitive impairment, malnutrition and poor health.

Patterns of neglect present a challenge for CPS Specialists conducting safety assessments, because it is often the chronicity itself that is harmful to the child rather than a specific incident. In its 2008 and 2009 reports, the Arizona Citizen Review Panels recommended that "Child Protective Services develop protocols to identify, assess, and intervene in cases of chronic neglect." The Division is currently pursuing a contract to develop policy and methodology for identification, assessment and intervention in chronic child neglect cases including:

- Review of literature to identify theoretical and practice definitions of chronic neglect, evidenced-based practice for identifying and assessing chronic neglect, and intervening with and treatment of chronic neglectful families;
- Identification and review of other states' policies and procedures for identifying, assessing, intervening and treating chronic neglectful families; and
- Recommendations for policy development.

This contract should be in place during the FFY 2012. This activity does not differ from the previous plan.

***Differential Response to Reports where children are not in imminent harm***

Arizona's first differential response to reports of child abuse and neglect was implemented in 1998. Known as Family Builders, this differential response provided a community based family-centered assessment, case management, and provision of services to designated low risk and potential risk reports of abuse and neglect. These reports were referred to a network of contract community based providers after triage by CPS. The goal of the Family Builders Program was to enhance the parent's ability to create safe, stable and nurturing home environments that promoted safety of all family members and healthy child development. During the Second Special Session of the 2003 Arizona Legislature, the Family Builders' enabling legislation was rescinded, effective June 30, 2004.

Differential response emphasizes a family focused, strengths based approach to support child and family well-being and includes an assessment of the family's needs and strengths and available services to meet their needs and to support positive parenting. Currently, the statewide Arizona Child Abuse Hotline's triage assessment procedures determine whether children are in imminent risk of harm or whether the presenting concerns are more "potential" abuse/neglect. Children, not assessed in imminent risk of harm, and their families are referred to community based organizations for services and support. The Division is currently evaluating the need to further refine and augment its initial response to children and families to include a more structured, less intrusive differential response to reports based upon child safety and level of risk. In addition to initiating enabling legislation, refinement and expansion of the Department's triage procedures will require:

- a literature review to identify evidenced-based "best practice" standards for differential response;
- development of criteria and methodology for referral of reports for an initial differential response;
- analysis of common report characteristics to identify report types that would be appropriate for an initial differential response;
- development of provider network to serve this population; and
- policy development to support a differential response system.

The Department plans to advance this initiative during the FFY 2012 and FFY 2013. CAPTA State Basic Grant funds will be needed to support the initiative. This activity does not differ from the previous plan.

**C. Description of the services and training to be provided under the State Grant during FY 2011 as required by Section 106(b)(2)(C) of CAPTA**

**1. Services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect**

The Division of Children, Youth and Families (DCYF) does not use CAPTA grant funds to provide direct services or referrals aimed at preventing the occurrence of child abuse and neglect. CPS staff refer children and families to community based contract providers for services aimed at preventing and treating child abuse and neglect. These contract providers offer an array of services such as child care services, domestic violence shelters, food stamps, housing assistance, counseling, behavioral health services for adult and children, substance abuse assessment and treatment, kinship care services and support, etc. Families also have direct access to voluntary services through Healthy Families Arizona and other Department programs such as TANF. These voluntary service programs often refer families to other community based services. The Child Abuse Hotline also makes referrals to community based resources and services when the child is not assessed to be in imminent risk of harm or when information being reported does not meet the criteria for a report.

**2. Training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect**

CAPTA funds are not used to support training of the Arizona Child Abuse Hotline staff, who receive, screen, assess and make decisions regarding whether information meets Arizona's legal criteria for field investigation. This staff training is provided through existing resources including a dedicated Hotline professional training position. Hotline supervisory staff are required to complete Supervisor CORE training in the Division's Child Welfare Training Institute (CWTI).

The comprehensive Hotline training program involves four weeks of instruction and practice. This includes three weeks of classroom training and one week of practice with a mentor. Further individual instruction is provided by Hotline supervisors.

Training content includes instruction on the legal and applied definitions of Arizona's child abuse and neglect statutes, and related criminal statutes. These statutes provide the basis for the legal criteria for receiving, screening and the investigation of child abuse and neglect. Specific and critical training is provided regarding child safety assessments and family strength and risk assessments. Specific tools used by Hotline staff include Interview Questions, the CPS Response System, the Safety and Risk Assessment matrix and legal reference material.

Other training topics include use of the automated case management information system and other Department data systems used in researching the current status and history of investigation or contacts with families reported to CPS. Information known to the Department through a family's involvement in other programs, such as the Family Assistance Administration (FAA), is also researched in order to

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gather family demographics and current address. This information is often helpful in locating and assessing safety or risk to a child.

The Child Abuse Hotline staff are also provided advance "ongoing" training each year, addressing various topics such as interview and recognition skills; child safety and risk assessment; and legislative changes that impact the work of the Hotline staff.

In June 2010, all Hotline staff, with the exception of support staff, received 16 hours of intensive instruction on the alignment of the Hotline assessment practices with Arizona's safety model. The training objectives were as follows:

- To become familiar with Arizona's Safety Model;
- Understand the difference between risk and safety threats;
- Understand guided safety decision-making (revised interview questions, revised response system, critical analysis of the information collected);
- Increase consistency of decision-making;
- Ensure reports meet Arizona's statutory requirements;
- Prioritize report response time based assessment of safety (present and impending danger); and
- Practice applying guided safety decision-making.

The training consisted of seven sessions:

- Training Introduction;
- Hotline Paradigm Shift;
- Concepts and Terms within Arizona's Safety Model;
- Information Collection and Documentation for Hotline Decision-Making;
- Interviewing Skills for Successful Information Collection;
- Report Justification; and
- Assessing Present and Impending Danger to Guide Response Times.

This intensive training is followed up with continual supervision and instruction on the safety model on a day-to-day basis.

**3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect**

CAPTA funding is not used to provide training to mandated reporters. Training for mandated reporters is provided by various persons and entities, both internal and external to Department of Economic Security (DES). The Children's Justice Act (CJA) Coordinators are tasked with providing training to mandated reporters regarding reporting of abuse and neglect and the joint investigation protocols between CPS and law enforcement. These Coordinators are located in eight counties (Apache, Coconino, Gila, Maricopa, Pima, Pinal, Yavapai, and Yuma) and are housed in various locations within the community such as the County Attorney's Office, child/family advocacy centers, and ChildHelp. Statewide requests for training are coordinated through Prevent Child Abuse Arizona.

Between April 1, 2010 to March 31, 2011, more than 5,700 individuals with a statutory duty to report child abuse and neglect were trained through more than 200 trainings delivered by the CJA Program. Additionally, Maricopa County developed online mandatory reporting training. This online free Mandatory Reporting Training is available at the ChildHelpInfoCenter website at:

<http://childhelpinfocenter.org>

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Additionally, DES, Division of Children, Youth and Families (DCYF) Central Office staff delivered training and/or information regarding recent enhancements to the receipt, screening, assessment and prioritization of reports by the Child Abuse Hotline to seventeen various community stakeholder entities, all of whom have a statutory duty to report child abuse and neglect. These stakeholder entities included the Children's Action Alliance, Citizen Review Panels, the Child Welfare Committee of the Arizona Council of Human Service Providers, Arizona Department of Education, American Academy of Pediatrics-Arizona Chapter, Arizona Academy of Family Practice, Arizona Department of Public Safety, Arizona Criminal Justice Commission, Foster Care Review Board, Devereux, Youth Development Institute, Arizona Comprehensive Medical and Dental Program provider network, and Arizona Association of Foster and Adoptive Parents.

Training to mandated reporting sources is also provided by the Child Abuse Hotline Program Manager, Assistant Program Managers, and Trainer to new direct service staff for both DCYF and the Division of Developmental Disabilities (DDD). Regional Administration and "front-line" staff also provide training to mandated reporters in their local areas. Trainings are provided largely to school personnel, community agencies, and partner agencies involved with community multidisciplinary teams. Training materials include the national toll-free Child Abuse Hotline phone number, pamphlets, posters, cards, and a video regarding mandated reporting and the Child Abuse Hotline processes. These materials are also requested and distributed throughout the state at professional in-service training sessions.

In April 2010, the Child Abuse Hotline Program Manager presented at the first annual Victim Services Symposium hosted by the Navajo County Attorney's Office. In addition to mandatory reporter training, an overview of the Child Abuse Hotline was provided.

Information about reporting child abuse and neglect including the applicable reporting statute, parents' rights during a CPS investigation, and available services are posted on the Department's website at:

<https://www.azdes.gov/main.aspx?menu=154&id=2030>.

The Child Abuse Hotline's standard report form is also posted on the DES intranet website, making it available to any Department personnel to forward to mandatory reporting sources via e-file. Other related documents, such as the Child Abuse Hotline Interview Questions and CPS Response System are also available on the Department's internet website at:

<https://www.azdes.gov/main.aspx?menu=154&id=2030>.

#### **D. Notification regarding substantive changes, if any, in State law that could affect the State's eligibility for the CAPTA State Grant, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility [Section 106(b)(1)(B) of CAPTA]**

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Assistant Attorney General, Child and Family Protection Division, is included as an attachment in the Annual Progress and Services Report.

**E. Describe any changes to the State's provisions and procedures for criminal background checks identified in the State's CFSP for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (Section 106(b)(2)(A)(xxii) of CAPTA)**

There are no changes to the State's provisions and procedures for criminal background checks for prospective foster and adoptive parent. Arizona remains in compliance with the provisions of the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) that amended Section 471(a)(20) of the Social Security Act. All applicants for foster home licensure and/or adoption certification and each adult household member must submit a full set of fingerprints for State and Federal criminal records clearance checks. Each prospective foster and adoptive parent and each adult household member must obtain a Level I Fingerprint Clearance Card as a condition to being licensed or certified.

**F. Submit a copy of the annual report from the Citizen Review Panels and a copy of the State agency's most recent response to the panels and State and local child protective services agencies, as required by Section 106(c)(6) of CAPTA**

The 12th Annual Report of the Citizen Review Panels will be provided as a separate document and is available at:

<https://www.azdes.gov/appreports.aspx?Category=57&subcategory=512>

The Department's response to the Panel recommendations is provided as an attachment within this Child and Family Services Annual Progress Report.

# **Section VI**

## **Comprehensive Medical and Dental Program Health Care Services Plan Update 2011**

## Comprehensive Medical and Dental Program Health Care Services Plan Update 2011

Pursuant to P.L. 110-351, Section 205, the State of Arizona is required to develop a Health Oversight and Coordination Plan to ensure ongoing oversight and coordination of health care for foster children. The Department of Economic Security Division of Children Youth and Families (DES/DCYF) and the Arizona Health Care Cost Containment System (AHCCCS) are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

The Medicaid program in Arizona operates as a Section 1115 Demonstration Waiver, which results in the state having a managed care system for Title XIX and Title XXI clients. AHCCCS contracts with health plans that are funded based on actuarial determined capitation rates for each enrollee. The AHCCCS contracted acute care health plan for foster children in Arizona is the Comprehensive Medical and Dental Program (CMDP), which is a program within DES/DCYF.

One important result of CMDP being a program within the child welfare system is that Arizona had oversight and coordination plans in place prior to the passage of Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893). Arizona's Health Care Services Plan was provided to the U.S. DHHS in June 2009. This plan was an overview of documents and policies already in place, which demonstrate the state's compliance with the requirement of P.L. 110-351 as they pertain to oversight and coordination of health care for foster children.

Arizona's commitment to coordination of health care services for children in foster care and compliance with P.L. 110-351 is demonstrated in the 2011 Quality Management/Performance Improvement (QM/PI) program, which is designed to monitor, evaluate, and improve the continuity, quality, accessibility and availability of health care services provided to all CMDP members. The program is designed to assess member care, delivery systems and satisfaction, while optimizing health outcomes and managing medical resources. QM/PI is a plan-wide endeavor, involving the integration of QM/PI activities with other systems, processes and programs throughout the health plan and the child welfare system. The QM/PI program plan is updated annually. The CMDP QM/PI program results in a structured process to ensure oversight and coordination of care. The purpose of the CMDP QM/PI program is to:

- Provide a framework for the continuous assessment and improvement of all aspects of care and services received by individual members and populations
- Integrate CMDP's quality activities within the context of Arizona's child welfare program
- Identify and improve the processes, systems and practices that will improve member outcomes
- Promote the recognition and use of approved medical standards, practice guidelines, best practices, targeted benchmarks, data collection, analyses and clinical indicators
- Address identified health care, service and safety issues and bring them to satisfactory resolution according to approved medical standards, best practices and practice guidelines
- Collaborate with the health care community to improve members' outcomes and support community health initiatives
- Incorporate the evaluation of technology into quality activities to improve members' health outcomes
- Comply with federal, state and AHCCCS requirements
- Ensure coordination with state registries
- Ensure CMDP executive and management staff participation in QM/PI processes
- Ensure contracted provider, legal guardian and member/caregiver input into QM/PI processes

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Results of clinical and operational monitoring are tracked, analyzed for trends and reviewed by the Medical Director and the QM/PI Committee. When opportunities for improvement are identified, CMDP takes appropriate action to address the issue. During FFY 2010, the QM/PI Committee met four times. Membership on the QM/PI Committee includes:

- CMDP Medical Director (chairperson)
- CMDP Director of Medical Services (Performance/Quality Improvement Coordinator and QM Coordinator)
- CMDP Medical Services Manager
- CMDP Program Administrator
- CMDP Provider Services Supervisor
- CMDP Member Services Supervisor
- CMDP Program Operations Manager
- CMDP Chief Financial Officer
- CMDP Compliance Officer
- CMDP EPSDT Coordinator
- CMDP Concurrent Review Nurse
- Grievances and Appeals Coordinator
- DCYF Child and Family Services Review Manager
- DCYF Statewide Behavior Health Coordinator
- DCYF Statewide Behavior Health Appeals Coordinator
- Juvenile Corrections Representative
- Two Network Providers (pediatricians)
- Three Representatives of foster care settings (one foster/adoptive parent, one group home and one crisis center)

Standing agenda items for these quarterly meetings include, but are not limited to:

- Updates on processes and programs that impact CPS and CMDP
  - Transition of DDD eligible children back to CPS as the custodial agency
- Performance on maternal and child health measures
  - Results of blood lead screening, developmental screening and behavioral health screening from EPSDT visits
  - Emergency room utilization – Measures to control inappropriate visits and maximize use of the primary care provider (PCP)
  - Timely prenatal care for pregnant teens, newborn delivery outcomes, and post-partum visits 6 weeks after delivery
- Behavioral health
  - PCP prescription monitoring for ADHD, anxiety and depression
- Administrative performance standards
  - Monitoring of telephone calls from stakeholders regarding timeliness, first call resolution, and abandonment
  - Provider and member grievances (complaints)
  - Appeals and claims disputes from providers
- Clinical performance measures

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- Well-child visits at 15 months-of-age – Percentage of children received 6 or more EPSDTs by the 15<sup>th</sup> month of life
- EPSDT visits for children 3-6 years-of-age – Percentage of children that received an annual EPSDT
- EPSDT visits for adolescents - Percentage of youth that received an annual EPSDT
- Children's access to primary care by age group
- Dental visits for children ages 3 to 21 – Percentage of children that received an annual dental visit
  
- Performance improvement projects
  - Use of appropriate medications for children and adolescents with asthma - Percentage of children and adolescents, ages 5 to 9 and 10 to 17 that received preventative medications (vs. rescue meds only) for their asthma
  - Racial or ethnic disparities among adolescents who receive well visits (EPSDT)
  
- Quality of care issues and the disposition of each case

No substantial changes were made to the 2011 QM/PI program plan based on outcomes from the 2010 evaluation.

#### **(i) Schedule for Initial and Follow-up Health Screenings**

Arizona's schedule for initial and follow-up health screenings for children in the foster care system is documented in the CMDP EPSDT and Oral Health Plan, which is updated annually. The 2011 EPSDT and Oral Health Plan contains no changes in regard to initial and follow-up health screenings.

CMDP uses outcome-based performance measures to monitor the quality of medical care and appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona's Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks. CMDP data indicate significant improvement or maintenance of high performance in all the measures for 2010, with rates among the highest in the state and exceeding the national Medicaid mean for most pediatric measures.

#### **(ii) How Health Needs Identified through Screenings will be Monitored and Treated**

One of the EPSDT program goals and objectives is to maintain systems for tracking EPSDT data, including follow-up services and immunization. The Children's Services Policy Manual identifies CPS Specialists as responsible for facilitating the provision of appropriate medical, counseling, psychological or psychiatric services for children who are in the custody and control of the Department of Economic Security. This responsibility is supported by Arizona's Child Welfare information system (CHILDS) and the CMDP information system (QNXT). These information systems continue to support health care treatment monitoring, as described in Arizona's June 2009 Health Care Services Plan. CMDP medical care coordination and medical management services also continue as described in the June 2009 Health Care Services Plan.

**(iii) How Medical Information for Children in Care will be Updated and Appropriately Shared, which may include the Development and Implementation of an Electronic Health Record**

Arizona was one of 14 states that received a Medicaid Transformation Grant which supported Arizona's efforts to create a health information exchange, called the Arizona Medical Information Exchange or AMIE. The pilot was very successful and to date has been the only operational health information exchange to exist in our state.

In order to implement the Medicaid Provisions of the American Recovery & Reinvestment Act (ARRA), Arizona's Medicaid Program (AHCCCS), including CMDP, will use the following strategies:

- Develop a State Medicaid Health Information Technology (HIT) Plan.
- Promote the adoption of electronic health records and maximize Medicaid incentive payment for eligible providers.
- Provide leadership for Medicaid stakeholders and other relevant HIT partners by participating in key coalitions that are pursuing a sustainable Health Information Exchange.

Within DCYF, we continue to improve our interface between the child welfare information system (CHILDS) and the health information system, QNXT. CHILDS meets the requirements of federal law and regulations in which States operating programs under Title IV-E of the Social Security Act (the Act) are to submit data to the Adoption and Foster Care Analysis and Reporting System (AFCARS). As a result of federal recommendations during Arizona's most recent federal AFCARS Assessment Review, CMDP is working to enhance the medical information exchange with the CHILDS. Specific federal recommendations to be addressed include a revision to the Medical Condition Detail windows in CHILDS. The CHILDS IT team, QNXT team and CMDP Medical Services Unit have begun the Medical Condition Detail window revision process and anticipate having it completed by December 2011.

The CMDP Medical Care Coordinator and the EPSDT Coordinator continue to work with the custodial agency representative to ensure that foster children receive required healthcare services and all appropriate follow-up. The member's custodial agency representative helps to achieve member compliance with EPSDT standards and facilitates referrals to needed specialty services and other support services. The EPSDT coordinator and/or custodial agency representative communicates with PCPs regarding pertinent medical information, to address concerns about non-compliant behaviors, and to coordinate referrals to community agencies.

**(iv) Steps to Ensure Continuity of Health Care Services, which may include the Establishment of a Medical Home for Every Child in Care**

CMDP's Medical Management Plan provides detail on CMDP's policy regarding continuity of care and member transitions. CMDP recognizes the importance of maintaining continuity of care and service whenever a member's care setting or provider changes. Processes to guard against interruptions in care are integrated throughout CMDP's organization. Integrated systems and interdepartmental processes include the use of QNXT, which can be accessed by all CMDP units involved in coordinating services for a member. The system allows for: 1.) sharing of member and provider information for such purposes as coordinating procedures related to discharge planning and authorization of post-hospital services; and 2.) documenting care management and medical information. QNXT system upgrades, scheduled for production in the Fall of 2011, will further enhance capabilities in these areas.

The EPSDT and Oral Health Plan and the Quality Management/Performance Improvement (QM/PI)

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program documents provide information on CMDP's efforts to work with foster caregivers to establish a medical home for all foster children and to ensure the continuity of care for health plan transitions. CMDP strives to establish a true medical home for every child during the period that they are in foster care. The 2011 EPSDT and Oral Health Plan and 2011 Quality Management/Performance Improvement program contain no changes in regard to steps to ensure continuity of health care services. The activities described in Arizona's June 2009 Health Care Services Plan are continuing. For example:

- CMDP encourages members to select a PCP from the CMDP's Preferred Provider Network, and provides services to assist caregivers to select the best PCP to meet the child's needs.
- CMDP maintains policies and procedures for monitoring the services of members during health care transitions, such as between health plans, within CMDP from one provider/setting to another or to a different level of care.
- When a CMDP member transitions to another Health Plan, CMDP ensures that medical care and treatment plan information is shared with the accepting Health Plan, to facilitate a smooth transition of services.

#### **(v) The Oversight of Prescription Medicines**

Pharmaceutical activities are delegated to a Pharmacy Benefit Manager (PBM), CVS/Caremark, which is CMDP's only subcontracted entity. However, CMDP remains responsible for all functions delegated to the PBM. CMDP monitors the adequacy and accuracy of the PBM through review of audited financial statements, investigation of member/caregiver or provider complaints, quarterly operational meetings, and quarterly Pharmacy and Therapeutic (P&T) Committee meetings. CMDP requires the PBM to submit a number of quarterly deliverables, which are also closely reviewed. The specific issues addressed through monitoring include utilization, adequacy of provider network, member and provider satisfaction, and quality of care issues.

CMDP continues to be responsible for oversight of all pharmacy activities including prescribing, dispensing practices, and use of medications. CMDP monitors clinical appropriateness, proper utilization, as well as resource management, and addresses quality concerns and complaints. These processes are integrated into the QM/PI and Medical Management programs. CMDP's pharmacy management strategies encourage the use of medically effective, cost-effective pharmacy services that support optimal health care outcomes. Significant oversight components of CMDP's pharmacy management include:

- a Preferred Medication List (PML) of covered pharmaceuticals that is tailored to CMDP's pediatric population and updated at least quarterly;
- a prior authorization process to make medically necessary non-formulary drugs and over-the-counter medications available to members;
- monitoring of drug utilization patterns for psychotropic medications and other medications, as appropriate;
- development with the new PBM of a monitoring mechanism of potential adverse drug interactions, drug-pregnancy conflicts, therapeutic duplication and drug-age conflicts;
- drug utilization reviews through PBM standing reports and ad hoc queries; and

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- education and focus interventions with providers, pharmacies and members about drug utilization and profile results in order to improve safety, prescribing practices and therapeutic outcomes.

As addressed in the 2011 EPSDT and Oral Health Plan, CMDP monitors member's behavioral health care and psychotropic medication utilization through the following ongoing activities:

- Monitoring non-compliant providers through the Provider Services Unit and QM/PI Committee activities.
- Educating and communicating the AHCCCS guidelines to PCPs who treat CMDP members with diagnoses of depression, anxiety and ADHD through CMDP correspondence such as the CMDP Provider Newsletter, CMDP Provider Manual, and CMDP website.
- Behavioral case management of certain non-Title XIX/XXI members regarding outpatient and inpatient service utilization.
- Monitoring through the Pharmacy and Therapeutics and MM Committees the activities of PCPs prescribing under the Psychotropic Medication Initiative Guidelines.
- A payer verification process to educate members, CPS Specialists and caregivers to fill RBHA prescriptions using the RBHA ID number and not the CMDP ID card.

The 2011 EPSDT and Oral Health Plan will continue the above activities and will enhance the behavioral health medication initiatives based on evaluation of 2010 activities. There are no other changes to Arizona's June 2009 Health Care Services Plan in the areas of oversight of prescription medications.

#### **(vi) How the State Actively Consults with and Involves Physicians or other Appropriate Medical or Non-Medical Professionals in Assessing the Health and Well-Being of Children in Foster Care and in Determining Appropriate Medical Treatment for the Children.**

A fundamental aspect of the QM/PI Committee is the inclusion of medical and non-medical professionals who are actively involved in assessing CMDP's performance and quality management activities. The QM/PI Committee's purpose is to advise and make recommendations to the Medical Director and Program Administrator on matters pertaining to the quality of care and services provided to members. The Committee meets quarterly.

CMDP also continues to engage pediatric physicians, dentists, and other medical professionals through other quarterly committee activities, such as the Pharmacy and Therapeutics Committee and the Medical Management Committee. In addition, pediatric physicians participate in CMDP's weekly Quality Review Committee meeting and cases requiring special care coordination or medical case management.

In summary, CMDP is continuing the implementation of the oversight and coordination plans developed prior to P.L. 110-351. The documented plans are cited throughout this document. Those plans are:

- 2011 Quality Management/Performance Improvement (QM/PI) program
- 2011 EPSDT and Oral Health Plan
- 2011 Medical Management Plan
- 2011 Maternity & Family Planning Plan

**(vii.) Steps to ensure that the components of the transition plan development process include information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document.”**

CMDP is the health plan for foster youth receiving Chafee services. CMDP mails all new members a CMDP Member Handbook. The handbook is also available online at [www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookenglish.pdf](http://www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookenglish.pdf)

The CMDP Member Handbook includes a section entitled “*Member Rights*” These rights include the following:

- Members shall be provided with information about formulating advance directives to provide for involvement by the member or their representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of Federal and State law with respect to advance directives [42 CFR 438.6].

CMDP also issues a Provider Manual for the healthcare providers. The Provider Manual includes a section entitled “*Member Rights*”. These rights include the following:

- The right to participate in decision-making regarding their health care in the present and future, and to have a representative to facilitate care or treatment decisions when the member is unable to do so.
- For more information on “Advance Directives” and life care planning, please contact CMDP Member Services.

The Provider Manual is also available online at:

<https://www.azdes.gov/cms400min/InternetFiles/Pamphlets/pdf/HPM-069-PD.pdf>

CMDP supports the Division’s policy for CPS case managers, which includes the following policy statement:

- The department shall ensure every youth develops a transition plan which addresses how his/her basic needs will be met at the time of discharge from care including:
  - the importance of designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who would otherwise be authorized by state law to make such decisions, and
  - the option to execute a health care power of attorney, health care proxy, or other similar document.

The procedures for implementing the above policy statement are included in the CPS case manager’s policy manual. These procedures include the following:

- The case manager shall arrange to meet a youth during the 90 day period prior to his/her 18th birthday to develop a transition plan that is personalized to the youth’s needs, is as detailed as the youth elects, and includes information on the importance of:
  - designating another person to make health care treatment decisions on his/her behalf if he/she is (or become) unable to do so, and does not have or does not want a relative who

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would otherwise be authorized by state law to make such decisions; and

- the option to execute a health care power of attorney, health care proxy, or other similar document. (For more information, see Advance Directives and Health Care Directives at [www.azag.gov/life\\_care](http://www.azag.gov/life_care))

# **Attachments**

**Agency Response to Citizen Review  
Panel's 2010 Recommendations**

**Letter of required notification  
regarding substantive changes in  
Arizona's State Laws**

## **AGENCY RESPONSE TO THE 2010 ARIZONA CITIZEN REVIEW PANELS' 12<sup>TH</sup> ANNUAL REPORT RECOMMENDATIONS**

The Division of Children, Youth and Families (DCYF) provides the following response to the Citizen Review Panels recommendations.

**Recommendation 1:** DCYF should seek opportunities with collaborative partners to evaluate outcomes and systems collaboration, and explore expansion of the Arizona Court Teams (“Best for Babies”) model throughout all regions of Arizona.

*Response: The Division of Children, Youth and Families (DCYF) agrees with this recommendation. DCYF will seek opportunities to collaborate the Courts and other child welfare partners to improve the assessment and delivery of services to infants and toddlers. Additional, DCYF supports efforts to enhance the Court’s knowledge of the unique needs of infants and toddlers.*

*At this time, 12 of Arizona’s 15 counties are in various stages of implementing the Court Teams for Infants and Toddlers Project which includes:*

- *the Juvenile Court Judge has completed training and implemented the program in his/her court;*
- *the attorneys appointed to represent children participated in the “Best for Babies” attorney training;*
- *the CASAs assigned to infants have participated in the “Best for Babies” training.*

*DCYF management level representatives are currently engaged in collaborative efforts to expand court teams for children in Maricopa County, the largest metropolitan area in the state. The Maricopa County Presiding Juvenile Court Judge plans to establish three specialized courts to hear dependency cases involving children under five years of age.*

*The Division’s diligent review and monitoring of case record data indicates a disconcerting trend that children under one year of age are more likely to enter foster care, remain in foster care longer and more likely to re-enter foster care from reunification than children of other ages. In response to this emerging trend, the DCYF, in collaboration with the Administrative Office of the Courts, is convening a “Babies Summit” on July 7, 2011. This Summit will bring together approximately 35 key child welfare partners including DCYF management and “front-line” staff, Juvenile Court Judges, child advocacy groups, early intervention, community-based prevention agencies, foster/adoptive parent representatives, the Attorney General’s Office, substance abuse providers, etc. The purpose of the Summit is to:*

- *explore the age disparities in the rate of entry, length of stay, reunification and re-entry from reunification for children under age one;*
- *heighten awareness of and identify current initiatives to address this issue; and*
- *develop a shared vision and agenda that will lead to systemic change for this population.*

*Additional, DCYF addresses the needs of these young children through extensive policy and procedures that require a prompt individualized assessment of and response to the placements needs for all children who enter out-of-home care. These measures include but are not limited to:*

- *a referral, within 24 hours of out-of-home placement, for a behavioral health assessment by a mental health provider;*
- *Child and Family Team assigned to address the unique behavioral needs of the child;*
- *comprehensive medical and dental assessments of children within thirty days of out-of-home placement and care coordination through the Comprehensive Medical and Dental Program (CMDP);*

## AGENCY RESPONSE TO THE 2010 ARIZONA CITIZEN REVIEW PANELS' 12<sup>TH</sup> ANNUAL REPORT RECOMMENDATIONS

- *a referral for early intervention screening, assessment and services through the Arizona Early Intervention Program (AzEIP); and*
- *integration of early child, child and adolescent development in Case Manager CORE training which focuses on the cognitive, social, emotional and physical development with emphasis on brain function for children.*

**Recommendation 2:** DCYF should review policies related to medically fragile children and their families/caregivers and ensure that supervisors receive training related to this population (e.g., gathering, assessing and documenting key medical information; identification of high risk medical conditions and identifying needed services; accessing consultation from CMDP; expectations for service coordination with medical providers including Children's Rehabilitation Services; and providing clinical supervision to staff working with medically fragile children). DCYF should encourage and assist families of children with complex medical needs to invite their health care provider or an identified health care coordinator to interdisciplinary meetings (e.g., case staffing, care plan coordination meetings, and/or Child and Family Team Meetings) so they may assist with case planning, link families with resources, educate families/caregivers on the child's needs, and coordinate ongoing services. Alternative methods for participating in these meetings that maximize the use of technology should continue to be explored (e.g., teleconferencing and web-based applications).

*Response: The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The DCYF will review current policy to ensure that it provides sufficient direction to staff about how to identify, assess, and intervene in cases involving medically complex children.*

*The department's child safety and risk assessments require the CPS Specialist to obtain (and document) sufficient and relevant information about the child's functioning including vulnerability, special needs, physical and emotional health, child developmental status, school performance, attachment with parents, etc. This assessment also includes documentation of the outcome of services previously provided to the child and family. The CPS Specialist is expected to make contacts with and request records from collateral sources including medical, dental, school, behavior health providers and law enforcement.*

*The DCYF recognized the need to enhance the skills of caregivers to meet the needs of medically fragile children in out-of-home care. In response to this need, the DCYF collaborated with the Comprehensive Medical and Dental Program (CMDP) Medical Director, Adoption Subsidy Program staff, and licensing agency staff (including a Nurse Practitioner and two Pediatric Nurses) to develop eighteen hours of advance pre-service curriculum for foster parents. Licensing agency staff will attend train-the-trainer five day workshops prior to receiving a copy of the curriculum and making the curriculum available to their foster parents.*

*For foster parents, the purpose of the training is to provide them with a basic awareness level of what qualifies a child to be assessed as "medically fragile"; general information about the qualifying diagnoses or conditions; the special needs a medically fragile child may have; basic skills from concrete examples of how to meet those special needs, and the ability to assess and determine the impact of caring for a medically fragile child on their own family. In addition, the child's health care providers are required to provide instructions about the medically fragile child's needs to the child's caregiver.*

*The DCYF supports the inclusion of the child's health care providers in the case management processes (e.g., case plan staffings, Team Decision Making meetings, Child and Family Team*

## AGENCY RESPONSE TO THE 2010 ARIZONA CITIZEN REVIEW PANELS' 12<sup>TH</sup> ANNUAL REPORT RECOMMENDATIONS

*meetings, care coordination meetings, etc.) and service delivery meetings. Medical case management and coordination is frequently provided through CMDP and CMDP staff are included in the child's service team. State law and policy also require participation of the child's physician in the review of the decision to remove a child from his/her home when the child has a medical need or chronic illness. If the child's physician is not available, the CPS Specialist must include a physician who is familiar with children's health care. The DCYF will develop and disseminate a policy clarification for field staff reminding staff of this policy requirement and of the ability to maximize participation of service providers in case management and service delivery processes through the use of teleconferencing and language lines.*

*The DCYF will identify curriculum development and staff training regarding identifying, assessing, intervening, and treating medically fragile children as a priority for SFY 2012. The DCYF will use its current contract with Arizona State University to advance this initiative.*

**Recommendation 3:** Expand to all regions the remedial training for proper documentation that was initially piloted in one region of the state.

*Response: The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The Child Welfare Training Institute (CWTI) provides opportunities for documentation training as part of its structured Case Manager and Supervisor Core training. The class covers:*

- *why documentation is important,*
- *how to write what is relevant,*
- *paint the picture—who, what, when, where and how, and*
- *proper grammar.*

*The CWTI also provides, upon request, a seven hour advanced documentation training to line staff. This advanced training focuses on the fundamental foundation for documentation (e.g., the importance of documentation, how to record important tasks and events in the life of a case, and who/what/when/where/how).*

*In addition, the DCYF continues to reinforce policy and documentation requirements for completing a thorough investigation including the assessment of child safety in all cases through:*

- *instructional tips and model examples:*
  - ⇒ *of documentation, and*
  - ⇒ *on who to interview, what documents to review, review of criminal history information, and obtaining and reviewing court orders that restrict or deny custody, visitation or contact;*
- *case record reviews that evaluate whether or not the required interviews occurred, whether required documents were obtained and reviewed, whether sufficient relevant information was gathered to confirm the presence or absence of each of the 17 safety threats, and whether there is documentation of an analysis of the information in relation to 17 safety threats and the safety threshold;*
- *real-time feedback to staff about their documentation following each case review to clarify and reinforce the practice standards for staff at all levels in the regions and to improve consistency and accountability; and*
- *employee performance evaluation.*

*The Practice Improvement Unit has developed a number of tools and guides to educate and assist staff in their documentation for all steps of their investigation. These tools, guides, and tips are distributed to all the staff and reinforced through the case review process. The DCYF will continue to assist staff*

## AGENCY RESPONSE TO THE 2010 ARIZONA CITIZEN REVIEW PANELS' 12<sup>TH</sup> ANNUAL REPORT RECOMMENDATIONS

*in strengthening documentation by providing ongoing feedback, training, and creating other “good case examples” for staff to utilize.*

**Recommendation 4:** Clarification should be provided to CPS staff regarding the need to complete a safety assessment when an infant is born to a parent with an open case.

**Response:** *The Division of Children, Youth and Families (DCYF) agrees with this recommendation. The DCYF will send a policy clarification to all staff reinforcing existing policy requirements to complete a reassessment of child safety when any of the following occur:*

- *prior to the case plan reassessment, minimally every 6 months;*
- *changes in household composition (additions or departures of individuals from the household);*
- *any time there is an indication that a child may be in danger;*
- *prior to beginning unsupervised visits;*
- *prior to reunification; or*
- *prior to case closure.*

*This clarification will summarize and reference existing policy regarding who should be included in the assessment, what information needs to be gathered, and how this information is documented in the assessment tool.*



THOMAS C. HORNE  
ATTORNEY GENERAL

**OFFICE OF THE ATTORNEY GENERAL**  
STATE OF ARIZONA

CIVIL AND CRIMINAL  
LITIGATION AND ADVICE  
SECTION

June 3, 2011

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**RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws**

Dear Mr. Toscano:

The Office of the Arizona Attorney General has reviewed the child welfare law changes that have been made during the regular Legislative Session of 2011. These changes become effective on July 20, 2011. None of the changes impact CAPTA eligibility; and some of the changes will strengthen the ability of the Arizona Department of Economic Security to protect children, to serve families, and to promote permanency.

There were two major substantive statutory changes passed in **2011** in the child welfare area and they are:

**SB 1188 MARITAL PREFERENCES; ADOPTION:**

This bill requires the Arizona Department of Economic Security (ADES), Division of Children, Youth and Families (Division) to give married couples preference over single adults when placing children in adoptive homes, and establishes other factors that must be taken into consideration during the placement process. This bill requires the Division or an adoption agency to place a child in an adoptive home that best meets the child's safety, social, emotional, physical and mental health needs. The legislation directs the Division or an adoption agency, when placing a child in an adoptive home, to take into consideration the following factors:

- Marital status, length and stability of the adoptive parents' relationship.
- Placement with the child's siblings.
- Established relationships between the child and the adoptive parents, including placement with a grandparent or foster parent.
- Adoptive family's ability to meet the safety, social, emotional, physical and mental health needs of the child.
- Ability of the adoptive family to financially provide for the child.
- Wishes of the child, if 12 years or older.
- Wishes of the child's birth parents, unless their rights have been terminated or the court has established a case plan of severance and adoption.
- Availability of relatives or other significant persons to provide support to the adoptive family and child.

The bill requires the Division or an adoption agency to give placement preference to a married man and woman over a single adult if all relevant factors are equal and requires the court to make findings on the record regarding the best interests of the child in each adoption proceeding. ADES is required to categorize adoption information by marital status and relationship of the adoptive parents in its semi-annual report and also to provide information detailing the number of children whose adoptive placement was disrupted, and to categorize that information by age, ethnicity, cause of the disruption, and marital status of the adoptive parents.

#### **SB 1560 DEPENDENT CHILDREN; HEARINGS; NOTICE**

This bill has three major provisions dealing with abandonment, permanent placement, and school attendance for foster children.

The abandonment provision provides that the failure of an alleged parent, who is not the child's legal parent, to take a test requested by ADES or ordered by the court to determine if the person is the child's natural parent is prima facie evidence of abandonment unless good cause is shown by the alleged parent for that failure.

The provision regarding permanent placement provides that if a court has determined that termination of parental rights or permanent guardianship is in a child's best interests and the child has been placed in a prospective permanent placement, that any action that is inconsistent with the case plan of severance and adoption, including removal of the child from the placement, may only occur by court order or if the prospective permanent placement requests the removal. An exception is if the action is required by federal law, state law or regulation. The legislation also requires that a motion to change the case plan or for the removal of a child be provided to the prospective permanent placement at least 15 days prior to a hearing on the motion. If the prospective permanent placement does not appear at a hearing on a motion for removal, the court may not take any action unless the court finds good faith efforts were made to provide the prospective permanent placement with a copy of the motion. The bill specifies that a prospective permanent placement has the right to be heard in

the proceedings and that this right does not require that the prospective permanent placement be made a party to the proceeding solely on the basis of that right.

The provision regarding school attendance for foster children specifies, that in addition to a child welfare agency or ADES, that the Arizona Department of Health Services (ADHS), a Regional Behavioral Health Authority, their subcontractors or service providers, must make every reasonable effort to not remove a child who is placed in out-of-home care from school during school hours for appointments, visitations or activities not related to school.

The bill also makes clear that the Indian Child Welfare Act controls the placement of Native American children.

Please feel free to contact me if you have any questions or would like to discuss the 2011 legislation.

Sincerely,

Gaylene Morgan  
Assistant Attorney General  
Child and Family Protection Division  
Office of the Arizona Attorney General